Über dieses Buch

Dies ist ein digitales Exemplar eines Buches, das seit Generationen in den Regalen der Bibliotheken aufbewahrt wurde, bevor es von Google im Rahmen eines Projekts, mit dem die Bücher dieser Welt online verfügbar gemacht werden sollen, sorgfältig gescannt wurde.

Das Buch hat das Urheberrecht überdauert und kann nun öffentlich zugänglich gemacht werden. Ein öffentlich zugängliches Buch ist ein Buch, das niemals Urheberrechten unterlag oder bei dem die Schutzfrist des Urheberrechts abgelaufen ist. Ob ein Buch öffentlich zugänglich ist, kann von Land zu Land unterschiedlich sein. Öffentlich zugängliche Bücher sind unser Tor zur Vergangenheit und stellen ein geschichtliches, kulturelles und wissenschaftliches Vermögen dar, das häufig nur schwierig zu entdecken ist.

Gebrauchsspuren, Anmerkungen und andere Randbemerkungen, die im Originalband enthalten sind, finden sich auch in dieser Datei – eine Erinnerung an die lange Reise, die das Buch vom Verleger zu einer Bibliothek und weiter zu Ihnen hinter sich gebracht hat.

Nutzungsrichtlinien

Google ist stolz, mit Bibliotheken in partnerschaftlicher Zusammenarbeit öffentlich zugängliches Material zu digitalisieren und einer breiten Masse zugänglich zu machen. Öffentlich zugängliche Bücher gehören der Öffentlichkeit, und wir sind nur ihre Hüter. Nichtsdestotrotz ist diese Arbeit kostspielig. Um diese Ressource weiterhin zur Verfügung stellen zu können, haben wir Schritte unternommen, um den Missbrauch durch kommerzielle Parteien zu verhindern. Dazu gehören technische Einschränkungen für automatisierte Abfragen.

Wir bitten Sie um Einhaltung folgender Richtlinien:

+ *Nutzung der Dateien zu nichtkommerziellen Zwecken* Wir haben Google Buchsuche für Endanwender konzipiert und möchten, dass Sie diese Dateien nur für persönliche, nichtkommerzielle Zwecke verwenden.
+ *Keine automatisierten Abfragen* Senden Sie keine automatisierten Abfragen irgendwelcher Art an das Google-System. Wenn Sie Recherchen über maschinelle Übersetzung, optische Zeichenerkennung oder andere Bereiche durchführen, in denen der Zugang zu Text in großen Mengen nützlich ist, wenden Sie sich bitte an uns. Wir fördern die Nutzung des öffentlich zugänglichen Materials für diese Zwecke und können Ihnen unter Umständen helfen.
+ *Beibehaltung von Google-Markenelementen* Das "Wasserzeichen" von Google, das Sie in jeder Datei finden, ist wichtig zur Information über dieses Projekt und hilft den Anwendern weiteres Material über Google Buchsuche zu finden. Bitte entfernen Sie das Wasserzeichen nicht.
+ *Bewegen Sie sich innerhalb der Legalität* Unabhängig von Ihrem Verwendungszweck müssen Sie sich Ihrer Verantwortung bewusst sein, sicherzustellen, dass Ihre Nutzung legal ist. Gehen Sie nicht davon aus, dass ein Buch, das nach unserem Dafürhalten für Nutzer in den USA öffentlich zugänglich ist, auch für Nutzer in anderen Ländern öffentlich zugänglich ist. Ob ein Buch noch dem Urheberrecht unterliegt, ist von Land zu Land verschieden. Wir können keine Beratung leisten, ob eine bestimmte Nutzung eines bestimmten Buches gesetzlich zulässig ist. Gehen Sie nicht davon aus, dass das Erscheinen eines Buchs in Google Buchsuche bedeutet, dass es in jeder Form und überall auf der Welt verwendet werden kann. Eine Urheberrechtsverletzung kann schwerwiegende Folgen haben.

Über Google Buchsuche

Das Ziel von Google besteht darin, die weltweiten Informationen zu organisieren und allgemein nutzbar und zugänglich zu machen. Google Buchsuche hilft Lesern dabei, die Bücher dieser Welt zu entdecken, und unterstützt Autoren und Verleger dabei, neue Zielgruppen zu erreichen. Den gesamten Buchtext können Sie im Internet unter `http://books.google.com` durchsuchen.

This is a reproduction of a library book that was digitized by Google as part of an ongoing effort to preserve the information in books and make it universally accessible.

Google™ books

https://books.google.com

Supplement to the MEDICAL PRESS AND CIRCULAR, June 30, 1869.

The Medical Press & Circular.

THE

The Medical Press & Circular

Being the Incorporation of the Journals hitherto known as "The Medical Press"
and "The Medical Circular."

A Weekly Journal

OF

MEDICINE AND MEDICAL AFFAIRS.

FROM JANUARY TO JUNE,

1869.

LONDON:
MEDICAL PRESS AND CIRCULAR OFFICE, 20 KING WILLIAM STREET, STRAND.
AND ALL BOOKSELLERS.
1869.

N. 15084. d. 7 1869

LONDON:
M'GOWAN & DANKS, STEAM PRINTERS,
GREAT WINDMILL STREET,
HAYMARKET.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 6, 1869.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Remarks on the Pain caused by Gall-Stones. By Arthur Leared, M.D., M.R.I.A., Senior-Physician to the Great Northern Hospital 1
Medullary Cancer. By Michael H. Stapleton, M.B. Dub., F.R.C.S.I. 4

HOSPITAL REPORTS.

St. George's Hospital—
  Dr. Ogle's Cases of Abdominal Tumours. 4
Adelaide Hospital—
  Kidney Disease Simulating Organic Disease of the Stomach. Under the care of Dr. Little 4
  Heart Disease in which the Symptoms during Life were Referred to the Stomach. Under the care of Dr. W. G. Smith 5

LITERATURE.

Fownes's Manual of Chemistry 5
A Manual of Inorganic Chemistry. By Charles W. Eliot and F. H. Storer 5
First Principles of Modern Chemistry. By U. J. Kay-Shuttleworth 5
A Handbook of Uterine Therapeutics and of Diseases of Women. By E. J. Tilt, M.D 6
Causes and Treatment of Lateral Curvature of the Spine. By Richard Barwell, F.R.C.S. 6
Letts' Diaries for 1869 6

TRANSACTIONS OF SOCIETIES.

Medical Society of London 6
The Surgical Society of Ireland 7
Pathological Society of Dublin 8

LEADING ARTICLES.

Pauperism, Charity, and Poor-laws 10
The Sanitary State of Calcutta 11

NOTES ON CURRENT TOPICS.

Lady Doctors and the Competitors for their Patronage 12
Strike of Tenor Singers 12
Registry of Deaths 12
Slanders on the Profession 12
Inhumanity of the Police 13
The Drainage of Colney-Hatch Asylum 13
Refined Naphtha 13
Royal Medical Benevolent Fund Society of Ireland 14
Outbreak of Choleraic Diarrhœa near Southampton 14
Expenses at Netley 15
Medical Officers of St. Pancras 15
Saving Life 15
Netley, its Pay and Expenses 15
The Viceregal Medical Appointments 16
Artists for the Palate 16
Hardwicke v. Diplock 16
Counter Practice in England, and its Value 16
Disinfection 16
Meetings of Societies 16

SCOTLAND.

Edinburgh 17
Glasgow, &c., &c. 18

GERMANY.

Special Correspondence 18

Medico-Social Pencillings of London Life and Practice. No. VI. 19

London Association for the Prevention Pauperism and Crime .....

CORRESPONDENCE.

Dr. Barton on Syphilis 21
A Word for the Vestry of St. Pancras 22

OBITUARY.

Dr. Thomas Purefoy, of Lucan 22

Notices to Correspondents, &c. 22

Original Communications.

REMARKS ON THE PAIN CAUSED BY GALL-STONES.

By Arthur Leared, M.D., M.R.I.A.,
Senior-Physician to the Great Northern Hospital.

Every one who has made many examinations of the dead body is aware that calculi are often found in the gall-bladder, in cases where no symptoms had indicated their existence. From these facts we may infer the frequency with which gall-stones occur.

In another large number of cases certain symptoms are, during life, with the highest degree of probability, attributed to the presence of these bodies. There are, however, other symptoms less generally, or not at all recognised as such, which also belong to gall-stones. To these I purpose especially to draw attention.

The absolute proof that any symptoms are caused by gall-stones, is only afforded from their appearance when discharged from the body. This discharge is almost invariably effected along with that of the fæces, and the presence of calculi are from this cause almost as constantly overlooked. Reliance is, however, commonly placed upon certain vital symptoms, and two of these, namely, jaundice and severe pain, are, when associated, generally regarded as pathognomonic.

There are four positions in which a gall-stone may be placed so as to give rise to active symptoms, namely, in the common duct, in the cystic duct, in the hepatic duct, and in the ducts within the liver itself, as I shall now attempt to show. The accompanying symptoms to some extent indicate the seat of obstruction in each case respectively. The passage of a calculus through the common duct usually occasions severe pain and vomiting, and if the passage be protracted it inevitably causes jaundice.

The passage of a calculus through the cystic duct may cause pain and vomiting, but probably never causes jaundice, because the flow of bile from the liver into the intestine is not interfered with. Jaundice in such a case can only happen from the absorption of bile retained in the gall-bladder, but there is no proof that jaundice has ever occured from this cause.

The passage of a calculus through the hepatic duct may also produce pain and vomiting, and if the obstruction of the duct be complete and somewhat prolonged, will also certainly cause jaundice.

Obstruction of a duct or ducts within the liver may or may not produce jaundice, and is stated to induce a condition closely resembling intermittent fever.*

Rigors may happen in any case of gall-stone contained within a duct, but it seems to be only when this occurs within the liver itself that the intermittent type is assumed.

It will be seen from the foregoing, that the passage of gall-stones is not necessarily accompanied by jaundice, for in certain cases the mechanical arrangement precludes its development, whilst in the remaining cases no jaundice will ensue if the calculi pass through the ducts with sufficient quickness. On the other hand experience shows that the passage of these concretions is not always attended by pain.

Some persons feel pains of every kind much more acutely than others; the temperament of the individual has something to do with this; probably the difference is very obvious when parts of the body not naturally sensitive are affected. The stomach when healthy is almost devoid of common sensibility; but gastric pain is a symptom of dyspepsia in some persons, while other dyspeptics never suffer any pain in the stomach.

Applying this to the bile passages we come to understand why it is that the passage of calculi through them is, in the case of some people, attended by great agony, while, as proved by many recorded observations, others discharge them without suffering. The relative amount of mechanical difficulty with which the stone is passed in different cases, without doubt influences the degree of pain experienced in each instance. In one case the ducts will dilate with more ease than in another, and this probably depends upon the state of relaxation, or of tonicity which pervades all the tissues of the body. This, however, cannot account for the absence of pain in a case in which, judging from the size of the calculus, the ducts must have been greatly stretched and irritated by its passage.

---

* "A Treatise on Gall-stones. By J. Thudichum. 1863. Page 180.

It is a curious circumstance that a spot a little below the xiphoid cartilage is almost invariably the seat of gastric pain, although from the size and relations of the stomach to other parts, its seat might be expected to vary greatly. The pain caused by gall-stones is, according to my experience, less often referred to its proper seat, namely, about two inches to the right of the epigastrium, than to other regions. More frequently the pain is referred to the epigastrium itself, and this circumstance makes it often most difficult to distinguish between gastric pain, and the pain arising from gall-stones. Gall-stone pain is also experienced in the region of the navel, and probably also in every part of the abdomen. Trousseau, indeed, lays it down as an axiom that the possibility of gall-stones being the cause should be taken into account in every case of persistent abdominal pain. I entirely concur in this, and would add, that in such cases, especially if the lower portions of the abdomen be the seat of pain, the possibility of its being caused by the passage of a calculus from the kidney should also be kept in view. I have met with the case of a gentleman who was subject to severe attacks of abdominal pain, which was looked upon and treated for years as simple colic, and until the escape of a small calculus from the urinary bladder was found to be associated with one of the paroxysms.

Dr. Copland says :—"Patients with biliary calculi often complain of a sense of weight and oppression at the epigastrium and right hypochondrium, with cardialgia and various dyspeptic symptoms, especially after a meal." My experience coincides with this, except in the particular that the pain is generally referred to the epigastrium alone. As a general rule, however, gall-stones are seldom thought of except in connexion with the acute suffering which they cause in passing through the ducts. But it will be observed that Dr. Copland speaks of cardialgia caused by the presence of calculi in the gall-bladder. This pain is different in character from that which arises from their presence in the ducts. It is altogether less spasmodic and less acute, and along with it there is generally more or less tenderness, not only in the epigastrium, but also over the gall-bladder. I was formerly disposed to regard cases of this kind as arising from conjoint affections of the stomach and the duodenum. More extended observation has led me to the conclusion that the symptoms are far more frequently due to the irritation of the gall-bladder by calculi, and occasionally to its distension with bile.

The duodenum and gall-bladder are placed so close to each other as generally to render it impossible to discriminate, simply by presence of pain or tenderness, between the affections of the two organs. Now the duodenum enjoys a remarkable exemption from disease, while the gall-bladder, as we have seen, is very prone to contain gall-stones, which not only irritate, but not unfrequently inflame its mucous surface.

The circumstance, that in a certain number of instances of mere gastric pain more or less jaundice ultimately supervened, has also helped me to the conclusion that the gall-bladder is often in such cases the true seat of disease. Let us now consider the fact of the pain being transmitted to the epigastrium instead of being felt where it is produced.

A calculus in the urinary bladder, or even in the kidney, is commonly attended by pain in the penis, or down the thigh. Irritation in the midst of the intestines is felt at the anus, or in the nose. In the same way the irritation caused by a calculus in the gall-bladder is felt as pain in the epigastrium, with or without accompanying pain in the gall-bladder itself. The epigastrium, in a word, seems to be the chosen seat of pain which does not properly belong to it. Affections of the stomach, of the gall-bladder, and most probably of other viscera here make themselves known. I have, indeed, elsewhere shown that in organic disease of the heart, pain in the epigastrium is in certain cases the only symptom of which the patient complains.* It is true, however, that in these cases the pain seems to be due to a secondary affection of the stomach.

Ordinary gastralgia, by which I mean pain with tenderness epigastric region coming on some time after a meal, usually yields readily to appropriate treatment. In some instances the pain is of the true neuralgic kind, and must be treated as such.† In other cases the pain is also induced by taking food, but does not yield to treatment. Nothing can be better marked than are these three varieties of pain having the same locality, by the difference in the effect of remedies. To these three classes of cases must be added a fourth, which cannot be grouped with the others, because, as in all that relates to it, it is subservient to no rule. At one time, or in one case, it yields to treatment, while at another time, or in another case, treatment has no effect. I refer to hysteria, which is in females another fruitful cause of epigastric pain.

Now, the cases of epigastric pain which do *not* yield to treatment, and which there is no reason to suppose depend upon hysteria, will be almost surely found to be caused by the irritation of calculi, or of bile retained in the gall-bladder. Such calculi are not unfrequently the size of a walnut, and when solitary sometimes reach much larger dimensions, or else a great number of small ones exist together. In any case it is not to be wondered at if much irritation should be induced by their presence in the gall-bladder.

I have notes of some cases in which simple epigastric pain of no violence, and induced by taking food, like ordinary gastralgia, has proved to be due to gall-stones. The proof lay in the fact that an attack of acute pain, evidently caused by gall-stones, with or without jaundice, ultimately supervened. But besides such positive proofs as these, and the negative evidence already mentioned, there is another matter which plainly points in the same direction —namely, it commonly happens that although the pain is strictly epigastric, it will be found on careful examination that while tenderness on pressure, in cases in which it arises from the stomach, has the same seat, the tenderness in the gall-bladder cases is felt in the region of this viscus.

The following case illustrates the great difficulty of determining whether even pain of the most severe kind originates in the stomach or is transmitted to the epigastrium. The wife of a clergyman came to town and put herself under my care on account of severe attacks of gastric pain. She looked almost completely worn out by her sufferings. The first seizure happened twelve years previously, after the shock caused by learning at the same time of the death of two friends. She had been ever since subject to similar attacks, which lasted four or five hours, and were induced by any indiscretion of diet, or by mental emotion. The pain began at the epigastrium, and extended over a great part of the abdomen. After this had continued some time vomiting came on. Great prostration, which did not quickly subside, ensued after each attack. The patient had been slightly jaundiced on one occasion. There was well-marked tenderness on pressure over three of the mid-dorsal vertebræ. She had been seen by several medical men of eminence, and various opinions had been held. By one the symptoms were attributed to spinal disease; by another to stricture of the pylorus; gall-stones had been suggested by a third. My own view was, that the case was either one of gall-stones or of neuralgia of the stomach, and it seemed desirable to test the matter by trying the effect of treatment for neuralgia. The trial was accordingly made, but with no good result, and the patient returned to the country unrelieved. She soon after fell into a state of great debility, and lay constantly on her back for six months, but during this time she was free from the painful seizures. At length, fourteen months after I had seen her, it was discovered that she had passed a gall-stone, which was sent to me by Mr. Harrison, of Braintree, her medical attendant. It is about the size of a filbert kernel, and weighs twenty-six grains. It is somewhat compressed at the sides, as if by the pressure of other calculi. This lady consulted me some months afterwards, but she had entirely got rid of her old troubles. She was able to walk about as other people do, and had regained flesh and strength.

---

* "Medical Times and Gazette."

† See my Paper.

How are we to explain the train of symptoms in this case? It is remarkable that the patient did not recover strength during the six months of freedom from her attacks above-mentioned, but was, on the contrary, confined to bed. After the expulsion of the gall-stone, however, she recovered rapidly.

There are two ways of accounting for the protracted illness of the patient, as well as her great sufferings. It is almost certain that at one time several gall-stones existed together in the gall-bladder. If we suppose that a single calculus was expelled after each attack, it is impossible to conceive either that the original supply could have been sufficient, or that they could have been produced fast enough to have caused the very numerous acts of expulsion and their accompanying symptoms, extending over a period of twelve years. It is possible indeed that the attacks might have been caused by one or more calculi, which did not usually pass into the intestine at all, but, after having for a time remained in one of the ducts, would slip back into the gall-bladder, to be the cause of renewed suffering. But taking into account the great number of the attacks and their intimate connection with exciting causes—considering also the persistent evidence of reflex irritation to which the spinal affection was evidently due, as well as the great muscular debility—it is almost certain that calculi while in the gall-bladder were, by their irritation, the persistent cause of constitutional disturbance, and that in this position they were also mainly the ever ready agents in causing the painful stomach attacks whenever excited, as already said, by conjoined irritation in that organ, or in the brain itself. Such a view does not, of course, exclude the probability that the pain was at times also caused by the *passage* of gall-stones.

I have at present a case under treatment, in which the patient, who is quite out of health, complains of what he calls a "languid pain" in the stomach when it is empty, which is relieved by taking food; but the pain returns much more strongly in about an hour afterwards, evidently induced by the act of digestion. He is also subject to attacks of biliary colic at long intervals. There is persistent tenderness over the gall-bladder, and the rectus muscle in this region seems to be constantly contracted. Medicines have been of little avail, except as palliatives. I have no doubt that his illness depends on the irritation of gall-stones in the gall-bladder.

Besides irritation of the gall-bladder from the presence of calculi, and of pain in the ducts from their passage through them, thickened bile without doubt produces like effects. *Post-mortem* examinations prove that the stored-up bile is sometimes as thick and as little capable of flowing as so much tar. In this condition it is probable that it irritates the gall-bladder, not merely mechanically, but by an acrid quality produced by its retention. According to Dr. Thudichum, bile undergoes a kind of fermentation in the gall-bladder, by which it becomes decomposed. The following case seems to have been one of the kind;—

A gentleman, accustomed to work hard at his profession as an artist, sent for me in March last on account of a very severe attack of gastric pain, with constant vomiting, which came on during the previous night. He had had a similar attack some months previously, and had been long much distressed by flatulence. He was not jaundiced, but a few days afterwards I found a well-defined tumour, about the size of a hen's egg, in the region of, and evidently formed by, the gall-bladder. It was not at all tender on pressure. Under the use of nitro-hydrochloric acid, and compound calomel pill nightly, this tumour soon vanished. The size, the shape, and the feel of the tumour indicated that it consisted of fluid. If the cystic duct had been obstructed by a calculus, this fluid might have been mucus, or a watery secretion from the gall-bladder itself. If, on the other hand, the common duct was blocked up from the same cause, it would most probably have consisted of bile. It was not for some days after pain had entirely ceased that the tumour disappeared, nor was the pain renewed, as if a calculus which had progressed for some distance through a duct, and then stopped, had again resumed its course. It seems, then, from these facts, that the case was one of over-distension of the gall-bladder, either from obstruction of the ducts caused by spasm, which we have no proof ever occurs, or from the unusual thickness and viscidity of the stored-up bile interfering with its outward flow.

The apparent effect of treatment favours the last view. If the remedies employed really stimulated the secretion of the liver, the dilution with fresh bile of that retained in the gall-bladder would tend to alter its quality, and thus make it capable of flowing through the ducts. I still trust to clinical facts, and believe that the human liver is capable of being excited to action by mercury, and probably by other drugs. Facts based on experiments upon the lower animals are not conclusive against this theory. What I have endeavoured to impress upon my readers comes to this—that in a considerable proportion of the cases in which epigastric pain is a prominent symptom, the gall-bladder, and not the stomach, is the seat of irritation.

I shall now offer a few details about the only fatality from gall-stones which I have met in practice.

A man, previously healthy, 22 years of age, was seized with severe pain in the right hypochondrium. Mr. Conolly, late of Aldersgate street, with whom I afterwards saw the patient, was called to him, and under appropriate treatment the patient seemed to have speedily almost recovered. On the fifth day from the seizure, however, he was slightly jaundiced, and the fæces were almost white in colour. He now complained of a throbbing sensation in the right side of the abdomen. From this time until the twelfth day of his illness, he daily grew worse; the pain became continuous and diffused; he was greatly exhausted; sweated profusely, and, towards the latter part of the time, had a constant desire to pass water, with painful micturition. On the following morning he declared himself much better; he had hardly any pain, and could micturate without inconvenience. The right side of the abdomen was now found to be remarkably dull upon percussion. In the afternoon of the same day a great change occurred. His pulse became rapid and thread-like, the skin cold and clammy, and he complained of agonizing pain throughout the abdomen. He died in about ten hours from the time this last change came on. Rupture of the gall-bladder was diagnosed.

On *post-mortem* examination, the right side of the abdominal cavity was found stuffed with coagulated blood, by which the viscera were to some extent displaced. The gall-bladder was found ruptured, and considerable part of it, together with a portion of the liver to which it had evidently been adherent, had disappeared by sloughing. The broken surface of the liver, together with portions of the gall-bladder, were black and ragged looking; the liver seemed to be healthy elsewhere. The gall-bladder had also been adherent to the stomach. In the common bile-duct, at an inch from its termination, a gall-stone, the size and shape of a large pea, was discovered. Up to the point at which the stone was impacted, the duct was dilated so as to admit a cylinder five-eighths of an inch in diameter.

This patient was unusually young to be the subject of gall-stones; but death happening in this particular way is, fortunately, a matter of extremely rare occurrence. It is also remarkable, that in this case the gall-stone was of so small a size.

◆

MEDULLARY CANCER.[1]

By Michael H. Stapleton, M.B. Dub., F.R.C.S.I.

Robert Grogan, aged 32 years, a labourer, married, and having a family, had been in perfect health until about eighteen months ago, when he noticed a small tumour in the gluteal region. It was not painful to the touch, and he sought no treatment until, alarmed by its increasing size, he applied to a doctor in the country whom, he said, punctured it, but that nothing came from it but blood. He was admitted into the Jervis street Hospital, under my care, on October 13th, 1868. The tumour then was about the size of half a cocoa-nut. It was strapped over with adhesive plaster, which, he said, had been applied to enable him to bear the journey, as he came from a long distance. On the removal of the adhesive plaster, there was seen at the summit of the tumour a dark circular spot, whose diameter was about the eighth of an inch, and around which was a discoloured and inflamed surface to the extent of about what might be covered by a half-crown piece. The rest of the integuments covering the tumour were normal in appearance. The tumour, although somewhat tense, gave a distinct sensation to the fingers of fluctuation.

In consultation with my colleagues it was agreed that this was a tumour to be let alone; but it was suggested it would be well to explore it. I accordingly punctured it at its base with a very fine exploring trocar and canula. When the trocar was withdrawn a single drop of grumous looking fluid escaped. A fine lacrymal probe was then passed through the canula, and was passed in its entire length without meeting the slightest opposition to its passage. Lint moistened with lead lotion, and covered with thin gutta-percha, was applied to the tumour, and the patient was directed to remain in bed.

On the following day the inflammatory symptoms were increased; the discoloured brown patch on the surface of the tumour was deepened in colour, and the whole tumour had taken a yellowish appearance; it was more tense, but it still gave the sensation to the touch of fluctuation.

In about a week after the brown patch sloughed, and was quickly followed by a dark coloured and bleeding fungus, the hæmorrhage from which was checked by the application of charpie moistened with spirits of turpentine. From this period the fungus daily increased until it reached the size you see represented by the cast on the table, and which was taken after death, which occurred on the 7th of November. I may say without the slightest degree of exaggeration the fungus represented by the cast is not half the size the fungus was during life, so much did it collapse after death.

There was a constant tendency in this fungus, at all times, to bleed, and once he lost a large quantity of blood by his leaving his bed and walking across to another bed which had been prepared for him. This fungus, after it had attained some size, very much resembled a brain from the number of convolutions upon its surface. Although this man's death was looked forward to, still it occurred in a sudden and unexpected manner. He raised himself up in bed, vomited about two pints of blood, fell back in his bed, and life was extinct.

Be it now remarked that all the time this man was in hospital, he never made any complaint as regarded his stomach. On the *post-mortem* examination, about four pounds of semi-coagulated blood was found in the stomach, which on being removed and the stomach having been washed out, an ulcer of the size of a shilling, with a bleeding point in its centre, was found, and from this point the hæmorrhage came which was the immediate cause of death.

The dissection of the tumour showed it to have been a soft medullary or encephaloid tumour; it much resembled brain, and was rich in a creamy juice. He did not seem to have any distinct capsule. Besides the tumour, there were several small bodies, some as large as small kidney-beans, and others still smaller, found in the gluteal muscle. The tumour lay upon the sciatic nerve, but did not enter the pelvis.

On examination by the microscope, the creamy fluid before mentioned was found to consist of cells of various sizes and forms; but free nuclei, suspended in a nebulous liquid, with a quantity of molecular matter, formed its greatest part. There was also a superabundance of oil-globules. I may also mention that the foot and the leg, to about half its extent (on the same side as the tumour), was elephantised.

Hospital Reports.

ST. GEORGE'S HOSPITAL.

Dr. Ogle's Cases of Abdominal Tumours.

(Continued.)

Case XXXV.—*Abscess below the ribs, displacing the kidney, in connection with encephaloïd carcinoma of the vertebræ.*

Mary A. W., æt. 39, admitted in January, 1863. Since November she had suffered from pain in the loins and left thigh, and from debility and loss of appetite. When admitted there was lateral curvature of the spine, and at the edge of and beneath the lower ribs on the left side a hard immovable tumour, two or three inches in diameter, was found; and lower down was also a soft and movable mass. The urine was free from albumen. She was treated with iodine of potash, and an opium plaster was applied to the affected parts. She went out of the hospital, but was subsequently re-admitted (March 11th), the tumour having increased, with a very cachectic appearance. Large quantities of blood became passed by the bowel, and she died March 25.

Post-mortem examination.—Thorax. Slight miliary scrofulous deposits were found in the left lung. The heart was natural.

Abdomen. There was encephaloïd carcinoma of the liver and ovary. The left kidney was found lifted up along with the pancreas by a collection of fetid matter, having the bodies of the vertebræ which were infiltrated by encephaloïd carcinomatous material, for its posterior boundary.* The kidneys contained "blocks" of fibrin in their substance. Cysts in the ovary were found to contain numerous hairs.

ADELAIDE HOSPITAL.

KIDNEY DISEASE SIMULATING ORGANIC DISEASE OF THE STOMACH.

(Under the care of Dr. Little.)

On Feb. 7th, 1868, a dock porter, aged fifty, was admitted. The patient said he had suffered from a bad stomach all his life, that is, he was easily sickened by rich food, and his bowels had been torpid; for the past two years he had been temperate, but previously had drunk heavily. For the past twelve months his stomach has become more and more, easily sickened, his bowels only acting every four or five days. He has lost flesh greatly. Two months ago suffered for a fortnight from pain in the right loin, shooting into the right iliac region, (but not into the testicle), and along the chest-wall towards the shoulder, it was so severe as to confine him to bed during its continuance, and since, he has vomited almost everything he swallowed. Till a fortnight ago the vomited matters consisted merely of food unchanged, they are now green.

---

[1] Read before the Surgical Society of Ireland on Friday, December 11th, 1868.

* A patient has recently died (September) under my care at the Hospital with abscess *behind* the right kidney, pushing forward this organ during life. The kidney was almost entirely replaced by a large mass of fatty growth, which also extended down the ureter to the bladder in a remarkable way.

When admitted vomiting was incessant, being provoked even by the smallest quantity of iced water ; his bowels had not acted for ten days. Iced milk and lime-water to be given in tea-spoonfuls, and a scruple of ox-gall dissolved in a pint of warm water as an enema.

February 8th.—Vomiting has been frequent since admission, the vomited matters being deeply tinged with bile, and containing a few specks of blood. Enema returned, merely coloured with fæcal matter. Tongue covered with thick cracked fur. Urgent thirst. Abdominal muscles somewhat rigid. Complains of feeling of lumps and fulness in epigastrium. Has been sleepless and somewhat delirious. Pulse 104, bounding ; heart's action violent ; at the ensiform cartilage, and over the space of a five-shilling piece, around it a loud rasping friction sound is audible. Has passed a pint of urine of pale sherry colour, sp. g. 1015, coagulable to one-third.

February 9th.—Vomiting continues ; delirium increased. Friction sound now audible over entire cardiac region. Iced milk and lime-water, and iced brandy and water to be given, and beef-tea enemata.

During the three succeeding days the vomiting was inconsiderable, the milk and lime-water being retained ; the friction sound continued ; the delirium increased, and with it there was constant twitching of the muscles. On the 13th he was comatose ; the urine gradually diminished in quantity ; he died on the evening of the 13th. Both kidneys were found small and shrivelled ; the heart was considerably hypertrophied ; there was abundant recent lymph on the pericardium ; the stomach and bowels were examined throughout, but were free from disease.

In this case the persistent irritation of the stomach, the hypertrophy of the ventricles, and lastly the recent pericarditis and the cerebral symptoms (uræmic poisoning), were plainly sequelæ of the renal disease.

HEART DISEASE IN WHICH THE SYMPTOMS DURING LIFE WERE REFERRED TO THE STOMACH.

(Under the care of Dr. W. G. Smith.)

On the 2nd of September, 1868, a young girl, aged nineteen, was admitted into the Adelaide Hospital, her prominent symptoms being distressing vomiting attended with severe gastric pain and tenderness.

She had always been a delicate girl, and two months since was attacked with pain in the chest and stomach, and constant retching and vomiting, which have continued up to the present. There was no evidence of her ever having had rheumatism in any form. The morning after admission she threw up two large cupfuls of yellow curdy matter, and it was observed that her conjunctivæ were yellow. Bile pigment was also found in the urine, but the skin remained of its natural colour. There was strongly marked pulsation in the cervical vessels, chiefly on the left side, and the cardiac action was much excited. The heart's impulse was strong and diffused, and on auscultation a loud systolic souffle was heard, traceable up the carotids, the rhythm being irregular, intermitting, and frequently tripled. Pulse 96, sharp and irritable. The feet and legs were œdematous, but scarcely pitted upon pressure. She passed the night badly, owing to the continuance of the gastric pain, and the supervention of obstinate hiccup. The icteroid tinge of the conjunctiva was more marked. She was ordered to suck ice, and ¼ gr. of morphia hydrochlor. was sprinkled endermically, as a blister had been previously applied over the epigastrium. No relief was obtained, and she died early the next morning, after a restless and painful night.

Post-mortem examination thirty hours after death.

Abdomen.—Interior of the stomach universally of a dark livid red, with arborescent vascularity, except near the cardiac end. Along the lesser curvature there was one very thin spot. No thickening nor induration near the pylorus. The pancreas was normal in appearance, but at its head, in the arch of the duodenum, were three or four enlarged lymphatic glands, the pressure of which on the bile duct accounted for the jaundice.

Chest.—The heart was enormously large, and weighed 16¾ oz. when drained of its blood, being thus about double the average weight. The left ventricle was greatly hypertrophied, and the anterior flap of the mitral valve was thickened, studded with numerous warty growths along its free edge, and on its ventricular aspect was a large excrescence, about three-quarters of a inch by half an inch. The aortic valves were incompetent ; each of them ragged, irregular, and covered with warty vegetations. One small patch of atheroma was apparent at the commencement of the aorta. The lungs and other viscera were healthy.

The main point this case illustrates is the comparative latency of the heart mischief, and the concentration of the patient's sufferings and complainings on the stomach, the symptoms referable to which were so entirely secondary and independent of any organic lesion in that viscus.

Literature.

Chemical Text Books.

We have so often to commend the manuals brought out by Messrs. Churchill, that words of praise seem likely to become exhausted. Fownes's Chemical Manual* has been one of the most favoured from the beginning, and its successive editors have endeavoured to keep it worthy of the position its author first gave it. The tenth edition, now before us, is edited by Dr. Bence Jones and Mr. Henry Watts, names that are a sufficient guarantee that it will remain a safe guide. The first thing we observed was increased thickness in our old text book. It is increased in size about 20 per cent. We are not sure that this is a recommendation, all the volumes seem to grow more bulky at every succeeding edition. We presume that in the case of chemistry this has been found quite necessary. It is easy to imagine the difficulty of restraining the limits of such a work. The chapter on Chemical Philosophy seems to have been entirely re-written, and some parts of it are entitled to praise for their clearness. It is of course in Organic Chemistry that the greatest changes have become necessary, on account of the rapid progress of the science. Still there are some important additions to and changes in the earliest part of the work. It is proper to announce that this edition has been adapted to the new notation, and we may add that the metrical weights and measures have also been introduced, comparative tables being given for the use of those who need them.

From America we have a carefully prepared Manual of Inorganic Chemistry† by Professor Eliot and Storer. It is issued in London by M. Van Voorst, and will be found of service to many students. Much trouble is taken by the authors to illustrate and explain the principles of this science, and full directions are given to the student to enable him to perform the experiments which illustrate these principles. This is a much better mode of instruction than merely compiling the descriptions of the substances, and the student who confines his attention to *inorganic* chemistry will be thankful for Prof. Eliot and Storer's book.

Mr. Kay-Shuttleworth is the author of an elementary work‡ which we may commend to the beginner. The book adopts of course the new notation, and is, to some extent, founded on Prof. Frankland's course of instruction at the Royal College of Chemistry. In a future edition we hope the author will carefully revise his book, as we find here and there statements which we feel sure could not have been gathered from Prof. Frankland's lectures, and which that gentleman would be very sorry to have fathered upon him. This shows the great difficulty experienced by those who are not thorough masters of a subject gathering from those who are principles for the guidance of others. Too often the pupil misunderstands the teacher, and we question altogether the necessity or propriety of a work thus produced. There is no lack of books on chemistry, and those who are preparing for any of the preliminary examinations may easily find a safer guide than this.

---

* Fownes's Manual of Chemistry, 10th Edition, 200 Engravings. Edited by H. B. Jones, M.D., F.R.S., and H. Watts, B.A., F.R.S. London, John Churchill and Sons 1868.

† A Manual of Inorganic Chemistry, by Charles W. Eliot and F. H. Storer. Second Edition. London: Van Voorst, 1868.

‡ First Principles of Modern Chemistry, by U. J. Kay-Shuttleworth London: J. Churchill and Sons, 1868.

Uterine Therapeutics.*

In the present day there is no fear of any dearth of books on diseases of women, a branch of our art which has been pursued with great ardour by many, but unfortunately has been disgraced by a greater amount of quackery than any other. Dr. Tilt has made a stand against the tendency to mere mechanical treatment which deserves our thanks; he sets out in his treatise the value of medical as distinguished from chirurgical treatment, and shows that manual dexterity, however useful, will not suffice for the physician who desires above all things the welfare of his patients. We would not be understood as averse to surgery in proper cases, but we do wish to record our protest against the excessive faith in *local* disease and *local* remedies, which has done much to injure our profession in the eyes of all right-minded men, and by means of which some have preyed upon the public in a manner only exceeded by the vilest quacks.

It is satisfactory to see a work like the one before us reach a third edition, and so need no commendation from us, and we hope that the author's success will lead many to follow in his wake. We have not the least doubt that the work will always be a favourite one with the general practitioner, who is by no means inclined to pin his faith on the pure specialists. They look for books that recognise their ability to carry out the treatment of the cases under their care. This they will find is the case with Dr. Tilts. They hate the quackery which would set up the application of some local remedy as the highest proof of skill, and ignore the observation and sense which the really enlightened practitioner needs. They will, therefore, be glad that the third edition is, in this respect, as worthy as its predecessors of being consulted. Moreover, many additions and changes have been made, which render it a good example of the present state of uterine therapeutics.

Lateral Curvature.†

This little volume is based upon, in fact consists almost entirely of some lectures published by Mr. Barwell in a contemporary journal. It is well known that Mr. Barwell is at issue with most of the other leading orthopœdists both as to the causes and treatment of those diseases to which he has devoted so much of his attention. It is not for us to judge between these gentlemen. Our author is well able to set forth his views, and to say what can be said in their favour. He attributes an influence to the *serratus magnus* in the production of curvature which is not recognised by authorities. He is a great enemy to many orthopœdic appliances in common use, and believes that most satisfactory results may be obtained without the complex apparatus, of which he exhibits a "holy horror." He admits the value of gymnastics in slight cases, and this leads us to remark the little use made of gymnastics in this country. On the continent no education is complete without a proper gymnastic training, and many slight cases of deformities are entirely treated by the professors of gymnastics under the direction of the physician. It is a question whether we might not take a leaf from our Continental brethren in this respect.

Letts' Diaries for 1869.

Two handy sized, firmly bound, and decidedly useful books. One, "Letts' Medical Diary," the other, "Letts' Appointment Diary," deserve a passing notice, and the attention of the profession. The former of these diaries (Letts' Medical) contains, not only the usual daily visiting accouchement and vaccinating lists, but also a well compiled mass of information, very important to be within our reach sometimes, and consists of—Almanack, Ready Reckoner, lists of Army and Navy Agents, University Terms, Banks, Birthdays, Chronological Notes, and the Jewish Kalender, also Sunday Lessons, Directions for Will-making, and Domestic Animals' Breeding Table.

"Letts' Appointment Diary" contains much that is found in the other book, besides a mass of information not less noteworthy than the other.

Letts' Monthly, or Professional Diary is a very unpretending little work, comprising the twelve months, each stitched in a separate section, so that the current month may be carried in the waistcoat pocket for every day use, without the necessity of taking what one may not at present require. These sections are encased in a neat wallet, with a small cloth cover, which acts as a commercial memoranda, and a wrapper for each month to prevent rubbing in the pocket. The ruling adopted is a day to each page for notes and cash, which will be found very useful to, and sufficient for, those who do not care to be encumbered with the more bulky editions published by the same firm.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

December 21, 1868.

Dr. Richardson, F.R.S., President, in the Chair.

Mr. **Francis Mason** exhibited a patient on whom two years ago he had performed Pirogoff's operation for partial amputation of the foot. The stump was very satisfactory. The patient was now accustomed to walk at least ten miles a day.

Mr. **Maunder** thought it doubtful whether in cases of this operation performed for disease, the os calcis did not become carious.

Mr. **Adams** quoted a case in which the operation had been performed nine years ago upon a patient with incipient pulmonary tubercle. The reparative process was perfect, and the patient now had an excellent stump. The form of operation, provided the os calcis was not involved, was the best extant.

Mr. **Bryant** said that this operation, which left nature's own pad upon that portion of the stump subject to pressure, was the most convenient of all. The objection as to the tendency to return of the necrosis was equally applicable to all partial amputations.

Dr. **George Buchanan** read a paper on local conditions affecting the distribution of phthisis. After a review of the general subject of the climatology of phthisis, the first important contribution to which was Sir James Clark's monogram to Dr. Archibald Sims in 1840, adding much by his observations on mountain climate to the general knowledge. The author traced the steps of the investigation which now seemed to point to the conclusion that dryness or dampness of soil has a marked influence upon the death rate. The tables of the Registrar-General, examined during twenty years, seemed to indicate that in those towns where sanitary improvements had taken place, a decrease in the mortality from phthisis coincided with one kind of change, and one only, viz., where the works constructed for the removal of sewage had had the effect of draining away the moisture of the subsoil. The author exhibited two diagrammatic tables, the first showed the effect of the change indicated upon the death-rate from phthisis in the cases of urban populations. "A" included Salisbury, Ely, Rugby, Banbury, Worthing, Macclesfield, Croydon, and Cardiff; in all these towns there had been much drying of the subsoil, and phthisis had greatly decreased. "B" included Leicester, where improvement had been manifested in a greater degree at an early period after completion of the works than at a later period. "C" included Newport, Bristol, Devon, Warwick, where evidence of drying had not been so complete in them, though the general tendency to improvement was manifest, the results were less complete and more variable. "D" included Merthyr Tydvil, Stratford, and Chelmsford, in which there had been a small degree of drying, with but slight improvement. "E" included cases in which there had been no change of soil. The second table showed the influence on rural populations. It indicated that there was less mortality in cases of dwellers upon impervious than upon pervious soils, and less upon high ground than upon low ground. The general inference from the whole was that wetness of soil was a cause of phthisis in regard to those residing upon it. Collateral evidence in support of the proposition was given in 1862 by Dr. Bowditch in America, and lately by the Registrar-General for Scotland in respect of certain townships in the North.

---

* A Handbook of Uterine Therapeutics and of Diseases of Women. By E. J. Tilt, M.D., third edition, London: John Churchill and Sons.

† Causes and Treatment of Lateral Curvature of the Spine, by Richard Barwell, F.R.C.S. London: Hardwicke, 1868.

Dr. **Gibbon** thought that due allowance had not been made for the improved diagnosis of modern days. Fatal cases had been wrongly classed as phthisis in many instances. Much, too, had been achieved by changes in social surroundings. Two great exceptions occurred to vitiate the rule. Ongar and Sheppey, notoriously wet, enjoyed a great immunity from phthisis. He considered that sunlight was a much more efficient modifying cause of health and disease.

Dr. **Anstie** pointed out the strong evidence in favour of Dr. Buchanan's proposition afforded by the fact of the corroboration of the table (urban) by the other table (rural).

Dr. **Cholmely** said that it was a popular notion in the few counties that, since their drainage, though ague had decreased phthisis had increased. He thought it very probable, however, that this opinion is founded on error.

Mr. **Whitaker** objected to any supposed evidence afforded by Ongar; in this case, though the phthisis death-rate was low, the pulmonary death-rate was high. There had no doubt been errors in the return; furthermore, Ongar was not one of the wet districts; it was built on London clay covered by gravel. Sheppey was an apparent exception to the rule; this is a low lying area bordering on the sea. Sea water has not the effect of land water.

Dr. **Symes Thomson** called attention to the great discrepancies between these conclusions and those presented by Mr. Havil, and the results were diametrically opposed, and seemed to prove the fallacy of figures. He objected to any conclusions drawn from the supposed prevalence of sunlight. He considered the great weight of evidence to be in favour of Dr. Buchanan.

Dr. **Rogers** moved that endeavours should be made to induce foreign observers to test the conclusions in the various countries.

The **President** said there was one arid district where phthisis is unknown. Attention has been lately called to a potent cause of dampness in houses built in late years. Both sea sand and timber which has been saturated with sea salt are commonly used in their construction. This fact is sufficient to be a great cause of humidity, and as St. Thomas's Hospital is being supplied with wood in this condition, the consequences are likely to be serious. Granting that humidity is a powerful cause of phthisis, the great question which remians is, how does a moist atmosphere bring about the result?

Dr. **Buchanan** replied, and the meeting adjourned.

THE SURGICAL SOCIETY OF IRELAND.

The opening meeting for the session of 1868—69 was held on the evening of Friday, 11th December, in the Albert Hall, Royal College of Surgeons.

The President of the College, Mr. **Porter**, delivered the following address:—

Gentlemen,—The close connection that has ever existed between the Royal College of Surgeons in Ireland and this Society, places me, as President of the former, in the position of Chairman this evening.

On the first night of our meeting, or opening of the session, it has been customary for the President to make some remarks; and, believe me, I feel the duty of addressing you a high honour, and at the same time a source of gratification to have an opportunity afforded of thanking many of the members of this Society of having placed me in the proud position, and by virtue of it, in the distinguished post of Chairman on this occasion.

When we look back upon the vast amount of work done by this Society during the many sessions since its foundation, we have every reason to feel satisfied, and congratulate ourselves on its flourishing and salutary condition. Let us hope that the session now dawning, may equal, if not surpass, those gone by in the number and value of the communications. We must ever regard societies like this, which accept and discuss important questions relating to the different divisions of medical science, and publish the various opinions of practical men elicited by free discussion, as among the most potent means that can be devised for the cultivation and propagation of medical and surgical knowledge. The benefits that flow from such a society are immeasurable. We meet to detail each other's experience in a pursuit that is necessarily from its nature continually suffering change.

And let me here remind you that although this Society is called "The Surgical Society of Ireland," we have always had at its *reunions* papers, not only on surgery, but most important facts in medicine, anatomy, midwifery, chemistry, and forensic medicine, brought under our consideration.

Judging from the past, I feel that we may fairly look to the future with the brightest anticipations, and cherish the hope that medical science cannot but flourish whilst under the patronage and fostering care of this Society.

Gentlemen,—I shall not weary you, or waste your time by attempting to explain the many advantages that such a Society confers on our profession, or to enumerate the many interesting and valuable communications that have been made during last session. This Society requires no eulogy from me; it has stood the test of time, and the high position to which Irish Surgery has attained is in no small measure due to the instrumentality of this body.

Within these walls subjects have been discussed, and doctrines enunciated, that have shed unfading lustre upon Irish surgery. Here Bellingham and others declared to the professional world that aneurism could be cured without the knife. Here Butcher presented the proofs of successful resection of the knee-joint, an operation that had been long neglected and almost forgotten in this country until he revived it. Here L'Estrange exhibited the many improvements in those instruments which bear his name, and materially aid the operating surgeon.

Papers of the greatest value have been sent forth from its meetings, and names that will last as long as letters endure have been inscribed on the roll of its membership—men who in their time were looked upon as giants in the profession have handed down this Society to us. It should be, and I feel convinced will be, our utmost ambition to uphold unsullied its fair reputation.

The hospitals of this city, and those of the provinces, contain cases of incalculable value; and in passing let me express my regret that our country members do not come more frequently among us, or favour us with papers; rich stores of information are deposited in the minds of our provincial *confrères* which we would gratefully accept. Vast is the advantage that flows from the interchange of knowledge among the members of our profession, and there is no place in the world, I am proud to say, where more kindly feeling exists between the staffs of hospitals than in Dublin—a fact which in a great degree explains the unabated success of this Society. A generous and friendly feeling pervades our meeting, and but one object kept in view—namely, to arrive at truth.

Gentleman,—When speaking of the success of this Society, I should be unjust indeed if I did not bear testimony to the important services of our respected Honorary Secretaries, Drs. Benson and Richardson. These gentlemen give up a large portion of their valuable time to the working of the Society, and as a member of Council I can state that their offices are not sinecures. We are much indebted for the interest they take in the progress and welfare of our Society.

To the Council of the Royal College of Surgeons our best thanks are also due, not only for the favour of allowing us to hold our meetings in this magnificent hall, but also for the substantial aid annually afforded us.

Our grateful acknowledgments must in addition be tendered to the Editor of the **Dublin Medical Press and Circular**, for the generous manner in which he publishes our proceedings, thereby increasing the usefulness of this Society.

Gentlemen,—As years roll on, in a large body like this, blanks must occur in the list of its members. I had hoped that it might have fallen to my lot to announce that we had not suffered in this respect; but I regret to say, since last we met here, we have been deprived by the hand of Death of two distinguished members; I allude to Dr. Samuel Little Hardy, and Dr. James Whitelaw Stronge.

Dr. Hardy was a regular attendant of our meetings, and was the contributor of two highly important communications on the Local application of Chloroform Vapour; the first he read on the 8th April, 1854, and on the 10th February, 1855, he gave an account of the results of the local application of chloroform vapour in the hands of members of the Society, and others.

It may be stated with sincerity that the profession, in him, has lost an accomplished physician, and this Society, a warm friend.

Doctor Stronge was elected a member of this Society on the 19th April, 1866, so that he was rather a junior member, and although he had not made any communication here, I know that it was his intention, had he been spared, to be regular in attendance upon our meetings, and give us papers from time to time. He was a highly informed man, and had the happy power of imparting his knowlddge to others in a most impressive manner. The profession has lost in him an ardent worker and a thorough gentleman.

These sad changes must, of course, take place as time advances; but we should not repine, hosts of young and energetic men are continually springing up to fill each gap, and I feel confident they will maintain unimpaired, that which shall be handed down to their care.

SYPHILITIC DISEASE OF LARYNX.

Mr. **John Morgan** exhibited a specimen of syphilitic ulceration of the larynx, and observed that death having occurred within the previous week, he thought the members of the Society would derive some interest from the inspection of the specimen. We propose giving this important case in our next number.

CANCER OF THE MALE BREAST.

Professor **Hargrave** exhibited a specimen of cancer taken from the male breast. The subject of the disease was a man forty-five years of age, and the tumour had been removed last Monday by operation. He suffered from pains in the bones and in the fibrous structures for the last twelve or fourteen years.

The tumour commenced as a small tubercle just at the sternum, and increased slowly and gradually. He derived some apparent benefit from the internal use of hydriodate of potash. He was in the habit of applying the butter of antimony, after he had first placed a hot poultice on the tumour. When in hospital he experienced very little pain; the only place in which he had it was at the upper part of the sternum, and by the application of a few leeches it was relieved. He (Professor Hargrave) confessed that he did not expect the great quantity of arterial hæmorrhage which took place. There was also a good deal of venous hæmorrhage, which was promptly arrested. When the tumour was removed he made a section in its posterior part, which presented the most decided appearance of cancer. Dr. Barker, who had made a microscopic examination of the section, reports that it consisted of cancer cells and cancer juice. Up to the present time the man has been getting on well. The wound is suppurating, and healthy granulations are forming. Professor Hargrave also exhibited a cast showing the appearance and colour of the tumour before removal.

TYPHOID ULCERATION AND PERFORATION OF INTESTINE.

Dr. **Hewitt** brought under the notice of the Society a case of typhoid fever with ulceration and perforation, which had been under his care in the City of Dublin Hospital. The patient had been treated with strong drastic cathartics before she was admitted to hospital. All the symptoms of typhoid fever were present. She had the usual spots with tympanitis, tenderness, and gurgling, up to within a few hours before death. She did not exhibit any symptoms which could be called unusual from the time of her admission, on the 11th of last November, when she had been eight days ill, until the evening of the 5th of December, when she became very sleepless and very delirious, with remarkable weakness of the circulation, so that the action of the heart was exceedingly like what Dr. Stokes compared to the fœtal heart. At the time he first saw the patient, he could hardly distinguish the sounds of the heart, and for days it was like the tick of a watch. The diarrhœa was not at all alarming; it always ceased after a very few doses of a combination of sulphate of copper and opium, and at no time was it exhausting. At the close of the third week the temperature became normal, and continued so for three days. At this time she craved for meat, but he refused to give solid food. Two or three days afterwards her tongue became brown and dry; nevertheless, she complained of neither tenderness nor pain in the abdomen, and she could bear even deep-seated pressure on the ilio cœcal region. The tympanitis disappeared, and no prominent abdominal symptoms were then present. That day week he saw the woman, and from her great debility, the brownness of the tongue, and the want of reaction, he became convinced there was latent mischief going on in the intestine. He ordered a blister to be put over the ilio-cœcal region, and she expressed herself better. On Saturday night she complained of a sudden pain, accompanied by distressing vomiting and purging. All through Sunday the pain increased and became general over the abdomen; vomiting also continued, notwithstanding the use of opium, and on Monday morning, when he was on duty in the hospital, he was told that the poor woman had expressed a sudden fear of death; but in a few moments, and before he could attend her, she had died. He apprehended that peritonitis had set in on Saturday night, and that probably perforation had taken place on Monday morning. Twelve hours after death the *post-mortem* examination was made. They found the intestines unusually congested. In the upper portion of the ilium, some distance from the iliocœcal region, he found the oval ulcers referred to by Murchison. He also found Peyer's patches in a state of slough, having a dirty yellowish appearance and extremely fetid smell. As he proceeded with the examination of these, he discovered the perforation, and they would see the remains of the lymph caused by the process. All the intestines were glued together. A large quantity of straw-coloured fluid, with recent lymph, filled up the cavity. The iliocœcal valve was greatly ulcerated, and in a semi-gangrenous condition. The solitary glands in the cœcum, and the ascending colon likewise, were extensively ulcerated. This case, in connection with the remarkable latency of the symptoms, was, he thought, worthy of the attention of the Society. It was a result which they must always fear in typhoid fever. Although the heart was a small one, and had a great portion of fat on the upper portion of the right ventricle, it exhibited in no degree the kind of softening found in typhus fever. The perforation was somewhat larger in size than a split pea. Even if the woman had escaped perforation at this point she ran the risk of it in others of the diseased Peyerian patches.

(To be continued.)

DUBLIN PATHOLOGICAL SOCIETY.

December 12th, 1868.

Dr. McClintock in the Chair.

Dr. **Bennett** exhibited an ovarian tumour which he removed two weeks previously from a patient, who died in Sir Patrick Dun's Hospital. The history of the case was as follows: Before last Christmas she had her last confinement, and immediately afterwards noticed the tumour for the first time.

The earlier period of its growth was attended with considerable and constant pain over the whole abdomen. In February last, she came into the Whitworth Hospital, under the care of Professor McDowell, by whom she was tapped, she remained in hospital about five weeks, and then returned home. Six weeks afterwards she was admitted into Sir Patrick Dun's Hospital, where she continued during the greater part of the summer, while there she was tapped three times, and on each occasion some difficulty was experienced in drawing off the fluid which was of a sero-purulent character.

Dr. McDowell and he agreed that it was not a suitable case for operation as there appeared to be constant peritonity going on about the tumour.

In September he was asked to see the case by Dr. Kennedy, when he found an abscess pointing at the scar of the last incision. He concluded that one of the cysts had suppurated, and was tending to open externally. After a few days a small opening formed which gave vent to a large quantity of pus. During the next two days serum and pus flowed alternately from this opening. The tumour then subsided a little, and he was in hopes that the cyst would have become obliterated, and in order to facilitate this he put a compress on the abdomen, but failed to make the tumour smaller. In about ten days the character of the tumour changed, and from being dull on percussion it became tympanitic, owing to air having entered through the opening. A probe could now be passed into the tumour towards the pelvis, but not in a lateral direction, owing, as the *post-mortem* examination showed, to the projection of secondary cysts into that which had suppurated. The woman sank from hectic.

On opening the abdomen there was great difficulty in separating the cyst from the abdominal parietes to which it was universally adherent in front. And all along the left side, above and laterally, it was connected by old adhesions to the principal abdominal viscera.

Posteriorly the tumour was but slightly adherent. The opposite ovary was also diseased; it was replaced by a small cystic tumour composed of two chambers, the whole about the size of a small hen's egg. The cyst full of clear fluid glistening with cholesterine, and the cyst well coated with a fine layer of bony matter on the interior. The larger ovarian tumour was an instance of the second variety of multilocular ovarian cyst described by Hodgkin, in which the secondary cyst projecting into the cavity of the principal asissile on its wall. The contents of the cysts were in this case very various, some containing a viscid slime, others thin fluid and cholesterine, and the principal cyst pus and air.

Dr. Bennett exhibited a tumour, which he had removed in the dissecting room, and which he thought worth showing as presenting a marked contrast with the ovarian tumour to which he had just directed attention, as well as from some points of pathological interest of its own. This was a fibrous tumour of the uterus, of that variety which projects into the abdominal cavity, and which has so great a tendency to assume the pedunculated character, which this specimen presented. The whole surface of the tumour was covered everywhere by secondary tumours of various sizes, and shapes, and of which those lying lowest down in the pelvis were most fully detached. This tumour was perfectly moveable in the abdomen. The cause of this mobility was found to be the great elongation of the vagina and uterus, which latter was narrowed and elongated to more than double its normal length.

The structure of this tumour was composed of fibrous tissue curled up in irregular bundles, and with a tendency to separate. The point of greatest interest was the arterial and venous supply of the tumour which was unusually large in calibre. There were two arteries almost as large as the brachial vessels, passing into the base of the tumour, and the section of the lower part; exposed a structure resembling the sinuses of a pregnant uterus. So great was the quantity of venous blood contained in this tumour, that on removing it a large quantity flowed into the pelvis, the chief points of interest were the elongation of the uterus which constituted the pedicle, the existence of the great arterial trunks going into the base of the tumour, and also the veins which it contained. The ovaries were normal. The point of most interest in a diagnostic point of view in comparing this tumour wfth a multilocular ovarian cyst was the free mobility of the secondary tumours on the principal mass, a condition resulting from their exoginous growth, and which contrasts strongly with the fixity of the lobules of an ovarian tumour in relation to the mass of the tumour, a necessary result of their endoginous growth.

The points of interest in reference to operative proceedings are, that a fibrous tumour though freely moveable is more closely adherent to the uterus, and may have the uterus as an elongated pedicle attached to it, and lastly, it may possess an enormous vascular supply.

The case which Dr. Lyons brought before the notice of the Society was one of abscess of the liver. A woman, aged fifty-six, was admitted to the Whitworth Hospital in the month of September, she had always enjoyed good health, until about four years, when both she and her husband left this country and settled in New York. Her husband died there, and she determined to return to Ireland, after a residence of nearly four years in America. During all this time she continued in her usual health, but on her return voyage, as she neared Queenstown, she had repeated attacks of nausea, which lasted several days. On her arrival in this country she came to Dublin and was admitted into the Whitworth Hospital. At that time she had a peculiar haggard, worn look. The conjunctivæ was of a pure pearly white, but there was no appearance of jaundice or any coloured tint. She suffered from distress in the stomach, but it was of an intermittent character, and ill-defined in situation.

It was sometimes very severe and of an oppressive character, but on the other hand she would be for days without any pain. Her pulse was very quick never below 90, and occasionally ranging as high as 100 or 120, but one of the most important features of the case was the frequent recurrence of rigors. New rigors would take place several nights in succession; when they would cease altogether and then would be an apparent improvement in the symptoms, but they would come on again in a few days, followed in many instances by copious sweating. After taking all these circumstances into consideration, Dr. Lyons came to the conclusion, that this was a case of abscess of the liver, for although there were not any symptoms to point to the liver as the main seat of the disease, yet, from a consideration of all that was presented in the case, and the frequent recurrence of rigors, he had no doubt that the woman was labouring under that disease. After this for a fortnight or three weeks the patient was able to sit up and expressed herself as feeling much better, when there was a renewal of the old symptoms, and the rigors returned accompanied by sweats of a very exhausting character. She gradually succumbed and died, after two months' residence in the hospital.

The *post-mortem* examination proved the truth of the diagnosis. On opening the cavity of the abdomen a very large abscess became apparent, which occupied the right side of the liver, and was just on the eve of bursting into the peritoneal cavity. His friend Dr. Foot had made a most careful examination of the liver, and found that there was not only a large multilocular abscess, but that there were at least three other abscesses of considerable dimensions, Dr. Lyons then pointed out the special features and position of these abscesses.

The origin of abscess on the liver is very obscure, and this case throws no light on it. They know that persons resident abroad and becoming affected with dysentery sometimes became, by secondary absorption through the walls of the intestinal canal, attacked with abscess of the liver.

It was not so in this case. It was a remarkable fact that the bile seemed secreted of a tolerably healthy character and in sufficient quantity, the gall bladder containing a fair amount of bile, and there was no acteroid tinge present, during the woman's residence in hospital.

Dr. Lyons had, within a period of three years, seen no less than twelve cases of abscess of the liver, and in only one of them was jaundice present.

The special interest connected with this case was as to its diagnosis. He could not say what was the mode of origin of the disease in this particular instance. And in that respect it resembled many other cases of hepatic abscess, in which it was impossible to discover the point of departure of the morbid powers.

BLANCHING OF THE HAIR.

A paper read before the Royal Society by Mr. Erasmus Wilson, has thrown new light on the question as to what causes the sudden whitening of the hair, often produced by fright or profound grief. He cites a case in which the hair was coloured white and brown alternately from end to end. The white segments were about one-half the length of the brown, and the two together measured about one-third of a line. Under the microscope the colors were reversed, and it was obvious that the opacity of the white portions was due to a vast accumulation of air globules packed closely together in the fibrous structure of the hair, as well as the medulla. There was no absence of pigment, but the accumulation of air-globules veiled and obscured the normal colour and structure. Mr. Wilson suggested the possibility of the brown portion being the day growth, and the white portion the night growth. He also said, in reference to the sudden blanching of the whole hair, of which there were many cases on record, that during the prevalence of a violent nervous shock, the normal fluids of the hair might be drawn inward towards the body, in unison with the generally contracted and collapsed state of the surface, and that the vacuities left by this process of exhaustion might be suddenly filled with atmospheric air. An interesting discussion followed the reading of the paper, Dr. Sharpey alluded to a recent case of sudden blanching of the hair reported by Dr. Landois, of Griefswald, in *Vichow's Archiv*, which was ascertained to be the result of an accumulation air globules in the fibrous substance of the hair.—*Phil. Med. and Surg. Rep.*

Consanguineous Marriages.—M. Voisin states as the result of a careful examination of 1,077 of his patients at the Bicêtre and Salpétrière, that in no one instance of his idiotic, epileptic, or insane patients, could healthy consanguinity be legitimately regarded as the cause of the affection. He believes that the ill results which have been observed after consanguineous unions are not really due to these, but are to be attributed to the ordinary hereditary causes.—*Union Med.* October 3, 1868.

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price* 5*d. Stamped* 6*d.*

By Post to Annual Subscribers, £1 2 6
„ *If paid in advance,* 1 1 8

⁂ Post-Office Orders and Cheques to be drawn in favour of A. A. TINDALL, 20, King William-street, Strand, London
„ 3, Lincoln-place, Dublin,
MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.

MESSRS. KELLY and PIET, Baltimore.

Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 6, 1869.

PAUPERISM, CHARITY, AND POOR-LAWS.

How disheartening it is to be obliged to confess that the subject of Pauperism is now the most pressing one of the moment. Alas! for all our dreams of progress and the universal happiness of mankind! Here we are in the beginning of the year 1869 in a position of such gravity with regard to the questions above referred to, as perhaps our history, as a nation, can scarcely parallel. A million of paupers in a wealthy state like this is evidence of the sad want of thought exhibited by those who have preceded us. There has been a great unwillingness to face the difficulties of the question, and hence to us unhappily has been bequeathed the sorrowful task of combatting a perfect sea of human misery and degradation. We have, for instance, before us a pamphlet, written by Dr. Stallard, from which we would select one or two facts to show what are the evils which we have to attack. On January 1st, 1858, there were in the Metropolis, 77,660 paupers relieved, and in 1868 this number had actually swelled to that of 163,179. In the unfortunate district of Poplar there were in 1858 2,874 persons in receipt of relief, and this has swelled to no less than 9,996 in 1868. In Whitechapel, likewise, the numbers relieved on January 1st, 1858, was 2,223, and in 1868 5,266 in a population which has not much increased in numbers. In Bethnal Green in 1841 the expenditure for the poor-rate was only £15,989, whereas this year it is £55,260. "I venture to assert," says Dr. Stallard, "without fear of contradiction, that there is scarcely a native male adult in Bethnal Green who is fit for military service. There are here hundreds of men who, being fit only for children's work, earn children's wages. Nowhere is the standard of comfort so low. Furniture is often thought superfluous, and it is a matter of common experience to find a widow trying to rear her family without applying to the parish on earnings which do not amount to twopence per head per day." Take the account, too, of the frightful overcrowding which is so common in the East-end and in St. Giles's. In a report of a deputation which waited on the Duke of Marlborough at the Privy Council last year, on account of the "Artizan and Labourer's Dwellings Bill," one of the speakers, Mr. Nisbet, said that in one district in St. Giles's there were 600 families, and of these 570 occupied but one room. He had seen one old man, one old woman, and two unmarried persons, who lived together with their children, all occupying one room. One room that had been visited was 12ft. by 13ft., and 7ft. 6in. high. In that room eight persons lived, and the rent was four shillings a week. Another room was 13ft. by 5ft., and 6½ft. high. The father, mother, and five children lived in that, and the rent was four shillings a week. No words could express the wretchedness and filth in which the people lived.

And all this, be it remembered, is taking place, not in Connaught, nor in the uncivilised parts of France or Spain, but in the midst of our boasted civilisation—in London, the centre of industry and freedom. Truly the wisdom of our forefathers has left us in a sad mess, from which all the science at our disposal is required to extricate us. We do not think that it will be necessary for us to quote at greater length the details of the misery with which, alas! all who are members of the medical profession are but too well acquainted. The physician or surgeon to a public charity in the East-end is but too conscious how many of the unfortunates who crowd the consulting-rooms are living in a way which forbids him to hope for any of his directions as to food and other hygienic appliances being attended to. The condition, then, of many of us in this era of the world is still a most melancholy one. Man, of all animals, seems alone to be able to attain an extremity of misery, without having sufficient intelligence to look his fate fairly in the face, or to die, as the lower animals do. Traditions of modes of looking at our tenure of existence, derived from the sad days of human ignorance and superstition, still obscure a clear view of the fact that man is no exception to the rest of animated nature, in his being subject to the evils caused by the "struggle for existence," if he imitates, as he does constantly, the lower animals, in engendering a far greater number of offspring than can be fairly maintained by the provisions and capital at hand. Mr. Malthus, at the beginning of this century, so clearly showed the truth of this proposition that it is now held to be axiomatic by all who have ever seriously examined this branch of science. Of course we must not expect the prejudiced, or the aristocratic members of society, to attend to such commonplace and vulgar accounts of the origin of poverty as this. A well-known contemporary of the *Medical Times and Gazette*, indeed, in commenting on some bold and admirable remarks recently made in the Dialectical Society by Lord Amberley, Dr. C. Drysdale, and others, would not hear of us being over-peopled. Conservatives such as he never will. They are too well satisfied with things as they are to wish to see them altered, and hence go in for large families, primogeniture, entail, &c., &c. Let them! It is the interest of many persons that the people should be poor, since they can buy their services more cheaply. Such persons, of course, belong, or think they belong, to the higher classes, whom it is the duty of the others to serve as cheaply as possible. But to all true lovers of the human race, the poverty and distress of the poor is a subject of never-ceasing pain. And the present misery and pauperism of Poplar and Whitechapel would be indeed a blessing to the poor if it should render the subject of poverty a popular one, to be discussed until such a curse be made to disappear from the face of civilisation. The immediate and pressing question, of course, for these pauperised districts, is how this winter is to be passed without an utter bankruptcy of the district. Eventually, we doubt not that London will, as Mr. Mill proposes, be turned into one city for the purposes of rating to the poor's rate. It is iniquitous that the inhabitant of the rich quarter of St. James's should be so slightly taxed for the poor in comparison with his poor neighbour of Poplar. Were he taxed he would give, it is presumable, a little more attention to the great subject of poverty. At present, all but the best minds among the educated and richer classes, almost ignore the subject. It is, they say, so difficult and disagreeable! We would suggest that all funds subscribed for the maintenance of the poor in Poplar on this trying occasion, should be, as far as possible, employed as wages; and that the inhabitants should be employed in raising better dwellings for the labouring classes, in cleansing and beautifying their dull neighbourhood, and making it more fit for the habitation of a happier race than has hitherto peopled it. We are opposed to spending the funds on emigration. That bubble, we conceive, has burst. We have sent out our millions during this half century. Are our wages any better now? Are our profits any higher? Are we less crowded? The above testimony says no. Has the large family system been enough discussed? In this, we apprehend, lies our hope for the future.

◆

THE SANITARY STATE OF CALCUTTA.

If, as most men are now ready to admit, the condition and prospects of our Eastern Empire deserve the attentive consideration of our greatest statesmen, medical men may think that the improvements that have been introduced in the sanitary state of its capital are worth their brief consideration. Those who lately have been in India do not need to be told that much has been attempted. Many, however, who have no personal interest in the matter, are apt to regard pictures of what was as indications of what is. It may, indeed, be open to question whether, ever since our possession, there has not been a steady, though a slow, progress. Comparing the data that can be obtained at considerable distances of time, those who think so have certainly much to say in proof of the correctness of their opinion; though, on the other hand, there are facts that they would find it difficult to harmonise with their views. Be this as it may, no one can compare the condition of the Calcutta of to-day with that of a generation ago without admitting the immense strides that have lately been made, and feeling thankful that our later rule has been marked with so much real improvement.

The "City of the Palaces" has been drained, better water is drank, the European inhabitants live more rationally, the jungles are no longer so near, and many other things have resulted in an improved death-rate; and the same may be said of other cities where we have attempted to discharge this high function of such a government as ours. The statistics of the capitals of the three Presidencies, down to the latest returns, are as follows:—

	Population.	Mortality per 1,000.	Receipts.	Expenditure.
Calcutta in 1867—			£	£
Municipal ...	430,000	28·08	263,114	257,318
Suburbs (about)	500,000	—	—	—
Hourah (about)	80,000	—	—	—
Bombay Island in 1865	816,562	35·4	174,551	—
Madras in 1866-67	450,000	30·8	40,755	45,443

The large number of new streets, consisting of really handsome houses, each with its own garden, that have lately been completed, have contributed both to the beauty and health of the quarter in which they are situated. This is the most remarkable quarter, and is sure to attract the first attention of new arrivals. Scarcely anything offensive is here to be found—not nearly so much as is to be met with in Paris and other Continental cities.

A little beyond, however, there is another division where sanitary measures have yet to be attempted, and where filth and disease triumph. The drains, if such they may be called, are open to the tropical sun, and the attempt to stir them up gives rise to pestilence. The lowest and worst of the population dwell here, and perish in frightful numbers. It is a city of filth and vice, where epidemics are endemic. Yet there is hope even for this quarter. Already a determined effort to infuse new life into it by sanitation is being made, and in a couple of years it will be drained and have a good supply of water. Mr. Stuart Hogg, of the Civil Service, is the Commissioner who is entrusted with the great undertaking. He and his staff merit full confidence from the manner in which they have carried out the works in the European part, and no doubt will do here. The costs must be great, but the money will be profitably expended. The ground is of great value, often fetching prices which only London and Paris can compare with, and thus it is likely that the investment may be a fair one, in addition to the destruction of disease which will be effected. It is much to be regretted that the Zemindars do not see the value of sanitary measures, and too often do all in their power to oppose them.

Drainage and water-supply—these are the two essentials of healthy cities, and on these the greatest energy is now being concentrated, so that it is hoped a complete purification may be effected, and the whole city of Calcutta made worthy of its position as the capital of our Indian Empire.

From a recent letter of the correspondent of the *Times*, who seems to have thoroughly informed himself as to the facts of the case, we take the following details:—

"At the cost of somewhat more than half a million sterling, lent by Government to the municipality, the Hooghly water is to be filtered, conveyed for eighteen miles from Phulta, above Barrackpore, and supplied to the city at the rate of 6,000,000 gallons a-day. The works will be finished by this time next year. The water will be supplied to the third storey of English houses, and by numerous stand-pipes in the native city—a mode rendered necessary by native prejudices. The effect of this vast consumption of pure water directly on the people, and indirectly through the drainage, need not be pointed out. The drainage works are magnificent as far as they have gone. Like all deltaic rivers, the Hooghly is rising its bed, so that the drainage must be away from the river. Fortunately, there are low lagoons to the east, known as the salt water lakes. They have a slight connection with the sea, but it is designed ultimately to reclaim a large portion of them by the sewage of Calcutta. Already one mile has been embanked, ready for the first experiment. Mr. Clark, the municipal engineer, accordingly planned a series of great drains, like the Cloaca Maxima, where it still may be seen on the Tiber shore, meeting outside of Calcutta, whence the sewage is to be pumped up to a higher level, and is allowed to flow to the salt lakes. To drain all Calcutta would cost nearly a million sterling, but it has been decided that the underground drainage shall stop at two-thirds of the city, including the most repulsive portion in the centre, and that the remainder of the native town shall have surface drains well flushed. The drains are completed all over the European quarters, and the outfall works for the whole city are nearly finished, at an expenditure of £450,000. The scheme will involve some £150,000 more, and to raise the funds the house-rate has just been increased to ten per cent., the native Justices to a man voting against the addition. Nothing can be finer than the two great drains and the outfall works. There is to be a third great drain, and the three meet at the outfall works in some splendid tunnelling, which would accommodate a single line of underground railway. The doctors have raised two difficulties as to the danger of semi-solid sewage in underground drains in a tropical city, and as to the evil of voiding the sewage at a spot whence the prevailing wind for a third of the year will blow the noxious exhalations back upon the city. I confess that until going over the works in Calcutta, and lately inspecting the drainage works between Edinburgh and the sea, I shared both apprehensions. But the experimental drains are working admirably, and though the time is at hand when they must receive all night-soil, the new waterworks will be added to the effects of a rainfall of seventy-five inches a-year. The solid sewage is conveyed by trains along the Municipal Railway, which skirts the circular road side by side with the Maharatta ditch, six and a-half miles to the salt lakes. It is impossible to doubt that that and the discharge of the drains will speedily convert the shallow lagoons, carefully embanked in portions to exclude the salt water, into the finest rice land, if not kitchen gardens. Even at Lahore the natives alone have made a similar system such a success that, for the first time in India, manure has come to possess some value."

◆

Notes on Current Topics.

Lady Doctors and the Competitors for their Patronage.

The British Lying-in Hospital and Dr. James Edmunds, the Female Medical College, the insult to Dr. Eastlake and the Profession, and all the ingredients of the dirty mess whose unfragrance pervaded the medical nose some months ago, have got a fresh stir, and this time the befoulment of the nest offends the public as well as the professional nostril.

Dr. Thomas Snow Beck has been shaking up Dr. Edmunds, and Dr. Edmunds has been stirring up Dr. Beck, and both have been raking up the British Lying-in Hospital and the Female Medical College, and the aroma has spread through the London police courts to the public sense and the fragrance of the Profession is immeasurably damaged.

Our fingers are not dirty enough for the manipulation of the mess, and we decline to touch it, simply remarking as we did on the former occasion, "that it affords a cogent warning to the Profession not to place themselves in the position of alliance with the administrators of the establishment."

Strike of Tenor Singers.

The limits of action of the human larynx has at length been practically marked by a strike on the part of tenor singers against the orchestral conductors who have the regulation of concerts.

There has existed for many years an arbitrary pitch altogether out of the reach of all private singers, and, it would appear, also beyond the capacity of the most perfect vocal development. Thus almost all the operatic music written for the tenor or higher male voice has been obliged to be retranscribed or transposed down to bring it within the scope of ordinary performers. This in the case of orchestral performances is impossible, and tenors have been obliged to screech up to the pitch to the great injury of their voices, and to the loss to their performance of that richness and sweetness which belongs to the middle register of the voice.

There is really no reason whatever why music should be sung in an unattainable key, and the tenors, headed by Mr. Sims Reeves, have absolutely refused to injure their voices or depreciate their performance to please the fancy of conductors.

The Sacred Harmonic Society, who adhere to the old pitch, will have to do without Mr. Sims Reeves, and already the lower grade, known as the French pitch, has been adopted for forthcoming concerts.

Registry of Deaths.

The nomenclature lately recommended by the committee of the London College of Physicians, has been adopted as far as the designation of fevers is concerned. The English Registrar-General has issued a notice that medical practitioners are requested to use the names, in order that the Registrar-General may distinguish the several forms of fever in the returns of the ensuing year.

The committee, it will be remembered, detailed four forms of fever—typhus, enteric, relapsing, and simple continued fevers.

Slanders on the Profession.

The office of Vindicator of the Profession from the slanders to which it, as well as other bodies, are liable is not an agreeable one, and it has been uniformly shifted by licensing corporations from themselves to the Medical Council, and by that cautious assembly back again, till at last the profession has had to act for itself, and by means of its protective association to give expression to the disclaimer which councils and corporations did not care to trouble themselves with.

We don't pretend that it is the duty of licensing corporations to take up the cudgels and drive out every snarling cur which disturbs the profession by his yelping; but there are occasions when the adoption of a resolution would do all that is required of them, and when the slander would be within their dignity, and even in such cases the mouthpieces of the profession show themselves careless or over timid.

It would seem that a statement published in the public press, and reiterated as a literary curiosity all over England, to the effect that "the Governor of Taunton Goal had had applications from members of the profession for the office of Hangman," would have been worthy of notice, not in the form of a denial, which would only enhance the insult, but as a censure on the editors who gave publicity to so obvious and so insulting a lie.

Dr. Carey, of Taunton, an old member of the College, who felt himself aggrieved by such a suggestion, called, last week, the attention of the Secretary of the Royal College of Surgeons of England to it, in a letter which appeared in our last, and received the reply which we append:—

"Royal College of Surgeons of England,
London, W.C.,
29th December, 1868.

Sir,—I have to acknowledge the receipt of your letter of the

26th instant, and accompanying copy of the *Somerset Gazette* of the same date, and I have to acquaint you that, irrespective of the fact that the paragraph to which you allude would appear to be inserted in the *Gazette* upon the authority only of the newspaper reporter, and not of the governor of the prison, it relates to a matter over which this College has no control.

I may add that it would be quite impossible for the authorities of this College to undertake to investigate or contradict every idle statement relating to the surgical profession contained in the columns of the various newspapers published throughout the kingdom.

I am, Sir,
Your obedient servant,
EDWARD TRIMMER,
Secretary.

J. Carey, Esq., M.D.

On this reply, Dr. Carey writes to us :—

"In answer to my letter to the Secretary of the Royal College of Surgeons, London, and published in your last number, calling the attention of that College to a statement going the round of the newspapers that Mr. Oakley, the governor of Taunton jail, has in past times had applications from members of the surgical profession to perform the office of hangman, and calling upon the College, as the natural guardian of the honour of the surgical profession, to take some steps to vindicate that profession from a stigma so revolting, I received the enclosed cool communication from the Secretary, which has dispelled some delusions under which I had hitherto laboured, for I had, until now, imagined that the editor of a newspaper was accountable for the truth of any statement given upon responsible authority in his paper, and that the editor alone knew, when he printed a slander, whether he had it directly from the author, or indirectly from his reporter, and also I used to believe that a member of any respectable London club would be protected against association with hangmen members of that club, and that a public printed assertion made on respectable authority by any respectable journal, that any of the club's members were hangmen, or candidates for the post of hangman, would be properly investigated for the credit of those members that were not—but how I have been mistaken!"

It certainly seems to us that a little over-zeal on the part of the College would be more gratifying to its members than the *laissez faire* spirit in which the matter has been treated; and if the Secretary has not considered it worth his while to say so, we must speak for him, and inform the editor of the *Somerset Gazette* that the falsehood admitted by him to his journal disgraces no one but himself.

Inhumanity of the Police.

AGAINST the universal condemnation which the inhumanity of the police towards the poor woman who last week attempted suicide has brought upon them, they can offer no plea of doubt as to the nature of the case. Even the police must know that to carry a prisoner on a stretcher with nothing on her but a wet shift and a sack thrown over her is brutally inhuman, and to leave her half-drowned and half-frozen for a whole night in a damp cell savours either of stupid carelessness or official cruelty.

We endorse every word of the verdict of the jury :—"That the police were culpable for not calling in the divisional surgeon, and leaving her in a cell the whole of a night, when she might have been taken to the German Hospital or to a workhouse infirmary, and that the police should in future call in the divisional surgeon of the force to see persons who have been rescued from drowning."

The Drainage of Colney-Hatch Asylum.

THE judgment of the Court of Chancery imposes on the Committee the duty of putting an end to the nuisance complained of by those who had property close by—that of the sewage of the Asylum being so disposed of as to injure and annoy their neighbours. This is satisfactory, as it clearly shows that not even a Public Board will be permitted, under a plea of discharging duties imposed upon it, to override the rights of others. On this question it is certain the law cannot be too rigorously upheld, and whatever the inconvenience or expense incurred by the Committee of the Asylum, we rejoice that they will not be suffered to make the neighbourhood of their excellent institution unwholesome or offensive. For once the law is found strong enough to put down a nuisance. It is a good lesson.

Refined Naphtha.

THE sad accident on the Brighton Railway has again directed public attention to the danger of conveying certain compounds in passenger trains, and it is to be hoped that some measures will be taken to lessen the fearful risks of travelling. The inquiry before the coroner has so far been important that it has placed before the public the truth as to some of these dangerous articles of commerce on no less authority than that of Dr. Letheby. From that learned Professor's evidence at the inquest we gather that some years ago "benzine," or "benzole," was a naphtha containing 90 per cent. of benzole.

"It was the most volatile and highly rectified spirit of coal tar, and was used for making coal-tar colours, being then thought to be the best description of naphtha for that purpose. But within the last few years it was found that a weaker naphtha, containing 40 per cent. of benzole, was better suited for the production of aniline reds; and they were now using naphthas containing as little as 20 per cent. of benzole. In English commerce all these were known by the name of 'refined naphtha of British manufacture,' but in France they called 90 per cent. 'benzole,' and all below, 'refined naphtha.' Every sample, however, contained a large proportion of benzole, which was the most important constituent with regard to the inflammability of naphtha. Benzole itself was 850, but Mr. Thacker said the spirit in question had a gravity of 875; still, it was very volatile at an ordinary temperature. Seven or eight drops dropped on a piece of paper, as he demonstrated, would dry up in a minute and-a-half; and in a minute and-a-half two drops of common naphtha would convert itself into a cubic inch of vapour at a common temperature, and diffusing itself through 37½ times its volume of air, would form an explosive mixture. Dr. Letheby showed this to be the fact by dropping some of the sample produced by Mr. Thacker into a glass bottle, and said if the proportion was 1 of vapour to 37½ of air, the temperature of the flame in an enclosed vessel—the flame which he produced—was 7,000 degrees Fahrenheit, and in an open vessel it would have been 5,000 degrees. The explosive vapour was many atmospheres over 20; therefore it evolved an inflammable vapour at common temperatures, which, mixed with air, was capable of generating heat enough to set fire to itself—not liable to spontaneous combustion, but when the vapour exploded the heat would be sufficient to set fire to the liquid or any combustible substance, with force enough to blow any vessel to pieces in which it was contained. He had read the evidence taken on the last occasion, and had no doubt at all that the refined naphtha in question had leaked, or had become diffused in the waggon, and the vapour mixing with atmospheric air, had formed an explosive mixture, which was fired by the light of the lamp held by one of the deceased men, and the explosion resulted, the burning naphtha being blown over them. He had also heard the evidence given by Mr. Thacker and by Mr. Kay, and was of opinion that the dangerous properties of naphtha were not sufficiently well known for the dangers which might arise from its carriage being guarded against, for the leakage of it into a confined truck might at any time, by the approach of a light, be the cause of a serious accident. Some regulations ought to be laid down for its carriage, and he thought there would be no difficulty in making a regulation which would not interfere with the commerce of the article at all. In reply to questions from several jurors, Dr. Letheby said he did not think naphtha could be ignited at a temperature below 1,500 or 2,000 degrees, and then it would require a flame to come in contact with it. A 'Davy' lamp would have prevented the explosion. The guard's lamp, being closed, was no protection, for whenever the air got in to feed the lamp the vapour would get in, but it would not get through the gauze wire of a 'Davy.' He suggested that as casks, although safer than carboys, would not prevent the escape of vapour, that trucks used for the carriage of such articles should be provided with louvre openings at the top for the purposes of ventilation; and that they should not be handed over from one company to another without the contents being made known."

It is satisfactory to learn that some of the precautions thus suggested were enforced by a distinct recommendation by the coroner's jury. An understanding was also given that the recommendation of the jury should receive "early consideration." We hope this phrase will not be allowed to cover further negligence, but that the Brighton Company will forthwith frame rules for their traffic in accordance with it, and that other companies will follow suit. If some such action is not taken by the companies, we hope the next accident will be succeeded by trials, and that the jury will in each case award "exemplary damages."

Royal Medical Benevolent Fund Society of Ireland.

A MEETING of the Central Committee of the above Society was held at the Royal College of Surgeons, on the 30th December. Present:—Mr. Tufnell (in the chair), Drs. Benson, Collis, Crocker, Fitzpatrick, Evory Kennedy, Law, Little, M'Clintock, Mollan, Quinan, Stewart, Albert Walsh, and Wharton. The death of Dr. Guinness having been announced, it was unanimously resolved:—"That this committee desires to record its deep regret at the death of Dr. B. Grattan Guinness, one of the honorary secretaries, by which sad event the society not only loses a warm friend, but is deprived of the services of a zealous and efficient officer."

The committee then proceeded to nominate a successor to Dr. Guinness, as an honorary secretary to the society. Dr. Marks, of 26 Hatch street, having been proposed and seconded, was elected unanimously.

The following letter from Dr. Robert M'Donnell to the treasurer of the society, Dr. James Little, was read:—

14 Lower Pembroke street, Nov. 30, 1868.

"DEAR SIR,—I beg leave to enclose you a cheque for £36 11s. 3d., a subscription to the Medical Benevolent Fund.

It is in fact (less income-tax) the pension assigned to me by Government as late medical superintendent of the Mountjoy Prison, and which I hope to hand to you annually as long as I continue to receive it. Circumstances into which it is unnecessary for me to enter, induce me to think that as I did not seek this pension on any selfish or personal grounds I can make no better public use of it than by devoting it to the service of the widows and orphans of my professional brethren.

"I made every possible exertion to obtain it, and through the unwearied exertions of Mr. Pimm, I succeeded. He fought the battle on public grounds; I, to vindicate my honour, as a professional gentleman. Having done so I am content, and only wish, for the sake of the excellent charity to which I give it, that it was a larger sum.

"I am, yours faithfully,
"ROBERT M'DONNELL.
"To the Treasurer of the Medical Benevolent Fund."

This letter having been read, the following resolution was passed unanimously:—"That the marked thanks of this committee be presented to Dr. Robert M'Donnell for his munificent subscription of £36 11s. 3d. a year, in accordance with his letter of the 30th Nov., 1868, to the funds of the Royal Medical Benevolent Fund Society; and that he be requested to allow his name to be recommended to the general meeting for election as a member of the central committee."

The treasurer further reported having received a letter from Mr. Courtnay, solicitor, enclosing a cheque to the credit of the society of £121 19s. 2d. under the will of the late Dr. William Kingsley, the founder of the society.

Outbreak of Choleraic Diarrhœa near Southampton.

A VERY severe outbreak of choleraic diarrhœa took place last week in the family of a farmer named Lashley, at Hambledon, near Southampton, which resulted in the death of one child, and the severe illness of every member of the family. His mother deposed that the deceased went to bed on the previous Tuesday evening in his usual health. He had for supper some soup, which they had procured from the soup kitchen, and nothing else. The next morning he seemed perfectly well. She had been ill from the previous morning with diarrhœa and sickness, and had not got up in consequence. Her husband and eldest boy had been ill from the same complaint; her other children had been ill also, and the one younger than the deceased was still ill, but better. She went down-stairs and found him and his younger sister both very ill; they were sick, had diarrhœa, and were very thirsty. She took them up-stairs and put them to bed They kept on asking for drink. Deceased grew worse, and attempted to get out of bed, and would have fallen through weakness if she had not held him up. They had had no arsenic, nor any other poison in the house, nor had they any reason to believe that any person had given any to their family.

Dr. Gaman said he did not see the deceased during his illness, but he had made a *post-mortem* examination of the body. From what he had heard of the symptoms he thought they might have been occasioned by arsenic, but he could find no traces of that or of any other irritant poison. He had tested the contents of the stomach of the deceased, and the vomit of the sister. In appearance they were both the same, except that in the stomach, which was a little darker. On opening the chest he found the left lung unhealthy and tuberculous, showing a disposition to consumptive disease. The right lung and the heart were healthy, and both sides of the heart were full of blood. The stomach was unusually flaccid, and the mucous lining here and there congested. He accounted for this from the vomiting; if it had been the effect of poison the congestion would have been more marked. The intestines appeared healthy, and were filled with fluid of the same colour as in the stomach. He attributed death to choleraic diarrhœa.

A verdict of "Death from choleraic diarrhœa" was returned by the jury.

Expenses at Netley.

In another part of our issue we make allusion to the personal expense to which the candidate is compelled to submit during his stay at Netley, and we think it right to corroborate our remarks on this subject by a succinct detail of his financial position at the end of a month's residence. His pay is, as our readers are doubtless aware, but five shillings a day. Let us see how far that will go towards keeping him like a gentleman and on an even footing with his fellows. The following are his monthly expenses:—

	£	s.	d.
30 Breakfasts, at 10d. each	1	5	0
30 Dinners, at 2s. 3d. each	3	7	6
30 Lunches, at 6d. each	0	15	0
30 Glasses of Ale, at 2½d. each	0	6	3
Washing	0	10	0
Contingencies	0	15	3
Library	0	2	0
Servant	0	10	0
Total, per mensem	£7	11	0

Each item is here set down at the lowest rate. All candidates must breakfast and dine at mess. Ale is not given, and one glass daily is charged separately and may be done without. The servant need not be paid under regulation, but only a single candidate was ever known who did not award this gratuity. The contingent expenses constitute the fund which keeps up the ante-room papers, &c., &c., and is compulsory under the regulations.

Set these charges against

	£	s.	d.
30 Days' Pay, at 5s.	7	10	0

and we have one shilling less than nothing for personal outlay. But in addition to these charges there are others payable during the first month of residence as follows:—

	£	s.	d.
Mess Subscription, 1st half	2	10	0
Library „	0	10	0
	£3	0	0

It thus appears that a candidate who eats, drinks, wears, or spends nothing outside the hospital *must* lose over £5 by his residence there. We need hardly say that, practically, the expenditure is at least double this sum; and thus a medical cadet is compelled to lose not only his six months of service, but to pay a certain sum, be it small or great, for permission to serve Her Majesty.

Medical Officers of St. Pancras.

Strange that there should always be something occurring to render the Guardians of St. Pancras notorious. It was but lately that an inquest was held on a woman who died very suddenly, and apparently from neglect. The jury prayed the Poor-law Board to interfere; and now, again, here is another fact. We quote from the *Parochial Critic*:—

"The stringency of the St. Pancras Guardians with their Medical Officers has deprived them of the services of Dr. Saul, who has worked both in and out of the house for a great many years. The poor speak highly of his kindness. One complaint out of the thousands of cases which have come under his treatment did not merit such a severity as that he should be harshly summoned to appear before the Board to receive a severe censure. Rather than submit to treatment which he considered he did not deserve, Dr. Saul sent in his resignation. The guardians may perhaps get in his place a more compliant officer, but will the poor on that account be any better cared for? The Chairman considered the letter tendering his resignation as most disrespectful. Is such great respect usual on such occasions? and did the writer receive it at the hands of the Board? It would seem that the present Board of Guardians are determined to get rid of all the old officers, good, bad, or indifferent. In the appointment of new officers they are not so particular, and the Poor-law Board has been obliged to restrain their excess of zeal in appointing officers to buildings, before the buildings were in existence."

Saving Life.

If the endeavour to save life is worthy of commendation, the great exertions of the Royal National Lifeboat Institution to rescue shipwrecked persons cannot be spoken of too highly. It has saved from drowning a total of 558 lives during the past year, besides rewarding the owners of fishing boats for saving 259 more. Since its formation 17,795 lives have been saved either by its direct efforts or its rewards for the exertions of others. These operations have, of course, involved a considerable outlay. In the past year it has spent £18,813 upon its lifeboat stations on the coasts of the United Kingdom.

Netley, its Pay and Expenses.

Now, when the Secretary-at-War has evinced the determination, at any risk or sacrifice, to reduce our military expenditure, would seem to be an appropriate time for calling attention to the probationary establishment at Netley, with a view to the inquiry as to what it does for the army medical officer in return for the six months of valuable time, and the not insignificant sum of money, which he leaves behind him at the Royal Victoria Hospital on joining his regiment. The theory of the probation at Netley is stated to be that after a candidate has established his proficiency in his strictly professional attainments, there are still certain special departments of his education of which it would not be reasonable to expect a knowledge from him, and which it would be impossible to leave to his previous teachers with any probability of his being fully conversant with them. In point of fact, it is declared that army surgery is a speciality to be studied under special circumstances, and with special opportunities not to be found but in a military hospital.

The scientific curriculum of Netley does not seem to afford good basis for this theory, and we venture to say that as far as medical, surgical, or scientific education is concerned, there is nothing in the course of study at Netley—if study it can be called—which might not reasonably be expected from the candidate, or which he might not learn with much greater advantage in three months after joining his regiment. In point of fact, the course of instruction at Netley is little else than a medico-military drill, in which the recruit is put through very elaborate manœuvering with very little gain to his surgical or scientific education. *Exempli gratia*—the orderly duty requires that the medical cadet should go at three o'clock, immediately after daily work is completed, and stay in the orderly-room until the next morning, an interval of about thirty hours, during which period he must saunter through the wards three times, and occupy the intervals in yawning, dozing, and filling up useless papers.

Now we do not by any means suggest that in the long run this medical drill may not be useful, still less that the educational duties of the various professors are not conscientiously or effectually discharged, but we *do* express our doubt that the information acquired in either department is worth the loss of six months without credit towards his service, and the expenditure of a smart sum by the medical cadet.

Netley Hospital is, we believe, really in intention and practice an institution for supervising the mess manners of medical recruits. They are, we suspect, sent to school for the second time, not for anything they are to learn there, but that their measure may be taken and recorded for future reference.

Is the nation content to pay as heavily as it does for the maintenance of a school of medical mess deportment, and are candidates for the Army Medical Service to waste half a year and be mulcted in a handsome sum for such an object?

The Viceregal Medical Appointments.

THE new Lord-Lieutenant has not yet made his selection of physician and surgeon-in-ordinary. The Liberal papers are urging that no one who voted against or refused to vote for the Government candidates shall be appointed to household offices. With such principles we have no concern, but we earnestly hope that the appointments will be conferred for professional eminence only. Her Majesty's physicians and surgeons, both at St. James's and her Courts at Edinburgh and Dublin, are chosen from practitioners who have attained the highest positions in their respective Colleges, and there is no reason why the similar offices about the Viceregal Court should be filled upon different principles.

Artists for the Palate.

THE authority of the *Produce Markets' Review*, a class journal of some note, informs us that gastronomy has taken its stand beside music, painting, and perfumery as one of the sciences of the senses. As we can have our pictures tinted to our taste, or our ears suited with the most agreeable strains, so we can for a few francs have our wines coloured and flavoured without incurring the expense of Chateau Margaux or Lafitte, any more than we must pay for Titian or Claude. According to a weekly Paris journal, *L'Eclipse*, there is now a class of artists who go round amongst the few dishonest growers and merchants wine-doctoring:—

"The public is aware that wines are adulterated, but it is ignorant, we think, to what an extent this is done, nor is it aware how curiously the wine industry is organised, and how each kind may be imitated by means of ingredients utterly innocent of any trace of the grape. We think, however, that nothing similar to the perfectly authentic document which we copy here, and which is printed and circulated in the trade, has yet been published:—

	F.	C.
For giving new wines the colour of old (per 230 litres) - - - - - - - -	1	50
For giving wines the taste and perfume of old Burgundy (per 230 litres) - - - -	3	0
For colouring in rose-colour and in red (per 230 litres) - - - - - - - -	4	50
For imitating with *vin-ordinaire*, Madeira, Marsala, Muscatel, Malaga, Alicante, Vermouth, Port, Lacryma Christi, Greenache, Sherry, Tokay (per 20 litres) - - - - - -	5	0
For imitating the taste of Beaune (per 230 litres)	3	0
For imitating Chablis (per 250 litres) - -	2	50
For giving white wines the taste of Champagne (per 230 litres) - - - - - - -	5	0
For giving corn-brandy the taste of Cognac (per 100 litres) - - - - - - -	6	0
For imitating the colour of Curaçao and Bitters (per 100 litres) - - - - - - -	2	0
For imitating Rum, Kirsch, and Absinthe with alcohol (per 50 litres) - - - - - -	6	0
For imparting to beetroot brandy the taste of *armagnacs* (per hectolitre) - - - - -	4	0

The above will show how easy and profitable is the trade in wines. We dedicate these facts at once to hard-drinkers, and to those who, careful for their health and for their purse, desire wine or some natural liquid in return for their money."

Hardwicke v. Diplock.

THIS dispute as to the validity of the late election of Coroner for West Middlesex, has, it would seem, only slumbered through the long vacation, and has woke up as bright as ever. The *quo warranto* is to be argued at the next sittings at Westminster; and if the law does not again consign the case to oblivion, the question will then be decided whether Dr. Diplock's "lambs" were entitled to vote as graveholders and watermen or not. Without imagining that Dr. Hardwicke is fighting the battle as the champion of the public, we are gratified that he is determined in the contest; for it is undoubtedly a very gross anomaly, and a very substantial grievance that the *bonâ fide* freeholders should be overridden by a multitude of made voters having no stake whatever in the district, nor any intelligence to guide them in the selection of the best man. It is thoroughly ridiculous that we still adhere to so unfair and unsatisfactory a mode of eliciting one of the most important of our legal functionaries.

Counter Practice in England, and its Value.

THE *Manchester Guardian* published recently a very amusing paper tourney between two druggists, which gives us some insight into the *arcana* of counter-practice, and the estimate in which it is held. A druggist, doing as he and hundreds of his fellows had done before, had undertaken the treatment of a wound in the neighbourhood of the shoulder, and was afterwards called as a witness to the injury. He was kept at the court for four days, and received 16s. as his pay, at which *multa gemens* he complained to the *Manchester Guardian*. He wanted to know whether "his *skilled* evidence" did not entitle him to a better fee; and another druggist replied that it served him right for going beyond his last.

As an expert we should say that the complaining druggist received about fifteen shillings, and we should consider the opinion of a surgeon on the commercial value of parafine oil worth about as much as the druggist's *skilled* evidence on wounds of the shoulder-joint.

Disinfection.

OUR recent remarks on this subject having produced several inquiries, we take occasion to state that the experiments of Professor Parkes are detailed in a Paper by the learned author, published in the recent Army Blue Book, a work to which we have already devoted considerable space.

We extract the general conclusions at which Professor Parkes has arrived :—

> "1. At temperatures ranging from 50° to 100° Faht. the carbolic acids and their preparations prevent the putrefaction of sewage to a great extent; measure for measure, they are all decidedly superior to the other substances noted. Double the quantity of sulphate of iron (viz., 120 grains to 4 oz. of sewage) had very little preservative effect at all, and the solution of the alkaline permanganate appeared almost as useless in the quantity added (two fluid ounces of Condy's fluid to four ounces of sewage), nor did the mixture of sulphate of iron and alkaline permanganate appear at all more powerful.
>
> "The zinc salts were also decidedly inferior, measure for measure, to the carbolic acids (crystallized and liquid), as the effluvia, though changed in character, were extremely offensive. The same thing may be said of the chloride of lime; when the smell of chlorine had gone off, it was clear that some kind of offensive change was going on.
>
> "I have no doubt, therefore, of the superiority of the carbolic acid series to all the other substance tried in the proportions given.
>
> "2. The amount of carbolic acid must, however, be larger than is usually stated. Of the commercial crystallized acids, at least 60 grains are necessary for the solid discharge of a man daily at a temperature of 50° Faht., and even then this amount does not prevent fæcal smell, and does not entirely arrest the development of rapidly moving vibriones. At a greater temperature (80° to 100° Faht.) the effect is less marked, and more of the acid must be used.
>
> "3. The liquid preparations of carbolic acid are more efficacious than the crystallized acids, and the impure preparations appeared more powerful than the pure. In the last series of experiments 60 grains of crystallized acid were much less powerful than one-half fluid ounce of Calvert's cheap carbolic acid liquid.
>
> "4. No decided difference could be traced between the carbolic of different makers. M'Dougall's crystallized acid in some experiments appeared slightly superior, in some slightly inferior to Calvert's, but the difference was not marked, and Bolton's liquid acid was as good as either.
>
> "5. The two disinfecting powders (Calvert's and M'Dougall's), though of such very different composition, appeared practically equal. Calvert's powder is carbolic acid, mixed with alumina and silicate of alumina; M'Dougall's is a mixture of carbolate and sulphite of lime and magnesia, and it makes the sewage to which it is added strongly alkaline; while Calvert's powder does not at the time affect the weak acid reaction of healthy sewage. Yet one powder for 17 or 18 days prevents putrefaction as well as the other."

Meetings of Societies.

We just announce to our readers that the Pathological, Obstetrical, and Clinical Societies will hold their annual meetings during the present week. At the meeting of the Pathological Society, Dr. Quain will be proposed to fill the chair, Mr. Simon, retiring from that office, an honour of which he is truly worthy, being one of its oldest and most devoted members. Three gentlemen will also be added to the vice-presidency, viz., Dr. Wilks, Mr. T. Holmes, and Mr. Simon. The Obstetrical Society will meet on the day of our publication, when Dr. Graily Hewitt is to be nominated as President, and Dr. J. C. Langmore, Dr. W. Leishman, of Glasgow, and Dr. E. J. Tilt, as vice-presidents, in addition to those already filling that office. The Clinical Society will hold its first annual meeting on Friday next. Mr. Paget will be proposed President on the retirement of Sir T. Watson.

Accounts from France inform us that cholera has made its appearance at St. Louis, on the west coast of Africa, and that the inhabitants are dying at the rate of 100 a day.

The Grove Hall Asylum, Bow, for lunatics, is increasing its charge for pauper patients.

The sanitary measures which have been adopted at Plymouth have, it is stated, rendered that town much more healthy.

From a report of one of the medical officers of the Derby Union we find that scarlatina is the most fatal complaint in the south district.

A midwife at Leeds was charged with having caused the death of a young woman by an attempted felonious operation.

In the parish of Rotherhithe the Embleton and Horncastle's Charity gave 2s. each to 51 females, the oldest 97 and the youngest 68 years old. The medical officer of Health says the parish is one of the healthiest in England.

It is very probable that Dr. Brown-Séquard will ere long occupy a chair in the Paris School of Medicine, a position which the entire profession will feel very great pleasure indeed to see the illustrious pathologist adorn.

At the Royal Institution on Thursday next, at 3 p.m., Mr. Rupert Jones will lecture on "Protozoa;" Friday at 8, Professor Tyndall on "Chemical Rays and Molecules;" Saturday at 3, Professor Odling on "Hydrogen and its Analogues."

A meeting has been lately held at Stamford, presided over by Lord Exeter. There was a numerous attendance, including medical men. A resolution was passed unanimously "that it is desirable to take steps to adopt a more effective system of drainage, with a view to improve the sanitary condition of the town."

Dr. Letheby, medical officer for the City, has just presented to the Commissioners of Sewers his report on the sanitary inspection of shipping within the district of the City of London during the last two years, in accordance with the provisions of the Sanitary Act of 1866. We can only mention it now, and purpose a more detailed notice in a subsequent number.

Vaccination was introduced into Russia one hundred years ago by the Empress Catherine II., and the anniversary of that event is to be celebrated in a few days at St. Petersburg. The Government has offered a prize of 3,000 roubles (£400) for the best history of vaccination. The competition is open to all Europe, and the history may be written in any modern European language.

SCOTLAND.

EDINBURGH.

The questions relating to the Edinburgh Infirmary Site, and the Water Supply, are still *sub judice*. Difference of opinion prevails, as might be expected, on both these subjects, which appears day after day in the correspondence admitted into the Scotch newspapers. The amount of money which may be required in carrying out the separate proposals, enters largely into the discussion, though other and more important considerations have their acknowledged weight. The last action taken was on the Water Supply, at a meeting of the Town Council on 29th December last, when they decided to delay consideration of the bill till the Special Committee complete their investigation into the new scheme of the Water Company, and report to the Council.

DECREASE OF JUVENILE CRIME IN EDINBURGH.

On Saturday, the 26th ult., a meeting was held in the Original Ragged Industrial Schools in aid of the emigration fund of the institution, the Earl of Southesk in the chair. Dr. Guthrie stated the object of the meeting. He also read a return of the number of juveniles committed to the prison of Edinburgh in the twenty-two years ended 30th of November, 1868, as showing the large decrease that had occurred since the institution of the various ragged and industrial schools in the town. In 1847 the number of juveniles committed to prison under 14 years of age was 260, while in 1868 it was only 52. The number of juveniles under 17 years of age committed in 1848 was 552, while in 1868 there were only 76.

EDINBURGH INDUSTRIAL BRIGADE.

The friends and supporters of this Institution held their first annual meeting on the 30th December, in the Craigie Buildings, St. Andrew square. The chair was taken by Admiral Ramsay, C.B. The report stated that when operations were commenced, twelve months ago, as a mere expedient to provide the boys with work, as a means of paying for their food and lodging, they were engaged as shoeblacks; but this from the first was intended to be merely temporary. As a boy evinced the desire to improve, a suitable situation at some regular employment was provided for him; and it was with much gratification that the directors reported that the whole of the boys, with the exception of two, were now not engaged in shoeblacking, but in regular employments—as message boys, apprentice painters, bakers, joiners, grocers, coopers, slaters, japanners, &c.—earning from 2s. 6d. to 8s. a-week; and the thirty boys at present accommodated in the institution earned together £5 8s. 6d. a-week, while other boys, who had been in the brigade and who were not in connection with it, had also employment, and were earning from 4s. 6d. to 7s. each. The number of boys who had been assisted was 136, for periods varying from two days to the whole time the brigade had been in existence. The total earnings of the boys amounted to £189 13s. 10d., which was sufficient to pay the cost of the food and the rent of the premises. The report was unanimously adopted. Medals and prizes were awarded to a number of the boys for good conduct.

GLASGOW.

The first annual meeting of the Medical Missionary Society has just been holden. Dr. Andrew Anderson took the chair. The funds are in a prosperous condition. A dispensary has been established for the gratuitous supply of advice and medicine, under the direction of a medical superintendent.

COATBRIDGE TOWN AND DISTRICT.

Fever of a severe type has again broken out in this neighbourhood. At Holytown sanitary arrangements are being made, to prevent, if possible, the spread of the disease; but the condition of the above villages is very bad, the drainage is everywhere defective, and there is no water system whatever. Considerable uneasiness consequently prevails, and many persons urge the necessity of the Parochial Boards of the parishes of Old Monkland and Bothwell, as the local authorities, to take active steps to remedy the evils. In the villages of Calderbank and Chapelhall, Dr. Robert Young was the principal medical attendant, and for a time he was assiduous and indefatigable in his exertions to save the sufferers, but we regret to announce that he was seized with the epidemic, and the grave was closed over his mortal remains, with military honours. At an early age Dr. Young has fallen a victim to his profession. He was a young man of great promise, and, having a wide practice, his loss is greatly felt by a large community. The deceased gentleman was a lieutenant in the 100th L.R.V., unmarried, and a native of Dunfermline.

We noticed in our last issue that a petition againt the election of Mr. Moncrieff for the Universities of Glasgow and Aberdeen had been presented. We have subsequently been informed that it will be abandoned.

During the last year 346 women were admitted as in-door patients to the Glasgow Maternity Hospital, and 601 were attended at home. Females are being instructed to act as midwives and ladies' nurses.

GERMANY.

(From our own Correspondent.)

Vienna, December, 1868.

Entrusted with the task of preparing the correspondence from this capital for the Medical Press and Circular, I shall endeavour to make my letters interesting to the readers of that excellent journal, by giving from time to time information, not only upon such new contributions to medical science as may be made, but such social gossip and professional news as I think my English brethren will find acceptable. No doubt they will be surprised at what is regularly seen in Vienna. I must request the reader to regard my letters as the reflection of medical life in Austria; and you, my dear Editor, to use freely your right to excise what you think unfit for your journal, and to rectify for me the mistakes in your language into which I fall.

Suppose I begin by a notice of some of our chief medical institutions, schools, and professors.

We have at Vienna—1st, a large general hospital; 2nd, the hospital at the Faubourg Wieden; 3rd, the hospital for Israelites; 4th, that for convicts; 5th, the hospital of the Brothers of Charity; 6th, two hospitals of the Sisters of Charity, at the Leopoldstadt and Gumpendorf; 8th, Rudolph's hospital; and 9th, the hospital at Sechshaus.

Some description of these hospitals shall follow on a future occasion.

There are two cliniques for practical pathology and therapeutics, conducted by Professor Skoda and Professor Oppolzer, both born in Bohemia. Professor Skoda is with Professor Rokitansky the founder of the celebrated modern physiological school of medicine, based on pathological anatomy; author of an excellent work on Auscultation and Percussion—the Vienna oracle for diseases of the chest. He represents the negative school of medicine, whilst Oppolzer represents its positivism. Skoda is the leader of the nihilists—sceptics; places the accent of medicine more on diagnosis and prognosis than on therapeutics. His system is dry and short as his character, and he speaks scarcely a word in a private consultation. He represents pure science abstracted from life. He is a member of the Academy of Exact Sciences. He recognises only a few remedies as valuable: *these are* (except sodæ bicarb. which you will find in most of his prescriptions) *all specifics*—cannabis indica, morphia, mercury, quinia (this almost in all chronic diseases), lead, iodine, argenti nitr., digitalis. He very seldom recommends mineral waters. His speciality is the diagnosis of diseases of the organs of the chest. He and his school expect the true therapy from the progress of organic chemistry. He was consulted by the young Empress of Austria in her dangerous illness of the chest, and sent her Majesty first to Madeira, then to Corfu, and finally to Venice.

Professor Oppolzer (Hofrath, Councillor of the Court of Saxony) was formerly professor at Leipzig, and is now one of the most renowned physicians at Vienna and in the whole of Austria. He is as much celebrated in diagnosis as in therapeutics—neither nihilist nor physician of the old fashion—but prescribes all kinds of remedies (mostly specifics, and in small doses), and all kinds of mineral waters. He pays much attention to the chemical and microscopical analysis of urine, which is made at every interesting case under his care before the students. He is the very ideal of a true teacher-professor. He has a passion for teaching his pupils, not only diagnosis, but the *savoire faire* in practical life. He combines science with life. An invalid on his clinique is better treated than any of his patients in the private practice, where he is sometimes superficial for want of time.

A curious circumstance I may remark here. Considering that every professor of therapeutics has the duty to warn his auditors from error—from false paths to the truth—it is strange, and you may be surprised to hear, that neither the one nor the other of these professors, nor any of the medical authorities of the town, ever says a word about homœopathy (for or against); but, nevertheless, they meet homœopaths in consultation, not as to treatment, but only diagnosis. This can be from no selfish motive, for these professors are notably honest and very rich men.

Professor Rokitansky, founder of pathological anatomy, is the sun that brought light in all the branches of medicine, and penetrated them with his profound exactitude. He is the very leader and founder of the Viennese physiological school, and was named for his merits, not only member of the Academy of Sciences, but also Councillor of the Court, and President of the Commission for the Reformation of the University. And when freedom and the Constitution entered Austria he was called by the Emperor to the House of Lords, or Senators (Upper House), where he excited public attention by his excellent speech against the Concordat, as destructive of the arts and sciences, as well as incompatible with liberty. The abolition of the principal part of the Concordat and liberty of worship is partly due to this man, who is as great a politician, statesman, patriot, as professor of medicine and orator.

Oppolzer was begged by the Emperor Nicholas to go to see the Duke of Paskewitch—a doubtful case of ulcus rotundum ventri—in the middle of winter, and for precaution against catching cold he sent to him a magnificent fur.

When the Imperial Prince of Russia was dying at Nice, the Emperor Alexander begged him to accompany him to the bed of his son; and although they arrived the day before his death, which could no more be prevented, Oppolzer was the only physician (amongst the many French and Russian present) who dictated the true diagnosis (exostosis of the interior of the skull, caries of the os sacrum, psoitis), which was entirely confirmed by the autopsy.

He is so celebrated that no invalid foreigner of distinction, no patient from the provinces, or from Russia, Wallachia, Moldavia, or Turkey, comes to or passes through Vienna without consulting him. No one of distinction, few rich ones, are allowed to die without having consulted him beforehand. He almost never undertakes alone the treatment of an invalid at Vienna, he goes only in consultation. His son is a famous astronomer. It was he who observed the last total eclipse of the sun at Aden, supported by the generosity of the English consul there.

Oppolzer's reputation began at Prague, when he was still assistant of Professor Krombholz, by this singular case:—

He was consulted by an old general, who tried all remedies (external and internal) against a continual convulsion (clonic cramps) of the right hand. Oppolzer examined very carefully the hand, and asked him to show his stick, which had a silver knob. After having remarked a grey circle in the palm of the hand, he declared that the knob of the stick was not genuine silver, but falsified with lead. The general would not allow that he carried anything false. But chemical analysis proved the fact. The two different metals (electrically opposed) formed with the sour sweat of the hand a voltaic pillar; and thus the convulsions can easily be explained. Oppolzer ordered that the silver knob be put away, or the stick changed, and this being done the convulsions ceased very soon, without any other remedy. Oppolzer has a very modest appearance, and does not care for his toilette. His hand is as delicate as a lady's.

P.S.—Just as I am going to send this, I hear with sorrow that Professor Skoda is very dangerously ill. When I saw him a few weeks since, he looked an invalid, or as if some great change had passed over him, and leaving him, I remarked to an English friend, "'There's something rotten in the state of' our great Skoda." So I fear that his sickness will be fatal.

◆

MEDICO-SOCIAL PENCILLINGS OF LONDON LIFE AND PRACTICE.

No. VI.

The point was settled, my relative being a gentleman of the good old school, one of the class that try and force us to a focus, hold us to it with the tenacity of a *nisi prius* pleader, and clinch a point with detonating decisiveness. There was no nonsense about *him*. I decided in favour of London, and he *meant* it thenceforth; consequently, within forty-eight hours from the time of my decision I was in the full swing of preparation for a professional dêbut, determined on my arrival in the vast metropolis to seek and to find, first, an appointment, and subsequently a groove, wherein I might settle down, and whence I should radiate a terrestrial medical meteor, a metaphysical phenomenon.

Whether I journeyed by river or by road, to the reader of these Pencillings it matters not one whit to know. Suffice it that I arrived in London according to programme, and in due time called on a medical friend or two—old class fellows—and explained to them the object of my trip, my prospects, and my final intention. My medical friends advised me to seek an appointment by means of the usual channels—the Press and medical agents—promised to be on the *qui vive* in my interest; gave me some sound advice founded on some years of experience; proffered to me the hospitality their positions enabled them to offer; and finally requested of me to "look them up occasionally" so as to apprise them of any chance of success, and the probability of attaining the *first* object of my very laudable ambition.

London was not new to me; I had previously made to it flying visits, during which I naturally took opportunities to see theatres, picture galleries, museums, the Parliament houses, St. Paul's, Westminster Abbey, and many other places historically famous, or made—by means of the current literature of the day notoriously—so; consequently, as my object in London on this occasion, was likely to influence in a great measure my future prospects, the wonders of the mighty metropolis—if not completely lost to my faculty of observation—made very little impression on me as I passed them, for the accomplishment of the task on which I had set a full, a bounding, and a highly sensitive heart, solely occupied my thoughts, and entirely influenced and stimulated my movements.

Undoubtedly the first brush during the ever raging battle of medical life is generally a very severe and a very trying one indeed, more especially, if during the encounter "ammunition" run short, and there be no likelihood of receiving "shot" from a friendly locker—a state of things no way uncommon amongst the newly-fledged medical element all the world over—and if the medical soldier of fortune, escapes with a scratch or two, and does not heartlessly and dispiritedly retreat from the encounter—but bravely storms and captures the *first* citadel, he has every reason to thank his stars, to feel grateful to his good angel, and to beg of his relations *not* to remit him any money "just at present."

Now it so happened that my last visit to London was made during the time designated the "dull season,"— when a considerable section of the "upper ten," and a very large section of the under cut of society too, goes to the sea-side, or somewhere else.—The "Houses were up," and London life had just commenced to be flat, stale, and unprofitable, a state of things that "told" so effectually on my brilliant prospects as to enable me for many weeks to perambulate the streets in a hopeless, blissless state of idleness, ere the smallest chink through which I could favourably behold a ray of sunshine presented itself to me. True it is, however, that the "usual channels" brought me into communication with medical gentlemen actually in want of, or about to require assistants, yet negociations seemed fruitless just at that time. It was in fact the dead season, and *rigor mortis* to my mind, seemed to influence everything medical.

I was beginning to despond, I do not deny this—six weeks "tramping" the London streets, seeking and finding nought save the cold shoulder of disappointment daily during that time, was more than enough to damp the ardour, and to cool the courage of a temperament far less sensitive, and of a body physically superior to mine—notwithstanding the kind and cheering notes from home, and from my relatives and the monetary considerations of which they not unfrequently were the custodians.

At length a "golden opportunity" presented itself for my acceptance, at all events I thought so. It was caused by a "death vacancy in a respectable district of London." It offered many advantages for little money, and the gentleman in whose hands the vendor placed it for disposal, was a medical agent who had taken some pains to procure me employment, and now strongly advised me to seize on this Eldorado. I did so, and from my small experience in such matters—together with the state of despondency into which I was drifting on account of my long spell of idleness, considered the opportunity so golden as to be embraced out of hand, lest an interloper might put in an appearance and snatch the prize. Therefore I wrote to my relative, stated to him that no appointment appeared likely to offer for my acceptance, and at the same time enclosed him the opinion of the agent as to the value of this golden opportunity. In due time my relative agreed to my proposal, "provided I were really confident of success," and also provided that the sum offered by *him* would be received by the vendors as equivalent to their legal rights in the "vacancy." After considerable negociation I became the purchaser; my relative stood by his promise, the vendors received payment, I took possession of the premises, and a deed of assignment at the same time, and within a very short period my name and title "on a burnished field of brass," faced one of the panels of "death vacancy's" entrance door, to note Time's changes, the uncertainty of our whimsical world, and to "astonish the Browns."

Quid Nunc.

◆

LONDON ASSOCIATION FOR THE PREVENTION OF PAUPERISM AND CRIME.

The formation of this Society is one of the signs of the times, and the information it is likely to accumulate and diffuse must inevitably tend to the welfare of the community. The object of its promoters is definite, and we would draw attention to the word *prevention* as the most important in the title of the Association. Other societies have occupied much attention by discussing questions relative to how we should deal with criminals and paupers. If we are correctly informed, this new Society does not intend to claim ground already occupied, but believes that there is plenty to absorb its energy in the one point—prevention.

Few can be careless on such questions. A certain kind of indifference may arise from a conviction that prevention is altogether impossible—that the greatest efforts are likely to produce no result. Still, even they will respect the opinions and the action of those who think otherwise, and it is probable that a languid interest may be stimulated into active co-operation by the labours of the Society. In this manner very great good may result.

The medical profession is deeply interested as a class in all the questions relating hereto, and its journals will therefore gladly aid the cause. The Association may be said to have originated in a paper read in June, 1868, by the Rev. H. Solly. A committee was then appointed to pursue inquiry. That committee has developed itself into the Association, the first formal meeting of which took place last month in a room lent by the Society of Arts, and was presided over by the Earl of Shaftesbury. The paper of the evening was by Dr. Hawkesley, and treated of the pauperism and the charities of London. That paper gave rise to much of the recent discussions that have appeared, and we now give an abstract of it:—

Dr. Hawksley having premised that to him had fallen the task of investigating the means of opposing pauperism, proceeded to give the following as the chief facts elicited by the inquiries of himself and the committee:—There are in London 606 charities which give their annual income, and 382 which do not. The income of the first number is £3,857,119. To allow for those whose sphere of operation was out of London, or only partially in it, £144,655 was subtracted, leaving £2,712,464. Estimating the income of the charities which do not give returns at the same ratio, £1,499,176 was added, and that made a total of £4,211,630. Classifying the charities, it was found that £121,414 was spent in treating mental or corporeal disease, £951,302 in supplying the ordinary necessaries of life, and £426,460 for educational, training, moral, and religious purposes. So far Fry's "London Charities" was used as a catalogue, by no means complete. In 1861 Mr. Sampson Low estimated the income of 640 institutions at £2,441,967, stating the ratio of increase in the preceding ten years, and if that ratio had been maintained the income might be set down now at £3,011,753, which showed that the present calculation was supported by that of seven years ago. There could, then, be little doubt that four millions was collected and distributed annually by the charities of London, while another million might be set down for offertory collections, &c., and an additional quarter of a million for private almsgiving. The police magistrates distributed about £9,600 per annum. The parochial expenditure in 1867 equalled another million and a quarter, exclusive of the common fund expenditure for infirmaries, &c. State expenditure in London for education might be set down at £100,000, and for the repression and punishment of the crime which might fairly be put down to want of moral and industrial training at £80,000. The result was that at least £7,000,000 was spent annually in London in dealing with the requirements of poverty. If one-eighth of the whole population, or 400,000 persons, were dependent on the other seven-eighths, the sum named would supply to each £17 a head for every man, woman, and child, or to every family of five persons £85 per annum, with £50,000 to spare for the expenses of collection and distribution. During the last ten years the population of London had increased one-sixth; the pauper part of it had increased one-half. Of offenders and suspected persons known to the police and at large in London there were, in 1867, 8,964; and in 1868, 10,342. The discontinuance of transportation turned 2,000 convicts loose upon the community every year, in addition to 100,000 of all sorts from our gaols. In London there were 100,000 children destitute of proper guardianship, and exposed for the most part to the training of beggars and thieves. He doubted whether a parallel to this picture could be found out of the kingdom of Dahomey. He attributed this condition of things to erroneous method and want of organisation. The new Poor-law dealt with destitution only in its completed state, and did not attempt to prevent pauperism. Through it we attempted to discharge the duties of humanity by proxy; we multiplied workhouses and officials, prisons and police, and how much did we do to prevent pauperism and crime? Including training and industrial schools, he had made out a list of thirty preventive institutions with an income of £60,000 per annum. The second error of method (indirectly connected with this subject) was the diminution of our food supply by the pollution of our rivers. Experience had shown that we had an army of professional beggars, and that the aid afforded by our institutions often failed to reach those most in need of it.

Dr. Hawksley next noticed the causes which prevent the charitable institutions from checking the growth of pauperism, and stated his views as to the action required. He proposed—First, a modification of our Poor-law system. There should be a more discriminating treatment of adults, and sufficient support given to the aged and infirm in their own homes, as well as to the sick (allowing for obviously exceptional cases). The ablebodied, in health to work, should be set on labour that would pay for maintenance. All children found without proper guardianship ought to be apprehended and sent to industrial schools, the parents being made, if possible, to contribute to their support. The schools should be made as far as possible self-supporting by apprenticing the children in sufficient time to make their labour profitable, or by employing them partially in factories. The difficulties in the way of the successful administration of the charities of London he proposed to remove in this way:—1. By the union of all the charities, including the parochial, in a common understanding and obligation to attend only to applications authorised by an office of registration and inquiry placed in every parish or district. 2. Each office to be in communication with the others, and all to be subject to a central one, which latter would act as an office, not only of general control, but also for the general audit of charity accounts and for inspection of the annual reports of the same. The district office, on the other hand, would be constantly open to the application of all distressed or sick poor; the officer in charge would enter the particulars of the applicant and his requirements in such a way as would identify the individual, and be evidence of truth or falsity of statement; he would then, or subsequently, either personally or by the agency of a district visitor, go and verify the statement, and he would at the time of application, if necessary, supply to the applicant a card directing him or her to the most appropriate charity or institution for the requisite relief, the card so given being the necessary but all-sufficient requirement by the charity or institution to which it was directed. In some instances it would be possible, when the inspector found that the applicant was not altogether destitute, to write on the card,—"The bearer can pay something towards the expenses of the charity;" and this would be as useful to the applicant as the institution, for everything that favours independence tends to diminish the mean and unmanly spirit of unnecessary dependency. Such a machinery of a central and of district offices would constitute, in effect, a "police of charity." It would require for its effectual working a large staff of voluntary or unpaid district visitors, who would be selected for their fitness, and act under the direction and government of systematic rules of conduct and management. The district officer would teach them their duties and be responsible for their conduct, keeping a record, to be carefully and daily filled up, in which the particulars of every applicant would be "ledgered up," and which would serve as a book of reference by other officers or by the public at all times, so that, when any one applied to private persons for relief, the latter could directly ascertain what had already been done in his or her behalf. If it were objected that such a system of charity police would be very expensive, it was easy to suggest how that would be met. Let charities pay £1 per cent. of their annual income to a common fund for this purpose, and on only £4,000,000 of their income £40,000 per annum would be immediately produced. There are thirty-six unions in the metropolitan area—suppose an average of five district offices to each union, and the expenses of each office equalled £200 a year, the cost of the 180 offices would thus be £36,000 per annum, leaving £4,000 per annum for the central office. It might be found that fewer offices would do, but if not the work performed by them would be of the highest public utility. We should then obtain a public and independent audit of all charitable accounts and reports, which would strengthen the position of the good and deserving charities, and either reform or annihilate the bad ones. This agency would supply the poor with an easy, sure, and expeditious method of obtaining succour for the destitute and the real sufferer, for the office would possess the power of opening the door at once to the most suitable help at all hours of the day or night. Next, we should be able to prevent entirely the trade of begging, by identifying every dependent person, and obliging him to keep to his own district for relief, the correspondence of the offices making it impossible for the same person to obtain a ticket of relief from two offices, aided as the offices would be by the weekly reports of the different charities, and also by the reports of the district visitors. Put this system in complete action, and the law might mercifully sweep every beggar from the streets. The machinery thus sketched out would subserve other useful purposes. Each of these district offices might constitute a centre of parochial usefulness to which Mr. Solly's notions of working men's clubs might be affiliated, or in other cases the head-quarters might be allied to them of those organisations of frank-pledge, of registration, and of friendly supervision which were devised to favour the honourable industry of the reformed criminal.

Correspondence.

DR. BARTON ON SYPHILIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Having entrusted me with the review of Dr. Barton's book on syphilis, and endeavoured impartially to carry out your intention, allow me to answer some of the author's remarks in the number for Dec. 16, on what might appear uncandid representations or mis-quotations from his book. Though Dr. Barton hints that those "who are ignorant of the subject" are liable "to confound the question of the plurality of venereal poisons and of the plurality of the syphilitic poison," he will, I hope, give me the credit of having discerned the difference, as I mentioned his following the usual trifold division; and on the question he chides me for, I speak of "this sore" as specially alluding to true syphilis. It is with regard to "this sore" that it appeared to me the author is "rather inclined" to revive the theory of the plurality of poisons. He quotes Diday—"That the primitive lesion offers in its form the reflection of all those influences which at the moment when we see it contributes to make the syphilis in the particular patient who has it, either severe or mild." Dr. Barton adds his own idea that when a chancre has a deep ulcer with a sloughing surface or high indurated edge it is a severe case; but if there be simply an indurated nodule without any, or scarcely any, ulceration, that is not a bad case." Again, p. 100:—"Should phagedenic ulceration attack an indurated chancre, the prognosis of future symptoms will be highly unfavourable." These remarks would, I think, tend to impress his readers that he is rather inclined to recognise—

The sore or ulceration that will be "a severe case."

The sore or ulceration that will be "not a bad case."

The ulceration where "the prognosis of future symptoms will be highly unfavourable."

As the author does not seem to me to characterise the "severe case"—the "not a bad case"—and that where "the prognosis of future symptoms will be highly unfavourable," as being due to a peculiar constitution, or point out what that constitution is, it is but reasonable, I think, to assume they are modified poisons; at all events, as he does not mention whether "a severe case" or "not a bad case" is due to the proportionate development of the same symptoms, or to the development of special symptoms for each, we rather conclude the latter to be most likely.

As to the subject of nervous affections, I must still say that I think, considering their interest, they might have been more largely dwelt on. The readers of the book can judge.

As to mis-quotations Dr. Barton twits me with, the word "their" is, by a typographical error obviously, put "other."

No object could have been gained by so misrepresenting the quotation.

As to the word *guide*, though Dr. Barton says "not employed by him at all," I find in the first few lines of the Preface the author stating, that "a book on syphilis was much needed," and that "this conviction had arisen as those interested could not find the *guide* they wanted amongst the books accessible to them." Again, p. 67, he states:—"The interest with which these lectures (referring to his own) were always listened to, has encouraged me to make an attempt to supply the want which was felt for a written *guide*." If this does not shew that the intention of the author was to supply a "written guide," I can see no other explanation of the expression.

I trust I gave a sincere and truthful impression of the merits of the book, which I consider a "credit to the Dublin School" and to the author.

I am, Sir,
Yours, &c.,
THE REVIEWER.

A WORD FOR THE VESTRY OF ST. PANCRAS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It appears to me that a false issue has been deliberately raised in the discussions as to the late appointment of a medical Officer of Health. It is all nonsense to talk about the higher branches of the profession confining themselves to one diploma, and the general practitioners taking two or more. It is worse than nonsense—it is untrue. The consulting surgeon and physician who simply puts F.R.C.S. or M.D. after his name, in ninety-nine cases out of a hundred has the right to put several other initials. Practically he only puts one, that of his highest qualification, just as a duke may have half a-dozen inferior titles but only uses one.

When the one degree plan shall be adopted, it will be time to say one diploma shall be enough for a public appointment. While the present wretched system, or rather want of system, lasts, I think in every case the double diploma should be insisted on.

Besides, all this cloud of dust has been raised for what? clearly in the interest of one ineligible candidate, who, whatever his merits, is, I am told, actually after all a general practitioner, with one diploma. I admit he has given much attention to sanitary subjects, and would probably make a very efficient health officer, but it is invidious and unjust to assert that the vestry has chosen a less capable candidate. Dr. Stevenson, as a Professor at Guy's, who has made his mark, who has proved his knowledge by gaining *several* of the very highest diplomas, and whose position has been acknowledged by the University of London, which appointed him an Examiner, had claims with which few could compete, and the press friends of the disappointed candidate would have done wiser to confine their vexation within reasonable limits, and not provoke inquiry into this miscalled job, which, after all, gave the appointment to perhaps the best man.

I am, &c.,
EX-OFFICER OF HEALTH.

◆

Obituary.

DR. THOMAS PUREFOY, OF LUCAN.

WE had hoped that we had closed our Obituary Notices for the year 1868, but alas! no; we have to record the death of Dr. Thomas Purefoy, of Lucan—an old friend and the contributor of many interesting and valuable papers, not only on midwifery, which may be said to have been his *specialité*, but also on subjects connected with medicine and surgery.

Dr. Purefoy has been for many years Medical Officer to the Lucan and Leixlip Dispensaries. Previous to his obtaining that appointment he was Physician to the Cloughjordan Dispensary and Fever Hospital, so that during almost the whole of his professional career, extending as it did over a period of thirty-six years, he has been connected with Poor-law appointments. He succumbed at last, however, to phthisis, contracted during exposure to the hardships of dispensary practice. Had he retired from these duties some months ago, and gone to live in a warmer climate, as his medical advisers recommended, he might still live to ornament the ranks of our profession; but the fact that as yet there is no retiring pension given to Poor-law Medical Officers who have devoted their energies during the best years of their lives to the service, may perhaps have decided him to remain at his post and die in harness. We hope that this state of things will not long continue. Meanwhile it is our painful duty to record that a kind friend, an accomplished physician, and a Christian gentleman has departed from amongst us.

EVERARD AUGUSTUS BRAND.

THIS gentleman died lately at the advanced age of ninety-three. He entered St. George's Hospital in 1795, and was connected with it for several years as Visiting Apothecary. He succeeded to his father's practice at the West End, and was successively Examiner, Warder, and Master of the Apothecaries' Company. He was held in great respect by all who knew him.

◆

NOTICES TO CORRESPONDENTS.

TO CORRESPONDENTS.—We would impress upon our numerous correspondents the necessity of making their lectures, Original Communications, or letters intended for insertion as short as is consistent with the subject on which they treat. We find it necessary to intimate this to our many friends, in consequence of complaints continually reaching us from contributors, who are anxious to obtain an early publication for their papers.

IN deference to the wishes of a large number of our readers, we intend forthwith to devote several columns weekly to *excerpta* from the best British and Foreign journals, in order to keep our subscribers *au courant* with the progress of medicine and surgery in all parts of the world. As our correspondent also suggests, "It will then be a very readable and practical paper; variety is pleasing."

DR. JACOB'S Lecture on the Eye, with illustrations in six colours, will appear in our next

MR. DENNIS PHELAN.—It *is* our intention to publish your letter on "Lying-in Hospitals," as soon as our space permits. It would have appeared 'ere this, but for two reasons: First, on account of the unusual number of communications in hand, and the length which proceedings of societies and lectures have occupied; and secondly, because of the great length of your letter, which occupies twelve closely written fscap. folios, which will, when in type, fill at least three columns of correspondence. Our apologies must therefore be made on these grounds.

DR. E.—Your communication has been received, but we do not feel justified in opening our columns to quarrels between members of the profession, which are merely the result of personal animosity. No good can possibly accrue by the publication of such matters, and the less said about them the better.

THE index for the last volume of this journal will appear in our next.

DR. LEARED.—Your proof, which was not received until ten o'clock on Tuesday morning, was too late for one portion to be corrected.

DR. J. LAMPREY (Portsmouth), will receive a private note.

◆

Deaths.

HARTSHORNE.—On the 24th ult., John Hartshorne, M.R.C.S.E., of Ebury street, Pimlico, late Assistant-Surgeon, Royal Hospital, Chelsea, aged 81.

ILLINGWORTH.—On the 7th ult., A. R. Illingworth, surgeon, of Fowey, Cornwall, aged 88.

STORROW.—At Newbottle, in the County of Durham, John Storrow, M.R.C.S., L.S.A., aged 65.

◆

BOOKS, PAMPHLETS, &c., RECEIVED.

The New Orleans Journal of Medicine. Vol. XXI. London: Trubner & Co.

Bible Animals. Part XIII. London: Longmans, Green, & Co.

Official Report of the Committee of Enquiry into the Effect on the Health of Recruits by the present System of Training, &c.

The Journal of Mental Science.

The Pharmaceutical Journal.

The Post Magazine Almanack.

◆

APPOINTMENTS.

GARNER, Dr., F.R.C.S.I.—Resident Medical Superintendent of the Tipperary Auxiliary Lunatic Asylum at Clonmel, vice G. St. G. Tyner, L.K.Q.C.P.I., appointed Medical Superintendent of the Downpatrick Lunatic Asylum.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 13, 1869.

CONTENTS.

PAGE

LECTURE.

Introductory Lecture to the Course on Human Anatomy at the London Hospital Medical College. By Walter Rivington, M.S. Lond., F.R.C.S. Eng., &c.... 21

ORIGINAL COMMUNICATIONS.

Syphilitic Ulceration of Larynx. By John Morgan, F.R.C.S.I., Surgeon to the Westmoreland Lock Hospital.......... 25
Compound Comminuted Fracture of the Patella—Recovery. By F. McEvoy, L.K.Q.C.P.I., L.M., M.R.C.S.E., Medical Officer of Balbriggan Dispensary, &c. 26
Experiences of a Regimental Surgeon in India. By C. A. Gordon, M.D., C.B., Deputy Inspector-General of Hospitals. 26

HOSPITAL REPORTS.

St. George's Hospital—
Dr. Ogle's Cases of Abdominal Tumours. 28
Meath Hospital—
Tumour of Superior Maxilla—Successful Result of Operation. Under the care of Mr. Wharton 29
City of Dublin Hospital—
(Dr. Hewitt's Clinique.)
Case of Spinal Myelitis and Meningitis Treated by the Application of Cold to the Spine 30
Mercer's Hospital—
Some Selections from Accident Cases Admitted during the Month of September. By John Morgan, F.R.C.S.I., Surgeon to the Hospital, and to the Westmoreland Lock Hospital, &c..... 31

LEADING ARTICLES.

Educational Reform.—No. VI......... 32

SCOTLAND.

Edinburgh 34
James David Forbes, D.C.L., LL.D. 34
Royal Infirmary 34
Glasgow, &c., &c. 34

FRANCE.

The French Post-Office Arrangements.—The Marseilles and Geneva Poisoners .. 35

NOTES ON CURRENT TOPICS.

Intramural Burial in Cork 36
Mr. Baker Brown.......................... 36
The Approaching Army Competitive 36
Army Medical Reductions...... 36
Surgical Hangmen........................ 37
Tales about Tails 37
Death in a Police Cell 37
Medico-Social Pencillings of London Life and Practice. No. VII................ 38
The Poor of London...................... 39
Economy Department of Social Science Association 39

LITERATURE.

On the Artificial Production of Tubercle on the Lower Animals. By Wilson Fox, M.D. 39

TRANSACTIONS OF SOCIETIES.

Dublin Pathological Society.. 40
The Surgical Society of Ireland........... 41
Medical Society of London................ 42

GLEANINGS.

Specialism 43
Absorption to Phosphorus 43
Death from Hypodermic Injection 43
Nourishment by Enema 43
Curare 43
Herpes Zoster............................ 44
Wound of Pancreas 44
Notices to Correspondents, &c................. 44

Lecture.

Introductory Lecture

TO THE

COURSE ON HUMAN ANATOMY

AT THE

LONDON HOSPITAL MEDICAL COLLEGE,

By Walter Rivington, M.S. Lond., F.R.C.S. Eng., &c.

Delivered Oct. 5, 1868.

Gentlemen,—The welcome which it is my privilege and pleasure to give you to-day at the commencement of my course is given under a full sense of the increased responsibility which has been laid upon me, nor can this sense of responsibility be in any degree diminished by the kindness and consideration which I have ever been accustomed to receive from my classes in this college. You are aware that during the last two years I have been associated with Mr. Adams, the senior surgeon to the hospital, in the delivery of the Anatomical Lectures, and that that association has now come to an end through Mr. Adams's resignation. Under any circumstances, the retirement of a popular lecturer, and a favourite teacher, must be a matter of regret, but how much must a regret of this kind be augmented by the fact that this retirement was occasioned by the failure of health last winter—health now happily restored—and that it is a retirement from an office which has been held for no less than thirty-seven years. On a former occasion I took the opportunity to allude to the several qualities which contributed to form Mr. Adams's excellence as a teacher of Anatomy, and which I feared were "conspicuous by their absence" from his colleague. There was the conciseness of description, the presentation to the class of the main facts of the subject in hand, with the avoidance of details that would weary the attention, and not be retained in the memory; there was the interesting anecdote, there was the illustration of Anatomy in the light of a matured surgical experience, and, to relieve the whole, there was a quaint pervading humour which gave animation and interest to the terse and pithy delineation. But there were two other qualities which caused Mr. Adams's success as a lecturer. These were his punctuality and his sympathy with his audience. Few men have surpassed Mr. Adams in regularity and punctuality as a lecturer. In former years no record was kept of attendance in the lecture room. Now, the same register marks, and marks most properly, the attendance of both teacher and student. It is well that you should know this fact—for if any pupil is inclined to complain of hardship because his name is taken at lecture—let him consider that it is a correct moral procedure intended to ensure a fair attendance in exchange for signatures—and let him remember that the attendance of his teacher also is checked. Had there been any record kept of Mr. Adams's attendance during the thirty-seven years of his lectureship, I imagine that the number of times he had been "unavoidably prevented from lecturing to-day" would have been found to be exceedingly small, while still smaller would have been the occasions on which he was behind his time. Another and most able lecturer, a lecturer on medicine at this college, Dr. Parker, was also a remarkably punctual man. He lectured here for ten years, and I believe I am right in affirming that during that period he only missed one lecture, and *that* owing to his having been taken ill in the lecturer's room just before the time for commencing it. The celebrated Abernethy was very particular in this matter. It is related of him that he refused to miss his lecture even on the day his daughter was married, but in festive array he went down as usual to the hospital to deliver it. And, believe me, gentlemen, that this virtue (for it is a virtue) of punctuality in a lecturer is a most important point, for though it will not redeem deficiencies, yet its absence will often neutralize all the excellences of the best of lecturers. If a lecturer be unpunctual and irregular his class will be small, a just penalty for these shortcomings. It is perhaps rather hazardous for me to dwell on these points so long as there remains any danger,—that I shall afford an illustration, on the wrong side, of the advantage of punctuality and regularity.

It would have been perhaps more judicious for me to have been warned by an ancient Latin proverb, which was levelled at those who created future dangers for themselves. The terms of the proverb have escaped me, but it was founded on the circumstance, that from the mistletoe which birds had propagated, by dropping its berries on the boughs of trees, the Romans prepared their bird-ensnaring bird-lime. Yet, if I noticed Mr. Adams' excellences at all—and I could not begin this course with decency without doing so—it became indispensable to speak in terms of praise of his remarkable punctuality, and thus to run the risk of suffering hereafter from those comparisons which, as Dogberry observed, are "odorous." Nor could I omit his sympathy with students. Mr. Adams was always popular with students because he took an interest in them, was always anxious, if possible, to assert their rights and privileges, and never held himself haughtily aloof from them, as if placed on a pedestal above their reach. It is needless for me to dwell on these topics. Fortunately Mr. Adams is not lost to us, but holds a position which few men have obtained more deservedly—that of Examiner at the College of Surgeons—a position in which his sympathy with students will still be manifested. But what, gentlemen, can be a severer commentary on the present mode of election of Examiners at the College of Surgeons than that a man like Mr. Adams, versed in anatomy, physiology, and surgery, a first-rate lecturer, fully conversant with what a student who presents himself for examination ought to know, and qualified by temper and sympathies for the office, should only be elected examiner at the end of nearly forty years' service, after the prime of life is passed; and then elected, not so much on account of a merit which no one can gainsay, and which ought to have ensured his election twenty years ago, but because his qualifications are supported by the accident of seniority to other members of the Council? Yet such has been the astounding custom in England. A College which now comprehends 16,000 members of the profession has been governed almost up to the present time by a Council composed of the oldest of its Fellows, and this venerable Council has elected as Examiners the oldest of its Members; and these "potent, grave, and reverend" Councillors and Examiners conjoined, have remained in office until death has removed them, and created vacancies for other expectant elderly gentlemen, in rotation, to fill till they too are ready to pay their debt to death. If such an arrangement had come within the scope of a Dean Swift's experience, or the experience of a Junius, what a satire might have been written! It may be said that things are better now. They are, indeed, altering for the better, but progress is slow. Still prevails the vicious custom of the Council of the College electing its own Members Examiners—seniority and age still have too much weight—the tenure of office, nominally limited, may be virtually unlimited—and the Examiners still examine indiscriminately in all the subjects of examination. Happily the profession is awakening to the evils which flow from this system, on which I have touched here out of justice to my colleague, whose election was not fairly treated at the time in a medical journal, and in the hope that at a later period of your career you will be led to take an intelligent interest in medical politics, for the purpose of upholding the dignity, honour, and chastity of your profession. Thus, then, gentlemen, I have become the sole occupant of this chair, and responsible for the whole of the anatomical course. In entering upon its duties I deem it advisable to indicate to you the views and aims which I shall place before myself, as well as the difficulties with which I have to contend in the treatment of my subject. The difficulties are many. This class is composed of two different sections of auditors. There are the first-year men—the freshmen—who presumably know nothing of anatomy, and have to be initiated into the mysteries of the human frame; and there are the second-year men, whose eyes are fixed with the unfaltering steadfastness of devotees on "the first at the College." The freshmen require to be fed with milk, and the second-year men with strong meat. If in his discourse the lecturer supplies only milk to the freshmen, a bitter cry of starvation goes up from the second-year men; if he distributes only strong meat to the second-year men, the freshmen loudly complain of indigestion. If he endeavours to divide and distribute the aliment, now giving milk, now strong meat, he is apt to dissatisfy all parties, and meet with the fate of the man who carried his ass over the bridge. This is the lecturer's first difficulty. His second difficulty is this. Among medical students, as among any other body of men, there is a large party of utilitarians. Our anatomical utilitarians are always inquiring "What do they want at the College?" The whole of anatomy, physiology, and, indeed, of medical science in general, is judged by this standard. You ask a man a question, and he cannot answer it. You would expect him to be concerned at his deficiency. Nothing of the kind. He not only doesn't know, but he doesn't want to know; he glories in his ignorance, in which he wishes to remain, because "they do not want that at the College." You may think I am exaggerating. No! gentlemen. I have been told more than once in this theatre when I have asked a question—and not at all an out-of-the-way question, or on an abstruse matter—"they'll never ask that at the College;" and I have really felt as if I ought to apologise for expecting a man to know some ordinary anatomical fact. Then comes a third difficulty. The lecturer on anatomy lectures with preparations and dissections before him, and from these he has to illustrate his text. To a small class, which can sit closely round him, it is easy to demonstrate as he proceeds, but it is not possible to show the finer parts to gentlemen at a distance. The lecturer cannot take the subject round in his hand; and though he can carry round small preparations, yet this occasions interruption to the thread of the discourse, and gives opportunity for the less staid students to indulge in a variety of ingenious, but improper and inappropriate, variations and combinations, which interfere with the necessary harmony. There are minor difficulties. One gentleman never learns anything from lectures; another goes to sleep; a third regards the lecture theatre as a place of amusement; a fourth declares that lectures are no use; a fifth remarks that it is given better in Gray; a sixth grumbles at having to leave his dissection to go into lecture; the seventh is sure he can read more in the hour than the lecturer gives him. A good many gentlemen dribble in late and disturb the class. These generally are they who love the uppermost benches and closely affect the wall, which often, I fear, possesses the ears which they seem to want. Now, with many of these small difficulties it is easy to deal. The playful man can be quieted, and the somnolent man can be aroused by a question on something recently imparted. The late arrival to-day will be in earlier to-morrow if the names are taken at the commencement of the lecture. The gentleman who learns nothing at lecture is probably one who never pays, or tries to pay, any attention. The intensely diligent student, whose dissection or reading suffers so very much, has a possible partiality, particularly strong at lecture time, for exercising the muscles of the leg on the foot-ball ground. With criticisms on the lectures it is not necessary to interfere. Criticism, if intelligent and respectful, is highly useful and conducive to the welfare of the school. Sometimes, indeed, adverse criticism is unfounded, proceeding only from those who will not listen to the voice of the charmer, charm he never so wisely; but then it falls to the ground, overborne by the voice of the diligent and attentive. At other times the criticism is perfectly just, and if it be uttered by all alike may be regarded as substantially correct. I do not give in my adhesion to the full meaning of the proverb "Vox populi est vox Dei," because the people are often blinded by a passion which finds no place in a celestial sphere; but after making all due deductions on such scores as this, I cannot but admit that what everybody says must be substantially true. Hence, gentlemen, it is as well for a lecturer from time to time to feel the pulse of his class, to see if it have that firm and healthy beat which betokens a well nourished organism, or any of the characters which indicate either insufficient nourishment or the presence of some source of irritation. *Your* wants must govern *my* ministrations. How am I to satisfy all parties? How am I to lecture so as to give the second-year men what they want, and at the same time not to be too brief or go too far for the freshmen? How am I to supply exactly "what they want at the College?"

Gentlemen, those among you who may have seen some remarks I made last March at the Medical Teachers' Association will remember that I then and there took my stand against compulsory attendance on second courses of lectures. Some reformers would at once sweep away altogether compulsory attendance on lectures. For certain reasons, on which I need not dwell at large, I think that it would be unwise to sweep away entirely the existing system before there is anything proposed in its place. I, for my part, think it safer to take the existing system, which comprehends compulsory attendance on lectures, and to reduce—and reduce *at once*—the compulsory attendance to those limits which common sense and convenience recommend; and then, having removed all practical grievances springing out of the extravagant, absurd, and injurious extent to which compulsory attendance has been pushed, we should be in a position to inquire without prejudice whether compulsory attendance on lectures or examinations was desirable at all, and, if it were not, whether anything should be substituted for it, or whether students should be permitted to enjoy perfect freedom to go in and out and find pasture as they pleased. It is not impossible or improbable that I should be found ranged on the side which is opposed to compulsory attendance on lectures; but however that may be, I consider it wiser and safer that students should be gradually emancipated. When emancipation is sudden, riot is apt to reign; but if effected in successive steps, time is afforded for the introduction of measures for the preservation of due order and decorum. Nevertheless, while these regulations last, we must conform to them, however inconvenient they may be to us both. I say to us both, because while they are inconvenient to you, they are inconvenient also to myself, inasmuch as they interfere with the adaptation of my lectures to the wants of those who are obliged to attend them. The students of the second year must sometimes be sent empty away, when I have to explain common things to the freshmen. For, indeed, I cannot but believe that it is my more particular business to make my lectures introductory to the study of anatomy, and to initiate the first-year students into its mysteries in an agreeable, and if possible, an attractive manner. The second-year men have surmounted, or ought to have surmounted, their early difficulties; they know, or ought to know by experience, where to find the knowledge which they require. The path has been smoothed, or ought to have been smoothed, for them already; and anatomy has become, or ought to have become to them, rather a matter of memory than of understanding. But with our freshmen it is different. Some, with unusual prudence, may have ground up a few bones, but probably the majority are ignorant of the very first elements of anatomy. Now, anatomy is not to all students an attractive or easy science. To some *dissection* is peculiarly repulsive. To others, whose memories are not very retentive, the task of learning anatomy seems like the task of Sisyphus. They roll the stone of anatomical knowledge a little way up the hill, but it rapidly descends, and all their labours must commence afresh. Anatomy is a science of hard and unfamiliar names, which require manifold repetitions before they become stored up in the nerve cells of the brain; it is a science composed of much fact and very little theory. Through this dreary wilderness the student requires a guide who will lead him along the right track until he is able to travel by himself. There is much that the teacher can do. He can turn the sesquipedalian and technical terms of anatomy into a means of assisting the students' progress. A very large proportion of the names used in anatomy are derived from the Latin and Greek languages, and with the derivations of these words the student should always make himself acquainted. He should accept the advice of Sydney Smith, and when he is unacquainted with anything he wishes to know, *immediately* consult the works of reference which he has by him at the time. If he lets the opportunity slip, the difficulty may recur to him when he has not the means of removing it.

Then, again, many of the names of muscles are what I may term scientific names. They embody substantial information and the most important information—namely, the origin and attachment of the muscle. Thus, the word sterno-cleido-mastoid is a scientific name. It at once tells you that the muscle arises from the sternum and clavicle, and is inserted into the mastoid process. The origin (sterno-cleido) is put first, and the attachment (mastoid) last. You should remember this fact, because it is not uncommon for students to make mistakes which the very words in their mouths would have enabled them to avoid. It would be well if all or more of the terms of anatomy were scientific terms; but "variety is charming," and some names teem with the poetry, some with the errors, and some with the fancies of the old anatomists, while others perpetuate the memory of their discoveries or descriptions. In illustration, I will merely name here the *pituitary* gland, the corpora *quadrigemina*, the *plantaris* muscle, the arbor vitæ uterinus, the alæ vespertilionis, and the Fallopian and Eustachian tubes, and Antrum of Highmore.

(To be continued.)

◆

Original Communications.

SYPHILITIC ULCERATION OF LARYNX.[1]

By John Morgan, F.R.C.S.I.,
Surgeon to the Westmoreland Lock Hospital.

E. D., aged forty, unvirtuous seventeen years, contracted a sore eight years since; two years afterwards got pains in the joints, and shortly after a severe ulceration of the throat and soft palate, which recurred from time to time, and for which she was treated in the Hospital. She has had two children since the formation of the sores, one of which lived till one and a half year's old, and died of some accidental affection; the other died young, but whether syphilitic or not cannot be ascertained. She was admitted to the Lock Hospital (having now her third, a healthy and fine child of three months at the breast) complaining of hoarseness and difficulty of breathing at intervals, particularly at night, is pallid, but not much debilitated, never had eruption, and shows no cicatrices of ulcers. She was put on tonic treatment—iodide of potassium and bromide of ammonium, and counter-irritation applied over the larynx.

On laryngoscopic examination, the epiglottis only could be seen studded with ulcers. The left lobe of the thyroid body was somewhat enlarged; but no enlarged glands could be felt. The fits of dyspnœa became gradually very urgent and sudden in their onset; during the intervals the symptoms were not by any means distressing.

On the forenoon of the 4th December, having just walked from one ward to the other, she was seized with a sudden fit of dyspnœa and died.

A *post-mortem* examination was made; the body was in fair condition; there were no marks or cicatrices.

On making an incision over the neck and sternum and dissecting down to the trachea, the veins were found intensely congested, the larynx externally was healthy, the lungs and heart were healthy also; about the root of the neck one of the glands of the right side was extremely dense, as hard as cartilage, and involved the pneumogastric trunk itself; the left recurrent nerve was surrounded by glands, small, dense, and closely adherent; the glands generally, about the root of the trachea were dense.

---

[1] Read before the Surgical Society of Ireland on Friday, December 11th, 1868.

On opening the larynx there were several ulcers of the epiglottis visible, and an extensive ulceration and necrosis of the upper rings of the trachea close to the cricoid cartilage. This had escaped notice during laryngoscopic examination owing to its position; the ulceration had destroyed all but the external layer of the trachea itself.

Mr. Morgan drew the attention of the Society to the extreme induration of the glands which involved the pneumogastric trunk on one side, and the recurrent nerve on the other, as explaining in some degree the suddenness and spasmodic nature of the fits of dyspnœa, as in the case of spasmodic croup, also to the character of the ulceration, exposing the cartilages the fragments of which were projecting into the larynx; and dwelt on the remarkable fact of the woman, though imbued so thoroughly with the syphilitic poison in its chronic or tertiary stage, having a healthy and untainted child at the breast.

COMPOUND COMMINUTED FRACTURE OF THE PATELLA—RECOVERY.

By **Francis McEvoy**, L.K.Q.C.P.I., L.M., M.R.C.S.E.

Medical Officer of Balbriggan Dispensary, &c., &c., &c.

D. M., a fine athletic young man, met with an accident whilst out on foot, looking at the Louth fox hounds cub hunting, it being their first visit in this country for that season. In attempting to jump from the top of a very high ditch and wide grip (the place from which he leaped being fully eight or nine feet from the bottom of the grip), which was cut through a kind of slaty, shingly rock, having a very sharp rugged surface at bottom, he was precipitated into it on his knees, in consequence of his foot catching in a brier.

In the excitement of the moment (a fox having been tallied), not feeling at the time that he was much hurt, he got up, ran a short distance, limping, and managed to cross a wall about three feet high, when his attention was called to his leg by feeling something warm running down it.

I was out that day, and just beside him when the accident occurred, although I did not see it. He asked me to look at his leg, which I of course did, and he showed me a cut, about three or four inches long, down the centre of the patella of left leg; the patella was also fractured. I bound it up and had him conveyed, as quickly as possible, to his uncle's house, which was the nearest, distant about half-a-mile.

I there examined him carefully, and found a wound, four inches long, down the centre of the left patella, which was fractured nearly in the centre, the internal half being very slightly larger than the external, which was again fractured into several fragments. The stone that inflicted the cut must have had a sharp, cutting surface, and also a wedge-like projection about the centre, as the outside half was starred, as you will often see a pane of glass when broken by a small, round stone or bullet.

Having thoroughly satisfied myself that there was no foreign body, in the shape of a bit of his pantaloons, stone, or clay, of any kind in the wound, I closed it with three or four sutures, and a couple of strips of adhesive plaster.

I improvised a capital splint and pad, which answered famously for the nonce, bound the leg firmly to it, procured a fine towel, dipped it in cold water, and applied it over the knee, with directions to keep it constantly wet during the night, and left him very comfortably, but dreading that the morrow would bring extensive inflammation and some of its concomitants—suppuration—which might entail amputation—nay, death, or, at the very least, a stiff joint, for which the surgeon is sure to get abused, aye, and that soundly.

On my visit next day, although I brought two dozen leeches, expecting to see the knee very much inflamed, I was agreeably surprised to find my anticipations groundless, the leeches not needed, and only as much inflammation as would repair the injury done, or that would naturally result from a simple incised wound.

I brought Macintyre's improved splint, placed the leg firmly in it, ordered cold to be still applied, and if the bowels were not moved ere morning, and he became feverish during the night, to have a dose of castor oil, or, if he objected to that, a rhubarb pill. Next day, at my visit, he was still better, although he had much pain in the knee, and was very restless and feverish during the first part of the night. After the bowels were relieved, he lost all pain, and slept well towards morning. Removed the dressing of adhesive plaster; the wound looked quite healthy, the greater part had healed by the first intention. The part that had not healed looked well also.

Fifth day, removed the sutures and substituted a linseed-meal poultice instead of cold water, as there was a slight oozing of matter from the wound (which was now reduced to about three-quarters of an inch in length), and slight puffiness about the knee, over the fracture.

Next day, knee better, swelling less, discharge healthy, and from this time forward he progressed favourably, and had not the slightest *contretemps* to retard his recovery.

In six weeks from date of accident he got out of bed, and, as I anticipated, with a partially stiff joint, which I considered might be much improved by time, use, and proper management. Directed him to sit on a table, with his leg and knee projecting over the edge, and, by working the leg up and down, the adhesions gradually became stretched, and he can now run, leap, play ball, and is one of the best fielders in his cricket club. Need I say more?

EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

By C. A. GORDON, M.D., C.B.,

Deputy Inspector-General of Hospitals.

Dysentery.

It may safely be asserted that in no disease so much as dysentery has the introduction of sanitary improvement exerted so marked an influence; the characters of that affection as it is now met with but faintly approaching those by which it was distinguished when it was the custom to crowd our soldiers together in imperfectly ventilated Indian barracks. In former days, this disease as it prevailed at some of our stations along the banks of the Ganges in Lower Bengal, was more fatal in its individual attacks than cholera, and numerically more prevalent than the latter; thus, while statistics show that during the thirteen years subsequent to 1842, the rate of occurrence of dysentery among our soldiery to have been 10·57 per cent. of strength, and that of mortality by it 11·47 per cent. of those treated, we learn by the Army Blue Book for 1866, that during that year the admissions by this affection in both its acute and chronic form were only at the rate of 3·80 per 100 strength, and of deaths 4·52 of those treated. I shall have occasion in the course of these notes to give some *cases* illustrative of the disease as it formerly prevailed among our troops in that country, and I venture to believe that whatever credit may now be justly assumed as belonging to the method of treating it, as compared with that formerly followed, yet the characters of the disease are now very different from what they previously were; improved sanitation having changed if not the type, at least the alarming severity with which in former days the malady made its attacks. When, for example, the 10th Regiment occupied the citadel of Lahore, soon after the subjugation of the Punjab, the men having been crowded together in rooms imperfectly ventilated and lighted, this disease prevailed so severely and extensively among them as to appear almost as an epidemic, at the same time that the officers, who were better accommodated, were almost exempt from it.

Number Died	Hair.	Eyes.	Complexion.
2	Fair	Blue	Fresh
1	—	—	Fair
1	—	Grey	Fresh
1	Light	Blue	Fair
1	—	Grey	Fresh
2	Red	Blue	Fresh
1	—	Grey	Fresh
1	—	—	Fair
2	Sandy	Blue	Fresh
3	—	Grey	Fresh
2	—	—	Fair
1	—	Hazel	Fresh
11	Light Brown	Blue	Fresh
4	—	—	Fair
15	—	Grey	Fresh
1	—	Grey	Fair
1	—	Hazel	Sallow
2	—	Light Brown	Fresh
2	—	Brown	—
1	—	Dark	Fair
11	Brown	Blue	Fresh
1	—	—	Fair
1	—	—	Pale
27	—	Grey	Fresh
5	—	—	Fair
3	—	—	Sallow
4	—	Hazel	Fresh
3	—	Brown	—
1	—	—	Fair
1	—	—	Sallow
3	Dark Brown	Blue	Fresh
2	—	—	Fair
2	—	—	Dark
1	—	—	Sallow
11	—	Grey	Fresh
1	—	—	Fair
2	—	—	Sallow
1	—	—	Pale
8	—	Hazel	Fresh
2	—	—	Sallow
1	—	—	Dark
1	—	Dark Hazel	Dark
6	—	Brown	Fresh
1	Dark	Blue	Fair
2	—	Grey	Fresh
1	—	—	Pale
1	—	—	Dark
1	—	Hazel	Fair
1	—	Brown	Fresh
1	Black	Blue	—
2	—	Grey	—
1	—	—	Sallow
1	—	Hazel	Fresh
2	—	—	Dark
1	—	Brown	Fresh
1	—	—	Dark *

Much has been said in regard to the coincidence of hepatitis and dysentery in the same individual. I believe such connection to be neither invariable or necessary, although in persons saturated with malaria, as many become after long residence in Lower Bengal, and in whom the dysentery assumes the hæmorrhagic type, the coincidence is very frequent. In what is called inflammatory dysentery, occurring for the most part in the upper stations of the country, the two affections may occur perfectly independent of each other, and perhaps my own experience on these points may be taken as confirming the views expressed by Sir Rainald Martin. Not only do different types of the disease prevail at stations in different parts of India, but in different years at the same station; it may be assumed, however, as a rule, that in the north-west provinces the form most frequently met with is the inflammatory, and in the Gangetic stations the hæmorrhagic. In the former, active treatment, including depletion, calomel, opium, ipecacuanha, &c., has always been found most effective, the adjuncts being fomentations, hot water enemata, &c., and restriction of diet; while in the latter the indications all point to a different *régime*, and it is to be feared are not always met by young practitioners, who do not stop to consider the cases most suited for large doses of the last-named remedy, the re-introduction of which into practice has lately attracted much attention.

Were it practicable to institute statistics on a large scale regarding the prevalence in India and other hot countries of endemic diseases according to temperament, very valuable results would be obtained; thus in the selection of young soldiers to be sent abroad, army medical officers would have it in their power, in some measure at least, to select those who were thus shown to be the least susceptible to those diseases, and to reject those who are most liable to suffer from them. With this view I prepared the preceding abstract of deaths by dysentery among soldiers of the 10th Foot in India, according to temperament, as indicated by the colour of hair, eyes, and complexion.

I regret that I was not able to collect similar information in regard to the subjects of other *zymotic* diseases; and although the above numbers are too few in themselves to justify us in drawing any conclusions from them, yet I consider that the field of inquiry which they indicate is both an important and extensive one, and one which I trust will soon be investigated.

I would select the following cases as illustrative of the two forms of the disease as met with in India, premising that in the first class only does medical treatment appear to have much power. In the latter I have employed various methods, but regret to say with poor success; nor do I think that the disease, as observed at some stations, Dinapore for example, some twelve years ago, was amenable to treatment after its characteristic symptoms had fairly set in.

a. Inflammatory Dysentery.—Joseph McDonell, 10th Foot, thirty-six years of age, fifteen in India, had for many years been a hard drinker, although for some time previous to his present admission he had become more temperate in his habits. During his Indian service he had on two occasions suffered from dysentery, and for three months prior to his admission on 31st of October, 1858, the state of his bowels had been irregular, he having been treated on two occasions on account of diarrhœa. About ten days before he applied for admission, he began to suffer from pain in the abdomen, occasional calls to stool, especially for some time after going to bed. He complained of a constant sensation of coldness in the abdomen, and of borborygmi, and these symptoms increasing in severity, he began to strain when at stool. On admission there was tenderness along the course of the colon, and in the left iliac region; the stools were scanty, consisted of slime and blood like jelly, and were attended by much straining. A dose of castor oil and tincture of opium was administered, then three grains of calomel and one of opium, to be repeated every three hours, fomentations being constantly applied to the abdomen. After he had taken eight of these pills his sensations were reported as having improved, pain had diminished, and the evacuations contained liquid fæces. The pills were omitted, but the succeeding day the symptoms became aggravated, those from which he had at first suffered returning in an increased degree. On 3rd Nov. the pulse was 124, hard and wiry, calls to stool frequent, evacuations consisting almost entirely of liquid blood; there was much tenderness over the abdomen, great straining, but no heat of skin. He was now bled from the arm to sixteen ounces, which at once reduced the pulse to 100; leeches were applied to the anus, emollient enemata administered, and poultices applied to the abdomen. On the 4th the pain was less, pulse 84, soft; straining less urgent, but he felt very weak, and still the sensation of coldness in the abdomen continued; surface natural, tongue covered with yellow fur. Was now directed to have opium, 1 gr. m., pil., hyd. gr., ij., ipecac. gr., ij., every fourth hour, poultices and emollient enemata being repeated from time to time. On the 5th the mouth was tender, but an evident improvement was observable in all the symptoms; the evacuations were voided with less straining; consisted chiefly of mucus, only coloured with blood, but both in diminished quantity; there was less pain along the course of the colon, and it was specifically noted that no hepatic complication could be detected. At this stage the blue pill was omitted, but the ipecacuanha and opium continued as before. According to the report of the 7th, he had not been moved the previous night; the tongue had begun to clean at the tip; the mouth was better; pulse 80; all sensations improved. On the 8th he was stated to have been only once moved since the previous day, and in all other respects to have still further improved. He had now a dose consisting of ext. sennæ, ℈i.; pulv. rhœi, grs., x.; carb. magnes., grs., x.; aquæ, ℥i. His diet had been "spoon" with sago as an extra. From this date his improvement was progressive, and on 24th he was discharged to duty perfectly well.

---

* The above table is that alluded to in The Medical Press and Circular, Dec. 16th, 1868. P. 501.

I consider the above to be a typical case, both as to its symptoms and progress, and in regard to the treatment pursued; and although I do not purpose entering upon the consideration of the latter at length, I nevertheless, on looking back to the notes of this case, think the symptoms, as they successively arose, were directly checked by the remedies employed.

b. Hæmorrhagic.—It will be sufficient to describe the symptoms as they occurred, and briefly refer to the *post-mortem* appearances. John Brown, 10th Regiment, was admitted into the hospital at Dinapore, on 26th August, 1858. He had for years been a hard drinker, was a man of plethoric habit of body, and had only a few days before returned from pursuing the rebel Sepoys in the Jugdespore jungles, where he had been exposed to much fatigue, and almost constant wet. When admitted he was suffering from frequent purging of liquid matter containing a large proportion of bile; there was much abdominal pain and straining, and he stated that he had become attacked with these symptoms three days previously. The remedies employed failed to check them. On the 28th he was stated to have had much straining during the preceding night, with almost constant desire to evacuate the bowels. On that day, he having had a dose of laxative medicine (rhubarb and carbonate of magnesia), a free evacuation was obtained without pain, but the matter voided had the appearance of liquid blood, without shreds. There was no abdominal pain, skin was warm, pulse soft. On the 29th he continued to void similar matters, with some streaks of feculent matter. Between that morning and the 30th, he had been moved thirteen times; the nature of the matters voided continued as before; there was much thirst; tongue clean and moist; surface natural in temperature, but red and congested, as it had been from the time of his admission. Notwithstanding the various remedies that were administered, his condition went on from bad to worse. On 31st, the report of his case stated that he had been frequently purged; the stools like solution of blood, now containing some clots; the state of the tongue, pulse, and skin unaltered. The frequency with which he was moved increased, and the report of 2nd Sept. states that the evacuations had a distinctly cadaverous odour; the precise sensations complained of in the abdomen were a combination of those of emptiness and coldness, and of weight in the hypogastric region. He, moreover, complained of experiencing a peculiar feeling of sinking. On the 4th, to his other symptoms became superadded vomiting of matters similar to those voided. On the 5th, the frequency with which he was moved was still greater than before; the clots passed were of considerable size; vomiting was still more urgent; exhaustion had set in, and on the 6th he died.

In the *post-mortem* examination it was recorded that the body was covered with fat, the liver large, but showing no other signs of disease; the large intestine ulcerated in longitudinal oblong patches along its interior, its surface of a dark bluish colour.

◆

Hospital Reports.

ST. GEORGE'S HOSPITAL.

Dr. Ogle's Cases of Abdominal Tumours.

(Continued.)

Case XXXVI.—*Abscess connected with disease of the vertebræ opening into the bladder; abscess of the kidney.*

Agnes W., æt. 40, a very fat woman, and rather yellow about the eyes, admitted Dec. 22, 1865. It appeared that, excepting bronchitis, she had had no illness up to four months before admission, when the legs began to swell. For two months she had complained of pain in the back, chiefly on the right side, accompanied by occasional vomiting, and it was thought then that she had abscess of the kidney. One month after this the dropsy diminished. Before admission she had shivering and feverishness, and had had a blister applied; and when admitted the pulse was 130 and feeble, and there was slight anasarca of the legs and ascites. The urine was like that from an irritated bladder, but contained no albumen. About two weeks after admission she had shivering, followed by sickness, but no pain. On Jan. 4th she suddenly passed about half a pint of pus from the bladder, which had not the appearance of having been long detained therein. Later on, the arms began to swell, but still no pain existed, excepting slight scalding on micturition. If any tender spot did exist, it was impossible to detect it, as she was so stout. The motions eventually passed involuntarily, and she became less sensible. She lost strength quickly, and no further change occurred until she died, Jan. 12th.

Post-mortem examination.—Emphysema of the lung and dilatation of the heart were found. The liver was very greatly cirrhosed, and all its fibrous tissue much increased. Behind the left kidney was a large abscess, which contained a considerable quantity of pus. This was traced down to the left side of the *bladder, into which it opened* by two or three small rounded apertures. This abscess proved to be connected with a small rough patch of diseased bone on the body of the second lumbar vertebra. There was a small circumscribed abscess in the right kidney, and both kidneys were vascular, having injected pelves. The bladder was vascular, containing pus.

Case XXXVII.—*Abscess of the groin connected with disease of the pubic arch; opening of pelvic abscess into the cavity of the uterus.*

Maria C., æt. 15, admitted August 16, 1865. For six months had suffered from pain and difficulty in passing the urine; and for some time had pain in the back. Six weeks before admission a swelling had formed in the left groin, and when she came into the hospital a fluctuating abscess was found in this part; after a time this burst over the crest of the left ilium, and much pus was evacuated. A purulent discharge also took place from the vagina, and continued to do so. She sank, and died February 16, 1866.

Post-mortem examination.—It was found that the abscess in the left side of the abdomen had originated in a carious state of the upper part of the left pubic arch, very near the symphysis, which was itself natural. The pubic arch on the right side, *at exactly the corresponding part* of the bone, was also similarly affected by caries, but to a very slight extent. The pus, in connection with the abscess, had burrowed all round the left hip-joint and upper part of the thigh. Parts of the ilium and of the lumbar vertebræ were rather rough, and, as it were, eroded; and pus was found to have ascended upwards along the left psoas muscle from the brim of the pelvis. Purulent fluid was also found to have passed through the pelvic tissues from the abscess, and to have found its way *into the cavity of the uterus* by an opening through its walls half an inch above the os. The bladder and rectum were natural: liver fatty. A few scrofulous tubercles were found in the uterus.

Case XXXVIII.—*Abscess in the abdomen in connection with disease of the pelvic bones.*

Louisa W., æt. 43, was admitted February 27, 1866, with a hard tense swelling in the lower part of the left side of the abdomen. It appeared that this had come on without any assignable cause three weeks before admission. After admission the swelling gradually softened and burst externally The patient was then affected by cough, and she began to lose flesh; the left leg became anasarcous. No cause of the abscess in the abdomen could be discovered, and she sank, and died May 8th.

Post-mortem examination.—Much fluid was found in the pericardium, and the lungs were emphysematous.

The abscess was found to have originated in carious disease of the crest and fossa of the left iliac bone, and pus had found its way thence upwards along the left lumbar region as far as the left kidney, which it partially surrounded. The bowels were matted together, but the abscess did not open into them. The iliacus, psoas, and quadratus lumborum muscles on the left side were almost quite destroyed, and the greater part of the second lumbar vertebra was exposed; a large reddish-brown clot existed in the left femoral vein, but there was little or no thickening of the sheaths of the vessels.

Case XXXIX.—*Rounded tumour in the abdomen, which proved to have been a calculus which had made its way out of the kidney into the intestines.*

Julia B., æt. 31, generally a delicate woman, was admitted July, 1851, passing much pus in the urine; she had been ill one month, the illness beginning with pain in the abdomen and loins, and arrest of the flow of urine: she had felt rather feverish, however, for a week or two before this. On admission, the purulent urine was acid; the pulse was 96 and soft; tongue pretty clean; she had much pain in the left iliac region (of two days' standing). The hypogastrium was hard and resonant, and a rounded tumour was found in the right side of the abdomen, having no resonance when percussed. She was very thin and had much night-perspiration. Under treatment she so far recovered as to be able to leave the hospital. It appears that six weeks after she left she was suffering from diarrhœa, and felt a " bearing down " in the bowel, and passed a calculus which was evidently not biliary, and when examined by Dr. Bence Jones, was found to consist of uric acid and oxalate of lime. Since that time she had been fairly well, excepting being subject to attacks of "biliousness," until three weeks before she was again admitted into the hospital, when she was seized with pain in the head and limbs, followed by sickness and severe pain in the abdomen, especially on the right side; she then vomited much, chiefly yellow material. When admitted February 4, 1852, the sickness was stayed; but the pulse was 130; the tongue whitish; and there was cough and expectoration. She lay chiefly on the back, with the legs somewhat drawn up; pain in the right side, chiefly below the diaphragm, being produced by coughing. There was rather more fine crepitation in the right than in the left lung behind, and the liver seemed to extend some distance below the ribs; though pain in the hypochondrium, which was hard and tender, prevented this from being clearly made out. In spite of treatment the pulse kept high, and the countenance very anxious. The urine was passed mostly with the stools, but when passed separately was found to contain pus globules and epithelial scales, and a slight amount of albumen. The lung-symptoms were treated, and for a time she improved. Night-sweats and hectic came on, attended by severe diarrhœa, and she sank, and died February 18th.

Post-mortem examination.—Old and recent pleural adhesions existed in both sides of the chest: the lungs themselves were congested; the heart natural.

On opening the abdominal cavity, extensive adhesions were found to exist between the stomach, the transverse colon, and the under surface of the liver; which organs were also adherent to the abdominal parietes. The transverse colon was also found to be tied down with tolerable firmness; and at it flexure at the right hypochondrium it was intimately adherent to the upper and anterior part of the right kidney. The kidney at this part, to which the bowel was adherent, was greatly softened, and dilated into a pouch, with a cavity communicating with the interior of the colon. The communication would admit of about a quill, and had rather hardened and thickened margins. In the pouch of the kidney were two or three small calculi of about the size of two peas each. This kidney was generally softened and increased in size; the other kidney was natural. The lining of the colon around and below the ulcerated opening into the kidney was thickened and congested, but nothing more.

The other organs were natural.

◆

MEATH HOSPITAL.

TUMOUR OF SUPERIOR MAXILLA.—SUCCESSFUL RESULT OF OPERATION.

(Under the care of Mr. Wharton.)

C. McC., a ploughman, æt. fifty-six, was admitted to the Meath Hospital on the 11th December, 1868. He had previously enjoyed good health, and stated that the members of his family had been free from disease.

In the early part of the previous October he remarked that his left eye began to run water, and that fleeting pains were often present in the same side of his face; he also suffered from pains in the left ear, and a stuffing sensation in his nose. A swelling then commenced on the left side of his nose, which gradually increased in size up to the period of his admission. During the growth of the tumour he suffered from frontal headache, and from occasional attacks of epistaxis, but never suffered from any fixed pain at the seat of the disease.

When admitted to hospital the tumour extended from the side of the nose, which it implicated, to the malar bone, and from the eye above to the angle of the mouth below. There was no dimness of vision, but the tumour, from its great size and protuberance, partially obstructed the sight. The skin covering it was moveable, red in colour, and of a temperature 10° Fahrenheit greater than that of the opposite side. It was of a firm, elastic feel to the touch, save at the bridge of the nose, where a distinct sense of fluctuation could be detected. In the diseased maxilla the teeth were much decayed—the first molar, the first premolar, and one incisor only being present.

Considerable doubt existed as to whether the tumour was of a malignant nature or not; however, Mr. Wharton after consultation, determined to operate, and the result showed that his judgment was correct, for a very careful microscopic examination of the substance of the tumour, made by Mr. Collis after its removal, showed that it belonged to the myeloid variety.

On December 21st, the patient having been placed under the influence of chloroform, Mr. Wharton proceeded to remove the tumour by means of the operation recommended by Sir. W. Fergusson making a single incision, commencing below the inner canthus and extending along the side of the nose, round the ala, into the nostril, and thence through the mesial line of the lip. The flap having been dissected back, he divided the bone above the alveolar process with a small metacarpal saw, and then with a bone forceps cut the nasal and zygomatic processes, and with the lion forceps removed the diseased mass, which was soft, and somewhat adherent to the neighbouring parts. Some small remaining pieces were then cut away with a curved scissors. The only artery requiring ligature was a branch of the facial, the labial vessels being controlled by Dieffenbach's forceps, and some small hæmorrhage in the cavity being checked by the actual cautery.

The cavity having been washed out with a 40 gr. solution of chloride of zinc, was filled with pledgets of lint moistened with the same solution, the strings attached to which were left hanging through the mouth; the lips were then drawn together by harelip pins, and the figure-of-eight suture, and the rest of the incision closed by means of the interrupted wire sutures. No dressing was applied, the anæsthesia was partially maintained, some brandy and water was administered, and the patient was removed to bed at 11.30 a.m.

12 *o'clock, noon.*—Some slight sanious discharge occurred. Patient felt well, but weak. Pulse full. 60. Beef tea and brandy and water in tablespoonfuls every alternate hour.

3 *p.m.*—Spirit lotion applied to wound; all going on well.

9 *p.m.*—Patient has slept a good deal. Slight oozing from nostril. Pulse regular, rate 96.

Dec. 22*nd.*—Has slept well during the night. Complains of no pain. Skin natural. Pulse full, strong, 78. Tongue clean, no febrile symptoms. Ordered arrowroot, brandy, and beef tea in small quantities.

Dec. 23*rd.*—Still doing well; no fever. Pulse 84.

Dec. 24*th.*—The patient making rapid progress. A very small degree of suppuration in the wound. The harelip pins were removed and the plugs of lint drawn out through the mouth, presenting no appearance of having lain in a suppurating cavity. A bread poultice to be applied to the eye, the lids having become agglutinated by the discharges.

Dec. 26*th.*—Patient progressing most favourably. The wound completely healed, excepting at the point where the ligature remained which was this day removed.

Dec. 30*th.*—The wound healed completely. Distortion of face almost disappeared, and the use of the eye restored, the infiltration of the lids having subsided.

January 6*th.*—The man is now quite recovered. A slightly depressed line marks the situation of the incision, and a very small amount of ectropion is the only deformity remaining, excepting, of course, some amount of paralysis of the affected side of the face, which is gradually disappearing.

The patient recovered without a single bad symptom, and required not even a single dose of medicine. On the fourth day after the operation he was enabled to walk about the wards.

◆

CITY OF DUBLIN HOSPITAL.

(Dr. Hewitt's Clinique.)

CASE OF SPINAL MYELITIS AND MENINGITIS TREATED BY THE APPLICATION OF COLD TO THE SPINE.

Fanny C., æt. thirteen years, was admitted October 2nd, 1868, suffering from imperfect and incomplete general paralysis. Had always enjoyed good health up to *September* 18*th*, when she complained of pain near the centre of her back, and shivering, the pain extending into her arms and stomach, being accompanied by twitchings of the upper extremities and lips, and towards evening becoming so violent as to necessitate her being placed in bed, and to cause her to cry aloud.

Saturday, 19*th.*—Was visited by Mr. Croly, who finding her bladder distended, introduced a catheter, and drew off a quantity of urine. Was ordered a mixture containing bark and nitric acid.

Wednesday, 23*rd.*—Still complained of the pain in her abdomen, and of intense itching in her head. Her mother cut her hair off. She passed water herself.

September 24*th.*—Pulse 100. Is able to pass water, but screams each time she does so. Catheter introduced, and about three ounces of thick urine, containing alkaline mucus, drawn off.

September 25*th.*—Extreme rigidity of tendon of biceps muscle in both arms, with hyperæsthesia, and the most acute pain, induced by even slight motion.

October 1*st.*—Pain on movement of her arms, if possible, increased in severity. She was placed in a warm bath by her mother, which, owing to the depressed state of the nervous system, produced vesication.

October 2*nd.*—Admitted to hospital.

October 6*th.*—Has passed a comfortable night. Has no power of using her forearms or hands owing to paralysis of flexor and extensor muscles. Passes her urine and fæces involuntarily. Came under the care of Dr. Hewitt, who ordered the ice-bag to be applied to the cervical and dorsal regions, with the following effect upon the pulse and temperature :—

	Pulse.	Temp.
Before application ...	106 ...	100·6
After	112 ...	101

The ice-bag produced the most marked effect in lessening the pain and rigidity of the muscles. Was re-applied after a short interval :—

	Pulse.	Temp.
Before ...	108 ...	100·6
After ...	104 ...	100·6

October 7*th.*—Was able to use her arms much better. Power over bowels and bladder improved. On passing a hot sponge along the spine no pain was caused. Electro-sensibility and contractility absent. Ice-bag applied for three hours at intervals :—

	Pulse.	Temp.
Before ...	92 ...	99·5
After ...	96 ...	99·8

After second interval :—

	Pulse.	Temp.
Before ...	96 ...	99·6
After ...	84 ...	99·3

Pulse has become stronger and more regular. Slight hyperæsthesia. Urine drawn off and found to be acid.

October 8*th.*—Appetite better. Increased power over arms and legs. Pulse regular, 104. Great contraction of biceps. Flexor muscles of arm slightly contracted. Improved expression of countenance. Urine highly alkaline, with a large deposit of phosphates after fourteen hours. Electro-sensibility and contractility of the entire body quite lost, except in face, where it is slightly retained. Was ordered the following mixture :—

℞ Tinc. ferri perchlor., min. xc.
Aquæ, ad ℥vj. ♏

Sumat coch. duo amp. ter die.

Bed sores having formed, were dressed with the following ointment :—

℞ Balsami Peruviani, ℥vj.
Vitelli oni unius. ♏

Ice-bag applied :—

	Pulse.	Temp.
Before ...	104 ...	98·2
After ...	110 ...	100·2

October 9*th.*—Hot and cold sponges were applied alternately along the spine. At first she could not perceive the difference, but on the repetition of the experiment she was able to perceive a slight variation in temperature. The battery was applied, but without any effect, electro-contractility and sensibility being still deficient. A catheter was introduced, and the urine which was drawn off was thick, viscid, and slightly alkaline, and when examined with the microscope was found to contain the phosphate of ammonia and magnesia.

October 13*th*.—Hands and feet cold and somewhat clammy, of a purplish red colour, which varied in intensity from day to day, having been a marked feature of the case from the outset, and serving to indicate the small amount of nervous force present. The pulse at wrist about 96, regular, but almost imperceptible. Legs drawn up by contraction of hamstring tendons. Bed sores dressed with ung. zinci oxydi.

October 21*st*.—Pulse 104, compressible. Surface less purple, and warmer. Pupils dilated. Increased power of muscular action.

November 2*nd*.—Much improved. Was ordered the following:—

℞ Ext. belladonnæ, gr. vj.
Tinc. cantharidis, ʒij.
Mucilaginis acaciæ, ℥ss.
Syrupi, ℥ij.
Aquæ, ad ℥viij. ♏
Ft. mist. sumat coch. ij. amp., ter in die.

November 16*th*.—Has continued steadily to improve. The surface of her body has lost much of its mottled appearance, and the rigidity of the flexor muscles is much less apparent.

December 18*th*.—Discharged. The muscular power of the lower extremities is completely restored, and she walks quite steadily. She has full power of retaining and voiding urine and fæces. The arms are still deficient in power, the right being the weaker. She can close the left hand firmly, and raise the arm of the same side above her head; but the right hand is utterly powerless, and she can only partially raise that arm. Her appetite is good, and her general health satisfactory.

◆

MERCER'S HOSPITAL.

SOME SELECTIONS FROM ACCIDENT CASES ADMITTED DURING THE MONTH OF SEPTEMBER.

By John Morgan, F.R.C.S.I,
Surgeon to the Hospital, and to the Westmoreland Lock Hospital, Professor of Surgical and Descriptive Anatomy, R.C.S.I.

EXTENSIVE FRACTURE OF THE RIBS AND CLAVICLE OF THE SAME SIDE—EMPHYSEMA.

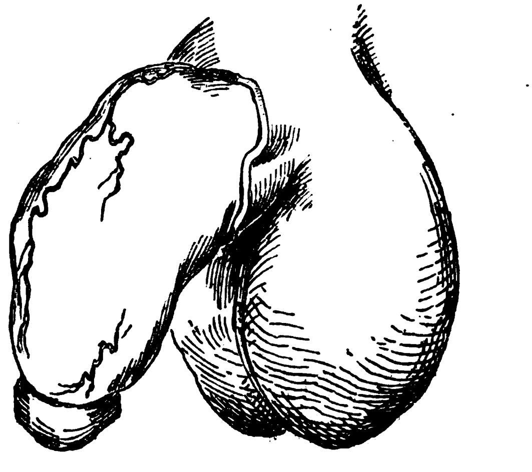
A slater, aged 64, was admitted on the 21st of September. He fell off a house thirty feet high, the ladder coming with him; he came on the left side with great force, and without anything to "break" the fall. He received most severe injuries, the third, fourth, fifth, and sixth ribs of the left side being broken in front of their angles; and also the left clavicle at its middle third. The man, though carried within ten minutes after the receipt of the accident into hospital, was found to be extensively emphysematous from the seventh rib up to the clavicle; the air making its way into the axilla passed along towards the back, which was highly emphysematous from the scapula to the level of the tenth rib. The patient being aged, and rather infirm for his years, was in an extreme state of prostration and greatly oppressed in breathing, and was already the subject of emphysematous lungs and bronchitis.

Malgaigne's method of strapping was at once applied over the broken side; he was given stimulants freely, and after much care and exertion he revived. On visiting him a few hours afterwards, the emphysema had not increased in the region of the ribs, but had very much so about the rest of the neck and the upper part of the chest. On careful examination it was found that the emphysema in this region was due to the sharp end of the fractured clavicle, and that its extent was momentarily increasing. The arm was brought well back and the fragments forward into apposition, straps of good adhesive plaster being coated around the emphysematous region.

There was a good deal of hæmoptysis, and the patient remained very prostrate and in a critical position for some hours. In the evening there was a good deal of tympanitis of the belly, and the breathing was distressed. A turpentine enema was given with good effect, and general stimulants administered. The patient gradually recovered without a bad symptom, and was discharged cured.

THE ENTIRE PREPUCE AND SHEATH OF THE PENIS REMOVED BY THE BITE OF A DONKEY.

A boy, aged 13, was feeding a donkey, when it made a snap at him, unfortunately catching the trousers and penis contained in its fold. By the violence of the bite, and the boy falling to the ground, it took off the entire prepuce, which was removed as neatly at the root of the penis as if done with the knife. The veins around the penis were exposed, but escaped being opened, excepting a few at the extremity, consequently there was comparatively little loss of blood.



The prepuce was found in the trousers, exactly like the finger of a glove, and the penis gave the subject for the illustration. Chlorinated lotion and rest were prescribed. After eight days the penis had a good deal skinned over, and the boy left hospital. Curiously, this is the third case I have seen of this accident.

PHANTOM TUMOUR SIMULATING PREGNANCY.

A strong able-bodied woman was brought in by the police at night, stating that she had been severely beaten, and, being far advanced in pregnancy, was suffering severe pain from being kicked in the belly, which there was evidence to show she had been.

On examination I found the abdomen enlarged to the size of full gestation, but the form and feel of enlargement was suspicious. I made up my mind it was a case of phantom tumour, and that the woman was malingering. I chloroformed her, and found the abdomen at once to fall and become flaccid. There was not the slightest tumour to be felt.

FRACTURE OF THE BASE OF THE SKULL EXTENDING INTO THE CAVERNOUS SINUS.

A fine lad of 19 was sliding down the balusters of a well staircase when he pitched over on his head; there was a plank laid across the well near the bottom, and on this it is supposed he came with full force. He was brought to hospital directly when found, probably fifteen minutes after the accident. He was altogether insensible, collapsed, and paralysed, and bleeding most severely from the right ear and nose; he had a cut and a large bloody tumour over the occipital region, low down near the neck, and the blood rushed in great quantity from the nose, correspondingly with every expiratory movement. In about two hours and a half he died, the quantity of blood lost being almost incredible.

A coroner's inquest was held and a *post-mortem* examination, when a most severe fracture was found extending from the occipital protuberance along that bone, going across the petrous portion of the temporal, which was broken in two places, from its harder structure breaking like marble; the fracture then entered the body of the sphenoid, the cavernous sinus was torn, and the cribriform portion of the ethemoid separated, the lesser wing of the sphenoid of the right side being nearly broken across—in fact, nothing could be more extensive, considering the site of the point of contact, which was at the occiput. The immense epistaxis was explained by the rupture of the cavernous sinus and the roof of the nose.

RUPTURE OF THE TEMPORAL ARTERY FROM DIRECT VIOLENCE.

A young man was cleaning windows and fell from two storeys down on the ground on the right side of the head and face; he was brought directly to hospital, somewhat insensible and collapsed, having a large tumour over the side of the head and forehead; this tumour was observed gradually to be enlarging, and on examination it could be found that the temporal artery had been ruptured, and was communicating with it, and the tumour almost momentarily increasing its size, already equalling an orange.

Hard pads were placed over the artery near its ruptured end, and the effusion circumscribed also by pads and a well-adjusted roller; cold was applied to the tumour, and the head placed in an elevated position. The circulation was thus controlled, and gradually the blood solidified and finally disappeared in about ten days, the patient having, beyond the shock, escaped from further injuries.

REFLEX IRRITATION SIMULATING A FOREIGN BODY IN THE LARYNX.

A boy, aged 4, who had been in perfect health, was brought to hospital by his parents in great excitement, stating that a few minutes before, a piece of brick he had in his mouth had disappeared, and that he was seized with convulsions, and they thought suffocating. On admission, the face was intensely congested; the respiration rapid and shallow; there were convulsions, alternating with severe muscular twitches; the resonance over both sides of the chest was equal, but there seemed less respiratory murmur on the left. The parents were clamorous in their assertions that it was the disappearance of the foreign body that caused the fits. Though the circumstances were suggestive, and some of the symptoms indicative of the truth of such an accident occurring, the rhythmic nature of the convulsive throes and the muscular twitching made me rather regard the case as due to some reflex irritation. I ordered a stimulating enema, had cold effusion sedulously used over the head and spine, the boy wrapped afterwards in warm blankets, and a sinapism applied along the spine and back of the head.

Hyd. c. creta gr. j., and pulv. jal. co. gr. x. administered every three hours. The child gradually recovered, the spasmodic attacks disappearing when the bowels had freely discharged a quantity of semi-digested matter.

CORRELATION OF THE VARIOUS PARTS OF THE PHYSICAL SYSTEM.

Among the curious facts in reference to the correlation of various parts of the physical system, which have never yet been explained, is a curious one in reference to cats, which, Mr. Darwin assures us, are almost invariably deaf, if pure white with blue eyes. Dozens of such cases have been observed, while the young of such cats, if they have the least bit of colour on their fur, invariably hear. The same is true if one of the eyes be not blue. Dr. Sichel, of France, observed one case when the iris began to turn of a darker colour; and, curiously enough, the cat at the same time began to hear. Kittens are entirely deaf during the first nine days, while the eyes were closed; and their eyes remain blue for a few days longer. While blind the loudest noises do not affect them. The experiment should not be tried by shouting near their ears, as they are extremely sensitive to any breath of air; but by producing any clanging noise, as by striking a pan or shovel.

Registered for Transmission Abroad.

The Medical Press and Circular *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price 5d. Stamped 6d.*

By Post to Annual Subscribers, £1 2 6
„ *If paid in advance,* 1 1 8

⁂ Post-Office Orders and Cheques to be drawn in favour of
A. A. Tindall, 20, King William-street, Strand, London
„ 8, Lincoln-place, Dublin,
Maclachlan & Stewart, South Bridge, Edinburgh.

Sole Agents for the United States.
Messrs. Kelly and Piet, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 13, 1869.

EDUCATIONAL REFORM.—No. VI.

Strongly impressed with the belief that a reformed Medical Council should possess an absolute authority over the corporations and a general influence over the schools in all matters relating to medical education, we have traced many of the advantages which would result from this possession. Among the advantages specified were: the disappearance of schedules, and all the trouble and annoyance which they involve; the abolition of a number of conflicting and intersecting regulations and curricula; harmony between the general curriculum and the curricula for University degrees, as a result of which we might expect a larger number of candidates for University distinction; the classification and definition of the subjects of study; the cessation of compulsory attendance on lectures, as part of a central code, the alteration of compulsory attendance in kind, and the reduction of it in degree; the establishment of a single and uniform set of examinations for a minimum qualification to practise in the United Kingdom; the substitution of one title for the general qualification, in the place of a number of titles of variable and uncertain values; and the removal of all fragmentary qualifications. Moreover, in respect to our medical schools, the quality of the instruction would be raised; professors would be more efficient and better paid; a healthier competition would be engendered; a large amount of educational material existing in our workhouses, special hospitals, county hospitals, infirmaries, and dispensaries, which, for all educational purposes, are "unweeded gardens grown to seed," would be utilised; students would possess greater freedom in their choice of instructors, and obtain the full value of their payments; and schools would be obliged to adopt the best methods of instruction, and to direct the instruction more definitively to the ends in view. Looking over this catalogue of consequences, we cannot see any which would not be generally regarded as "consummations devoutly to be wished"; nor can we perceive that any are open to very substantial objection. It might, perhaps, be urged, with some show of plausibility, that the abolition of schedules, and the manumission of students in regard to attendance on lectures, would import disorder into our schools, because a useful and necessary check would be removed. But this would not be so, because, according to our plan, a student would still have to present, before each examination, a certificate signed by the chief authority at his place of study, and testifying that he had employed his time satisfactorily, and had conducted himself with propriety. This being the case, it is very evident that the individual schools could impose any conditions of signature which they pleased. They might demand attendance on lectures, or submission to class examinations, or to sessional examinations. Such conditions, of course, would be announced in the prospectus of the school imposing them. Some appear to have an objection to a public avowal of any kind of discipline or check, in the belief that it would prevent students from entering at the school which announced it. We are strongly of opinion that this is an entire mistake, and that parents and guardians like to feel that their sons and wards are under a moderate amount of restraint and moral compulsion. Human nature is weak, especially towards the termination of the teens, and unless there is an examination at the end of a session, the session is apt to be wasted, even against the desire of the defaulters themselves. We are no advocates for anything approaching to military discipline, but for some pervading attractive influence on the student, which, like the "guiding star, would gently lead him on"; and since we have urged the withdrawal of compulsory attendance on lectures, we cannot but recommend the substitution of the satisfactory passage of certain school examinations in each session, as a condition of signing the proposed certificate. These examinations would also answer another purpose. Unpopularity is often incurred by authorities at medical schools on account of alleged favouritism and unfairness in the bestowal of the appointments at the associated hospital. If all the students of a school had regularly to undergo examinations in the subjects of study, and were arranged according to merit, the results would give most valuable data as to the comparative efficiency of the candidates, and could be used to aid decisions on the bestowal of appointments. This would save the trouble of having a special competitive examination for every appointment—an arrangement in some respects desirable, but exceedingly inconvenient and irksome. The last advantage of this plan of regular sessional examinations would be that the classes of the professional "grinder," or "triturator" (to use the euphonistic phrase), would be thinned, and the extra money now spent upon that useful but depreciated functionary would be kept in the pocket.

There are some, we know, who object on principle to any kind of interference with the liberty of the subject. To the rules and conditions of educational establishments they cannot plausibly object, because no one is actually obliged to enter them; but they aim higher, and strike at the existence of licensing bodies and qualifying examinations. They assert that there should be free trade in medicine, and that anyone should be allowed to practise who pleased, and that there should be no examinations at all. Even if we agreed with these views we might reasonably be allowed to disregard them, as it is quite certain that they will never be adopted in this country. But we do not agree with them. It is the function of government to protect subjects in person and property, and government would not be fulfilling this function if it left the lives of its subjects at the mercy of ignorant pretenders. The qualifying examination is intended to exclude those who would be likely to prove unsafe practitioners. No expression of this fact could have been more modest than that made by Dr. Parkes, in his well-known speech at the Medical Council in 1864. He said then:—

> "I do not demand a high standard of examination. I do not demand anything more than that in the examinations it shall be seen that a man is not dangerous; if possible, that he should be gifted with such knowledge that will enable him to do good to the patients he is called upon to treat."

The "Register," unsatisfactory though its condition may be, is intended to go a step further, and inform the public who are the safe practitioners. Having done this, the Legislature will do no more; it will not permit men who have not qualified themselves to assume the titles of those who have, but it will not absolutely prevent unqualified practice. The public have the means of knowing the men who are worthy of trust, and if, in spite of this, they choose to be gulled and fleeced by harpies and quacks, they must take the blame upon themselves.

Another objection to examinations, of a different kind, was advanced by Mr. Jonathan Hutchinson, in his oration at the Hunterian Society in 1865. He affirmed that examinations interfered with the acquirement of professional knowledge, and were hindrances to the progress of science. There is some truth in the first part of this objection, because it so happens that at the present time men are obliged to submit to a great deal of useless instruction, and to acquire a great deal of knowledge which has little bearing on their future calling; but if examinations were made accurate tests of fitness for the medical profession, the remark would be no longer applicable. And with regard to science being retarded, it is not expected that men will make very great discoveries before they have been students of their profession for a longer period than four years. We believe that Mr. Hutchinson had partly in view the examinations at the University of London, over which he is of opinion that much valuable time is spent which might be better employed. For ourselves, we are not inclined to blame any man for aiming to obtain degrees which take so high a rank as those at the University of London. A medical man has not to consider only the advance of the healing art. He has his position to acquire and his bread to earn, and the advance of science must coincide with these all-important aims, or be effected by other agency for the time being.

We should not have dwelt so long on these objections, unphilosophical and untenable as we believe them to be, if we had not thought that they were valid for something beyond the things against which they are advanced. They are good in assisting to prove several points. They prove, in the first place, that, compatibly with the main end of the qualifying examination, "every possible latitude of choice ought to be allowed as to modes and places of education." A student ought not to be driven to any medical school, either in London or anywhere else, if he can obtain the required knowledge in his own way. It is conceivable that a man of moderate means might learn his profession at a very small cost, by taking advantage of casual opportunities, and teaching himself from books and public museums. He might even dissect in the country, if the law allowed him, in a country or village hospital;

and so long as he could satisfy the authorities as to his moral character, and his examiners as to his fitness for practice, he ought not to be bound down to arbitrary attendance anywhere. Such cases would not be numerous, but there would be others of a mixed nature, and the central rules should not stifle laudable aspirations. Secondly, the objections quoted prove the necessity of strictly adapting the examinations for the general qualification, to the end of providing safe and skilful practitioners for the public. Irrelevant knowledge should be eliminated from the requirements of the examining boards, and the ordeal made as practical as possible. Thirdly, these objections show the inutility, inexpediency, and hardship of having in the United Kingdom a number of different licensing bodies for the lower degrees, issuing regulations and curricula, and selling qualifications of variable values and repute. For the effect of this, as is well known, is to produce competition where there should be no competition at all. The great use of competition is to ensure the acquisition of the best articles at the smallest cost. The competition of the licensing bodies ensures the issue of a number of ill-qualified medical men at the greatest cost to the public. Mr. Ashe, in his very able "Carmichael Essay," has so well touched this subject that we must quote his words:—

> "We have to bear in mind that while, on the one hand, students of a high class are irresistibly attracted towards the quarter in which the examinations are of the stiffest character, the attraction being of course the high reputation of the license to be gained by passing the same, so that, like knights of old to some perilous achievement, numbers press forward to the trial, allured by the very difficulty it presents, and unfettered by the failure of many of their companions; yet, on the other hand, a constant stream of students of the lowest class sets in the other direction, that, namely, in which the examinations are easiest, in which the superior character sometimes claimed for them is known only to exist on paper in the schedule of requirements, or, it may be, in the questions set on the examination paper; but where, nevertheless, the difficulty of such questions is well known to bear no relation to the character and style required in the answers. We do not specify the direction in which this current sets; if there is any difficulty in ascertaining it the discovery may easily be made by inquiring of the worst qualified and most incompetent of the senior class where they purpose to seek their diploma; distances present but slight obstacles in these days; one thing is certain, there is no return current:
>
> "Vestigia terrent
> Omnia te adversum spectantia, null retrorsum"—p. 99.

This degrading tendency of the competition between the licensing bodies is only another reason for bringing the general qualification under the immediate control of the Medical Council. But if the Medical Council is to be autocratic, it is imperative that it should be made a thoroughly representative body. The question of the representation of the profession at large in the Medical Council is indissolubly bound up with the question of educational reform, and with the advancement of professional interests; and with the question of the representation of the profession is bound up a kindred subject—the reform of our Corporations. All these three reforms—reform of education, reform of the Corporations, reform of the Medical Council—are interwoven, and all three demand for their perfect accomplishment sustained and directed effort on the part of every "good man and true" within the ranks of the profession.

SCOTLAND.

EDINBURGH.

The Edinburgh Association for Improving the Condition of the Poor has been the means of doing a large amount of good among that class of the community. An appeal for funds has been made on its behalf. Dr. Littlejohn and Dr. Alexander Wood have published reports which give a faithful but frightful picture of the idleness, ignorance, beggary, drunkenness, debauchery, filth, want, wretchedness, disease, and preventible deaths occurring and accumulating in the hidden recesses of the city. It is with this great mass of evil that the above-named Association proposes to deal, in the hope of mitigating and reducing, if it cannot remove it.

JAMES DAVID FORBES, D.C.L., LL.D.

On the last day of the year just closed the late Principal of the United College, St. Andrew's, formerly occupying the Chair of Natural Philosophy in the University of Edinburgh, died after a long course of feeble and declining health. At a meeting of the Royal Society, held in the Royal Institution, Professor Playfair, M.P., pronounced a becoming tribute to his memory, and proposed that the Society should pass a vote of condolence with his widow, and express sympathy with his bereaved family. The motion was agreed to.

ROYAL INFIRMARY.

The contributors to this institution held their annual meeting on Monday, 4th January. There was a large attendance. The report was read, referring particularly to the number of patients treated and the state of the finances, after which a special report was read on the subject of rebuilding the Medical Hospital, in which it was said that the managers objected to change the site to the Watson Hospital ground. It was then stated that Mr. R. Matheson, H.M. Works, and Mr. D. MacGibbon, architect, valued the buildings and grounds of the George Watson's Hospital at £43,000, inclusive of the Wharton lane property. A number of gentlemen took part in the proceedings, and at length it was resolved to adjourn the meeting till Monday, 25th of January.

A collection from house to house on behalf of this Infirmary has been made in the Parish of Dirleton, amounting to £64. Contributions amounting to £120 had previously been made.

GLASGOW.

The annual meeting of the Glasgow Royal Infirmary was held yesterday—the Lord Provost presiding. The annual reports submitted showed that during the past year 5,314 patients had been admitted to the Infirmary, being an increase of 213 as compared with the number in 1867—an increase arising in the medical and surgical wards.

THE HEALTH OF GLASGOW.

The Medical Officer's Report to the Glasgow Police Board states that, during the fortnight ending December 31, there were 134 cases of typhus fever within the police boundary, against 136 in the preceding fortnight, and no case of small-pox.

ABERDEEN.—ROYAL INFIRMARY.

On Monday week a general Court of the president and managers of this institution was held in the Infirmary Hall for the purpose of electing a physician in room of Dr. Archibald Reith, who was regarded by last General Court as disqualified for re-election. A petition in favour of Dr. Beveridge, signed by 92 students, having been read, the vote was taken between Dr. Beveridge and Dr. Angus Fraser. The first-named gentleman was elected by 53 to 51 votes.

LEITH TOWN COUNCIL.

THE Provost read the returns of mortality from the report of the Registrar:—The death-rate during the month in the district of South Leith is about the average for the same month in previous years. In the district of North Leith, however, there is a very decided increase. Generally the health of the town is at present satisfactory, and there is no appearance of our usual fatal visitant at this season—typhus fever.

CUPAR-FIFE.

A MEETING of the District Board of Lunacy for Fife and Kinross was held on Thursday—Mr. David Gillespie, of Mountquharie, in the chair. Provost Hood, of Cupar, laid on the table a report on the asylum affairs during the financial year to 1st August last. From the report it appeared that the asylum was planned to accommodate 200 patients, besides the necessary staff of attendants, in all furnishing 250 beds, including twenty-four beds in two infirmary wards, intended for the isolation of patients attacked by other diseases.

BRECHIN.—NEW INFIRMARY.

YESTERDAY at noon a meeting of the Board of Management of this institution was held in the Town Hall—Bailie Scott in the chair. On the motion of Bailie Shiress, seconded by Mr. Ireland, a committee was appointed, with powers to meet with the medical men and arrange for their attendance at the Infirmary, and for a matron, and to furnish the necessary means for receiving patients; also, to provide for the opening of the dispensary for outdoor patients.

VARIOUS suitable contributions have been made in support of the Sick Children's Hospital, which, it is gratifying to know, has not been forgotten by a generous public.

◆

FRANCE.

THE FRENCH POST-OFFICE ARRANGEMENTS. THE MARSEILLES AND GENEVA POISONERS.

(FROM OUR OWN CORRESPONDENT.)

PARIS, DECEMBER 30, 1868.

WITH all her love of organisation, and boastful perfection of machinery, France might with great advantage take a leaf out of the book of those who rule in St. Martin's-le-Grand. When I read in my English papers some grumbling at the mismanagement of the English postal communications, I sigh for what seems perfection when I compare it with French administration. Let those who do not believe in the regularity of English posts come and stay a time in France. They will find their letters frequently delayed or lost, and their newspapers—confiscated? The Englishman is apt to conclude so, but that is doubtful in the majority of cases. I fear more frequently robbery on the one hand and carelessness on the other are responsible.

This week I received three days' *Times* by one post, having been pining for them during that period. Last week I got two copies only out of the six which I presume were duly issued, as I saw one of them at the Club. But bad as it is in Paris, that is nothing compared with the suburbs or the provincial towns. I have had much experience, and can conscientiously say that I know nothing worse than the mismanagement and improprieties of the French postal service. I see you have duly received one of my letters on the secret poisonings at Marseilles, but the other seems to have never reached you. It is rather annoying that what I thought the most interesting of all should have been written in vain. There were but few who were present at the court at Aix who would be likely to communicate with an English paper, and on that ground I flatter myself you would have been pleased to afford your readers a few notes. Like the papers sent you from Marseilles, my letter fails. The mention of those papers reminds me of one little circumstance that will show you the annoyance of French postal arrangements. In any town, to send a newspaper, you cannot, as you do in London, address it, stamp it, and drop it into the nearest office; but you must go with it to the general post-office (often involving a journey of a mile or two), deliver it into the hands of the clerk, pay him, and he affixes the stamp. Glorious liberty this, and a sure way to restrict the circulation of news! Often I wish to direct your attention to a subject in a French contemporary. It is easier to cut out the article and enclose it in a letter. This, however, is expensive, as only a quarter of an ounce is allowed for fourpence—the lowest rate between the two countries, separated from each other by a voyage of one hour and three-quarters! Long live the alliance of the Western Powers! This is international progress and amity!

I return for a moment to the secret poisonings at Marseilles to remark that, having looked over all the English papers received at the Clubs, I am surprised to find that not one seems really to have grasped the case with the clearness I expected. The facts are constantly misstated by the most accredited purveyors of correct intelligence, so that the conclusions arrived at are worth nothing. Never before have I so clearly seen the difficulties of one nation appreciating what passes in another. I hope, should any writer recur to the subject, he will first read the full report of the trial in the *Gazette des Tribunaux*.

I shall only stay to correct one misapprehension, as that refers to a professional witness. As I have told you, Dr. Alex. Martin strongly suspected poisoning in one case which he attended, and but for an accident to the apparatus of the chemist to whom he confided the analysis of some vomited matter, his suspicions would have become certainties, though, probably, too late to save the patient's life. The doctor was taken off his guard by the amelioration in the symptoms that took place at this time, and the impossibility of renewing the attempt at analysis. Also by the criminal summoning all the relatives, and appearing to act as if there were no occasion for concealment. As he said, all seemed open as the day. There is no doubt that the woman at this crisis saw the doctor's suspicions, and acted accordingly. The doctor exhibited the greatest emotion when he gave his evidence, and so far from appearing to those who heard him to deserve blame, was openly commended by the judge.

The Geneva Poisoner.—As you did not receive my remarks on this case, I may add that, horrible as it was, it cannot be compared to the Marseilles one. The convict was a nurse, and seems to have been possessed with an incredible mania for putting an end to the sufferings of her patients. Many consider her insane. She used belladonna, and seems to have acquired great knowledge of the action of that drug. Nine cases were brought home to her, and many other suspicious ones were not tried. The only motive assigned was the pleasure of watching the effects of the poison on her victims. No wonder so many consider her a monomaniac. Yet that is not half so horrible as the Marseilles wives who disposed of their husbands to enable them to carry on more easily their *liaisons*—and that, too, in some of the cases where the husbands imposed on the wives no more restraints than Frenchmen are accustomed to observe themselves. Husband and wife alike only nominally so; each seeking elsewhere the companion preferred, and regardless of the conventional custom of matrimonial faith. This is the state exposed by the trial—a state that exists in French society to an extent that Englishmen, with all their prejudices, do not exaggerate, and scarcely even imagine. Those who have lived a decade on the Continent begin to find out the utter rottenness of the bases of society.

Anæsthetics.—The new anæsthetic "laughing gas," mentioned in your columns some time ago, has been tried to some extent in this country also. At present the veterinary surgeons have taken it up, and are making some interesting experiments. I was told the other day that a horse had been kept under its influence for more than a quarter of an hour, and afterwards restored. The animal was intended to be killed by the nitrous oxide. It will certainly be a happy thing should such experiments as these take the place of some of the cruel ones of which the French veterinary school has been too fond.

Arsenic.—The value of this medicine in consumption is again on the *tapis*. The Academy trusted M. Hérard to report on a paper of Moutard-Martin's on this subject, and the report admits that arsenic is very useful in cases of phthisis where the stomach and bowels are in good condition. It is maintained by those who uphold this plan of treatment that arsenic not only influences the alimentary canal and gives tone to the general system, but actually impedes oxidation of tissue, and favourably acts on the mucous membrane of the lungs, by which it is said partly to pass out of the system. The experience of the Tyrolese arsenic eaters is of course brought forward in the argument. Arsenious acid in the form of pill is recommended as the most suitable preparation to employ.

Notes on Current Topics.

Intramural Burial in Cork.

An investigation has been recently held, in response to a petition from the Cork Corporation to the Privy Council, praying that eleven cemeteries in that city should be closed, in consequence of their insanitary state. The Commissioners appointed for the inquiry were Dr. Finn, of Cork, and Dr. Croker King, Poor-law Medical Inspector for the district. These gentlemen have recommended that, with the exception of the burial ground of St. Nicholas's Church, the churchyards shall be closed, but that the vaults shall be open for interments.

Mr. Baker Brown.

We learn that Mr. Isaac Baker Brown, of the London Surgical Home, has become a bankrupt. For the benefit of the uninitiated, or those of our readers whose recollection the circumstances have escaped, we describe Mr. Baker Brown as the inventor of the operation of clitoridectomy, and the obstetrical scapegoat of London. Possessed of great powers of observation and a fixed determination to "go ahead," no matter at what price the progress might be achieved, Mr. Brown found himself shortly in possession of a very lucrative practice and of the undying enmity of many of his brethren. This hostility, aggravated by the style of his writing and by the unpalatable theory on which his operation of excision of the clitoris was based, broke into a conflagration at last; and Mr. Baker Brown was, after a violent attack and a most unfortunate attempt at defence, expelled from the Obstetrical Society of London.

At that time we did not hesitate to take our stand, not with Mr. Baker Brown, but with fair play. We felt, and still believe, that the onslaught on him was that of a clique, and that it was pursued with little scruple as to its fairness; and, without expressing any opinion on Mr. Baker Brown's faults or merits, we opposed with vigour the attempt of an aggrieved multitude to crush out of existence a defenceless individual.

Whether Mr. Baker Brown's bankruptcy is a *sequitur* of his expulsion we cannot declare. Long before that occurrence his practice was extensive, and his apparent expenditure proportionately great; and it is said that the repudiation of him by his obstetric brethren had no considerable effect on the extent of his private practice.

Mr. Brown has offered his creditors a composition of 5s. in the £1, payable in instalments of 1s. 8d., at intervals of six, twelve, and eighteen months.

The approaching Army Competitive.

It has not yet been decided, as we learn on good authority, whether any appointments will be made to the British Army Medical Service at the next examination. The Senate of the Army Medical School have already decided on their examination, but are not themselves aware of the intentions of the War Office in respect of vacancies.

We believe that the intention to reduce a large number of Assistant-Surgeons to half-pay has been abandoned, and the reduction policy will probably not go further than to prevent any new appointments. There will be about twenty Indian appointments for competition, and if the English Service be closed it may be presumed that the competition for these will be severe.

Army Medical Reductions.

The press organs of the present ministry are as eloquent now in their advocacy of retrenchment in the army and navy as they were, a couple of years since, on the expediency and necessity of lavish war expenditure.

Mr. Cardwell's military reductions must be made palatable to the public and the House of Commons in anticipation of the dreaded Budget night, and, accordingly, all the stock arguments for saving money are, without much thought of their appropriateness to the existing time, and, indeed, without much sense or logic, put forward in the ministerial journals from day to day. Not a whisper is now heard of the well-worn phrases, "the surest guarantee for continued peace is to keep the nation on a level with the armaments of other powers," "the best economy is perfect efficiency," and all the dogmatic pleas for war waste with which the Palmerstonian extravagance was defended.

The *Daily News* of the 4th inst., in pursuance of its "duty towards its neighbour," in this behoof enumerated the directions in which economy might be effected, and notably advocated parsimony in the medical department of the navy.

Not at all on the ground that medical salaries would bear reduction—which statement would not face the proof —not that the army is over-stocked with doctors, for every one knows that the authorities have been at their wits' end for a sufficient supply; not for these, or any other reasons consistent with the maintenance of an army equivalent to those of other powers, does the *Daily News* advocate a reduction in the medical service—but because the proportion of medical officers is at the present moment, while the nations are in a condition of profound peace, more than is required for the health of the troops.

Surely, if the argument of the *Daily News* were brought down to its legitimate conclusion, the entire army, from the field marshal to the drummer boy, would be at once wiped out. Fighting men are, in times of piping peace, an absolute superfluity and a mere incubus on the country, and not even as useful to the country as the doctors who take care of them. Does the *Daily News* (in proposing that the excess of doctors, whose usefulness is undisputed, be dismissed when peace prevails) imply that other redundancies, admittedly of no use whatever, should be also got rid of?

The argument is simply puerile. Army doctors and fighting men are kept "in stock" because they may be wanted at any moment, and unless the *Daily News* declares for peace at any price, or shows us that Army doctors can be had at a moment's notice and, consequently, need not be kept on hand, it makes itself ridiculous in its endeavour to veil the unpleasant flavour of Mr. Cardwell's proposals.

Surgical Hangmen.

The *Somerset Gazette* refers to Dr. Carey's letter on this subject in our journal, and considers that the "profession is not scandalised, though the statement (that numbers had applied to the governor of the gaol for employment as hangmen) be perfectly true," as the *Somerset Gazette* believes it is. The editor certainly does not improve on the insult which such a statement conveys to our profession. Being called upon to withdraw or prove it, he fails to do either, but shifts the responsibility from himself and repeats the slander. It is a strange form of apology which tells a learned profession that whether the insult be true or not it is none the less suited to its members. The *Somerset Gazette* thinks that for a medical man to refuse his services to paupers because he is not paid is worse than to solicit the hangman's office. Truly a novel theory, and one of wide application, for if doctors be as bad as hangmen when they decline to work for nothing but charity, at what level does the *Somerset Gazette* place lawyers, attorneys, and all the world beside, whom the public is never so foolish as even to ask for *gratis* work? It is sufficient that medical men should be endlessly sponged on by the public, without their being condemned as of demoniacal atrocity if they object.

Tales about Tails.

No less a paper than the *Times* gives insertion to a letter describing the existence of a tail in the human subject, which is thus described by the correspondent:—

> In the autumn of 1855 I was sent, under orders from the Horse Guards, to superintend the volunteering of members of the Irish militia regiments to the regular army. One of the regiments I went to was stationed at Castlebar, and there I met a captain of the Land Transport Corps, then being organised, engaged on the same business as myself, but enlisting only for his own corps. On the first day of our competition the men discovered that his terms were better than mine, and one young man who presented himself, first for the Land Transport Corps and afterwards to me, on my asking why he had been rejected for the mounted corps, said, "Because I have a tail, Sir." There was a surgeon present who at once examined him in my presence, and I can vouch for the fact that he had a tail, and a most unmistakable one, it being about an inch and three-quarters or two inches long, thick at the junction with the body, and tapering to a blunt end.

We believe the only accurate record of a similar case is that published as follows, by Dr. Arthur Jacob, in the Dublin Hospital Reports:—

> In the course of last summer, a young man presented himself at the Queen's County Infirmary, seeking relief on account of a tumour which projected between the nates, and caused much inconvenience from its bulk, especially in the sitting posture. It had existed from birth, was about the size of the closed hand of a large man, and was situate upon the lower part of the sacrum, apparently involving the os coccygis. Upon its most convex part was an orifice through which the finger could be introduced, and passed round an irregular resisting body, which partly projected through this opening. The surface was covered by sound skin, furnished with a considerable quantity of hair. The operation of removing it was performed by my father. On dividing the external layer, it appeared that this was merely a pouch of skin, reflected inwardly, and embracing a cylindrical resisting body nearly six inches long, and thicker than the thumb. This cylindrical body was doubled upon itself, as if so disposed in order to fit in the pouch; it also was covered with true skin. This extraordinary production adhered firmly by one extremity to the spine, and upon attempting to detach it, the connection was found to be osseous; the bone, however, was so spongy that it yielded to the knife. The superfluous skin having been removed, the lips of the wound were brought together, and it healed satisfactorily, leaving the patient free from distress on this account.
>
> When the pouch was first divided, and the contained member fully displayed, its appearance was so characteristic, that no doubt was entertained of its being a real tail; which has since caused no small degree of merriment. When the part came into my possession, I made a longitudinal section of it from end to end, and found that it was furnished throughout with a bony core or centre, consisting of separate pieces, distinctly jointed to each other with perfect synovial capsules.
>
> That it resembled a tail in its external characters, I admit, but dissection proves that the bones which occupy the centre bear no resemblance to vertebræ, but, on the contrary, that they are such as might belong to a man's great toe; consisting of a tarsal bone (probably the internal cuneiform), a metatarsal, and phalanges. It, in fact, appears to be an example of that description of monstrosity which has often been observed in other situations, a rudiment or portion of an additional limb or extremity. This one is, however, remarkable from its consisting of but one series of bones out of the five, as well as from the situation which it occupied.

Death in a Police Cell.

Dr. R. B. Painter, who formerly was seven years Surgeon to the Police at Bow street, says, in reference to this distressing fact:—

"The great fault of the present system is, that for the sake, I suppose, of economy, the surgeon is not sent for nearly so often to the police-station as he ought to be; and that the inspector or sergeant on duty is the sole judge as to whether a given case requires the doctor, and is one of intoxication, illness, bodily injury, or what not; and this, although the discrimination between intoxication, apoplexy, starvation, fracture of the skull, or some kinds of poisoning, is frequently so difficult as to tax the skill of the most careful surgeon. And I hold that whenever there is the very slightest suspicion of illness or accident the surgeon should be sent for. I shall be told this is the rule, but I know, as a matter of fact, it is not acted on to the extent it ought to be."

It is said that the medical advisers of Prince Napoleon have ordered him to spend some time at Nice.

Great opposition is manifested by most of the parishes which have been ordered by the Poor-law Board to build sick asylums.

From the report of Captain Shaw, Chief of the Metropolitan Fire Brigade, we learn that they have been "called" to as many as 1,858 fires during the past year.

The death of Sir James A. Gordon took place at Greenwich Hospital, of which he was Governor, on Friday last, at the age of eighty-six. He is thought to be the last of the captains who served under Nelson.

Dr. Headlam Greenhow has been elected President of the Harveian Society.

The choice of the Obstetrical Society has fallen upon Dr. W. M. Graily Hewitt; and that of the Pathological

Society upon Dr. Richard Quain. The Epidemiological Society has elected Dr. Edward Seaton, Medical Inspector to the Privy Council, to fill the presidential chair.

The Treasurers of St. Bartholomew's Hospital have just received a large addition to the funds of this charity by way of compensation for a plot of ground taken by the Midland Railway Company. The sum awarded is said to be £45,000.

At the Royal Institution on Thursday next, at 3 p.m., Mr. Rupert Jones will lecture on "Protozoa;" on Friday, at 8 p.m., Mr. A. Herschel, on "The Last Eclipse of the Sun;" on Saturday, at 3 p.m., Professor Odling, on "Hydrogen and its Analogues."

Considerable doubt and uneasiness have been felt by some members of the profession as to the effect of the new Pharmacy Act, which came into operation last new year's day. We understand that it will not be allowed to interfere with the rights of the medical practitioner.

John Edward Johnson, Esq., who died on the 15th November last in the Chapel of the Foundling Hospital, has left to the Royal Hospitals of Bridewell and Bethlem, of both of which he was president, £1,000 in equal proportions; to the Corporation of the Sons of the Clergy, £1,000; and to the Foundling Hospital, £500.

◆

MEDICO-SOCIAL PENCILLINGS OF LONDON LIFE AND PRACTICE.

No. VII.

To be "the man in possession" of a house, as its occupier, is universally acknowledged, by the inexperienced in such matters, as a right foot placed securely on the stepping-stone to greatness, although at the precise time the acknowledgment may be made, a prowling wolf, assuming the outline and the garb of a modest and retiring lamb-like broker or his assistant, may be ambling near the door, waiting the drawing of its bolt or the raising of its latch, in order to enter to seize and to "bolt" with an amount of portable property sufficient to meet the claim of a relentless landlord or of an unsavoury cheesemonger. Nevertheless, the man in possession, as occupier, is regarded as the proprietor of a stake—often a tough one—in the street wherein he flourishes, and is considered one of a circle socially higher than the most stayed-up tenant of "flat" or of "pair," by whom he may be overshadowed. But, to be the actual *leaseholder* even at a high figure, of a "residence with coach-house and stabling for three," with rent paid up to coming gale day; with no odious rates nor taxes to fear; with name glittering in the sun on conspicuous panel of entrance door; with a practice of four hundred per annum (to be increased by habits of industry to double that amount)—*on paper;* with family relics, consisting of predecessor's widow, offspring, and appendices, in the persons of sympathisers and of servants on premises to "keep practice together"; with apartments luxuriously furnished for one's own use and occupancy; to remain so for some months, as per contract made and entered into, signed, sealed, and delivered according to law—in fine, with an old foundation which is being massively abutted, in order that a professional structure, firm, secure, and durable, may be raised, and from within whose very walls is to radiate in the unapproachable brilliancy of an animated meteor *that* metaphysical phenomenon mentioned in a former chapter. Surely, with so much within the range of tangibility, and with so much more within the kaleidoscopic ranges of hope and of ambition, in the *coup d'œil* that both presented, ample stimulus was afforded to set aglow any latent embers of pride a far less sanguine temperament than mine might have possessed. I was proud of my purchase, and considered I had sufficient reason to be so.

Domestic arrangements being thus satisfactory and complete, I next determined to become professionally perfect. Consequently I took an early opportunity to make a visit to the establishment of a celebrated surgical instrument maker, and to purchase there what I believed to be not only necessary, but likewise highly essential I should possess, in order to be in a position to meet the requirements of an extensive and of a diversified practice, then presumed to be within my very grasp. Of course the bill of particulars for those purchases was forwarded to my relation, who in due time remitted payment, together with an affectionate note to me, wherein was written: "I hope, my dear Quid, you *now* possess everything necessary for a fair start." I replied to my relative's communication, and said, "I am now, Sir, complete, and want nothing save your blessing, which I know will be heartily given to me, in order to make a good beginning."

My predecessor kept what is sometimes professionally designated "a close surgery," and I was informed that to see patients it was understood he remained at home from nine to eleven each morning and from seven to ten each evening, Sundays excepted, and visited his numerous patients at their residences between the hours of eleven each morning and seven each evening. I considered it very advisable, and a wise policy on my part, to tread in my predecessor's footsteps, and to adapt myself to the groove which he had formed in this daily arrangement of time; therefore I caused my programme to be publicly proclaimed, and to be wafted by the many winds of the establishment (relict and appendages, furious hurricanes and frightful tempests), and also by my slim boy in slippers, nicknamed by the *gamin* of the neighbourhood "Dr. Squirt" (on account of his connection with the high and honourable profession of medicine, and his position as Bright Buttons to the establishment, I presume), much to the annoyance of the boy, who, I am compelled to declare, at all times attempted to carry, with a degree of grave dignity not to be surpassed by even a Colonial Tiger, his patronymic heirloom, yclept Limbo Pod, and which was,—in consideration of his development, alas! faulty, and for the sake of brevity of expression, resolved by his immediate circle of friends and of relatives into the dissyllable "Boey."

"Quid rides?" asks a friend at my elbow; "Quid rides! Quid?" for I have laid aside my pencil in order to do myself justice in the performance. Well, my reply is one under which my friend winced, ere he suddenly snapped the silver chords of gravity, and joined me with a smile. It is this: I laugh at the tarnished state of rustless purity, *uncalled* for and unknown, in which many of those first surgical purchases still remain, honoured relics of gushing youth and inexperience; for, unfortunately for myself (fortunately *don't* say! for others), I never required to employ a tithe of them, nor do I expect ever to do so. Nevertheless I am proud of them, and open them up, and polish them up occasionally; and in doing it, mentally measure the span of years since their procuration, and if I laugh during the process, or now, it is not in the spirit the Roman tyrant Fiddled.

From many readers of these Pencillings, allusion to my primary display of professional resources may cause a tear to start, and memory to travel back to brighter and to happier days, when they, like me, put on for the first time the armour of our ancient and honourable profession. When parents or friends, perhaps long since wafted, let us hope, to a brighter sphere, affectionately presented to them the appliances to commence a professional career, as did my dear relative; to such I will say—"Let your tears flow freely, let memory travel whither it will, for tears reveal and are manifestations from hearts generous though impulsive, and it is wholesome, under all circumstances and conditions, to think of the past." Many readers of these Pencillings, too, may exercise the vacuity of laughter, and for a like reason; but whether grave, or gay, or glorious, and whether on the most exalted petiole amongst the branches, basking under the shade of the professional tree, or, perhaps, forcibly hurled by the blasting whirlwind of misfortune from its odours, its fruits, and its protecting influence—surely, all of us must feel an excusable amount of pride, coupled with a pardonable amount of vanity, in the contemplation of first professional achievements.

Quid Nunc.

◆

THE POOR OF LONDON.

A large meeting assembled at the Whittington Club, Strand, on the 21st ult., to consider the important questions connected with "The Present State of the Poorer Classes in the Metropolis, the Resources and Effects of Charity, and the Influence of the Poor-law system of Relief." Mr. S. Morley took the chair.

Dr. Stallard read a long paper. He said the first subject he should treat was "Pauperism." After remarking on the way in which the term had been used, and the consequent feelings which had been produced, he remarked that it was not with destitution merely we had to deal, for that, indeed, would be a comparatively easy thing to remedy, but with the violation of an essential social law, which holds every man responsible for his own maintenance in health and sickness and old age, and not for himself alone, but for his wife and children. He proceeded to make a variety of observations on the effects of the different modes of charity upon the recipients, and referred to the returns of the Poor-law Board, which showed that the numbers relieved in the half-year up to 1st January, 1858, were only 77,660, while those relieved in the half-year up to 1st January, 1867, amounted to 138,706, and it was seen from the monthly returns that the progressive increase was still going on. From these statistics he proceeded to facts, and said "The increase of 'pauper feeling' was shown by the fact that the people who availed themselves of the parish midwife and parish doctor had vastly increased, and by the neglect of home, as proved by the increase in infant mortality." Next he compared the different parishes, particularly that of St. George's, Hanover square, with Bethnal green, in this latter parish the physical condition of the people, he said, has degenerated more than in any other district, because the operating causes have had more time to play. I venture to assert, without fear of contradiction, that there is scarcely a native male adult in Bethnal green who is fit for military service. There are here hundreds of men who, being fit only for children's work, earn children's wages. Nowhere is the standard of comfort so low. There were 2,000 centres in London where enormous amounts were distributed, and at no one place could a deserving person be sure to obtain all the relief his case required. A person gets bread at one place, coals at another, soup at a third, clothes at a fourth, blankets at a fifth, wine at a sixth, physic at a seventh, and so on *ad infinitum*, but whether he gets what he wants at the time he wants it depends entirely upon his previous training in the habit of obtaining charity. Under this state of things it is scarcely surprising that the deserving starve to death weekly for want of timely help, and that the professional mendicant flourishes. In the case, for example, of medical relief, more than a million patients are annually attended gratuitously at the public hospitals and dispensaries, and over 200,000 more by the parish surgeons. At St. Bartholomew's Hospital, besides the regular patients receiving letters of admission, and of whom something probably is known, 110,000 persons are casually relieved. Will any man in the receipt of even a moderate income pay for such services out of his own pocket while he can have them free? Will he make provision for the time of sickness if he sees in the newspapers that so many thousands have been gratuitously relieved at this hospital, and so many more at that? This is the beginning of education in the pauper spirit, and needs to be restrained, for while medicine and medical advice are made so cheap and easy to obtain, there will be no motive for the establishment of provident and self-supporting institutions for a similar end. Passing on to review the Poor-law, he gave his confidence to the law passed in Elizabeth's reign, the principles of which enactment were that the rates should be levied:—"First, for setting to work the children of all such whose parents shall not be thought able to keep and maintain them; second, for setting to work all such persons, married and unmarried, having no means to maintain themselves, and who use no ordinary and daily trade of life to get their living by; third, for providing materials to set the poor on work; fourth, for the necessary relief of the lame, impotent, old, blind, and such other among them being poor and not able to work." He advocated a number of changes in the mode of dealing with the poor, and at length resumed his seat amid the cheers of the audience.

Other gentlemen addressed the meeting, and at length the discussion was adjourned for a fortnight.

ECONOMY DEPARTMENT OF SOCIAL SCIENCE ASSOCIATION.

A subsequent meeting was held on the 4th of the present month, at which Mr. Morley again occupied the chair. A long discussion took place on the subject of Dr. Stallard's paper, to which he replied at some length. The motion proposed at the previous meeting was agreed to, and a general desire was expressed that another conference should be called as early as possible.

Literature.

On the Artificial Production of Tubercle on the Lower Animals. A Lecture delivered at the College of Physicians, May 15, 1868, by Wilson Fox, M.D., F.R.C.P. Macmillan and Co., London, 1868.

No fact of greater importance, in our opinion, has come to light recently in scientific medicine than the discovery by the illustrious Dr. Villemin, of the Hôpital Val de Grâce of Paris, as to the production of tubercle by means of inoculation of septic matter into the cellular tissue of some of the lower animals. Dr. Andrew Clark, Mr. Simon, Dr. Wilson Fox, Dr. Sanderson, Dr. Marcet, and Dr. C. Drysdale have, as far as we are aware, been as yet the only observers in this country who have repeated the experiments of our learned Parisian *confrère*. The work before us is quite a splendid production. The drawings by Mr. H. B. Tuson and the execution of the plates by Mr. Ford, leave nothing to be desired. The great Dr. Jenner thought that he had rendered rabbits tuberculous by starving them; but this appears to have been an error on his part. Different other observers have attempted the inoculation of scrofulous matter from man on animals without success: but with the exception of the case of the illustrious Laennec, who, whilst making an autopsy of a tuberculous patient, punctured his own hand, and believed that he had inoculated himself with tubercle, facts are wanting as to inoculation being followed by any bad results. To Villemin, in 1865, then, is due the initiation in this matter. He only obtained positive results when he inoculated *tubercle* on rabbits. Matter, from other sources, proved inefficacious. In 1867, Mr. Simon appeared to confirm M. Villemin's views; and Dr. Marcet also was so converted to these doctrines, that he proposed to use the pulse of patients as a means of diagnosis of tubercular disease. Dr. Andrew Clark, on the other hand, stated that he had succeeded in producing the same results as those produced by inoculating tubercle by using other non-tuberculous products. Dr. Sanderson and the author of this work have both found that non-tubercular substances, introduced under the skin of guinea pigs, are followed by the production of a disease considered by them to be tuberculous. 117 guinea pigs and 12 rabbits were experimented on by Dr. Wilson Fox.

The most common local affection at the point of inoculation of tuberculous matter is found to be a cheesy mass, usually in a capsule; and sometimes cords of induration are seen extending, at variable depths, through the subcutaneous and muscular tissues. Cells from 1-2000th to 1-3000th of an inch in diameter are seen in many of the products of inoculation resembling epithelial cells. The axillary and sub-scapular glands are usually enlarged to twice their natural size. In the lungs we find scattered granulations more or less thickly spread throughout the tissue. The granulations do not project much from the cut surface. They are usually seen in the form of a semi-transparent hyaline margin with a cheesy centre. They rarely break down into cavities, and signs of pneumonia are very rare. They appear to originate in the bronchi, around the blood vessels, and in the tissue of the lungs. The granulations in the bronchi consist of masses of cells from 1-2500th to 1-3000th of an inch in diameter. The liver is greatly increased in size, and is heavier than natural; a tissue of a glistening transparent character is seen in it, occupying the substance of the organ to a variable extent. Under the microscope, the semi-transparent portions are found to consist of a new growth situated in the inter-lobular tissue. The spleen enlarges much; sometimes to two, three, or four times its natural size, sometimes large tracts of it are converted into a semi-transparent brittle tissue, resembling the liver or lymphatic glands. Changes are noticeable in the small intestines and cœcum. Peyer's patches are enlarged and prominent, and the peritoneal surface is injected. The patches on the cœcum are much enlarged; but the single follicles are less distinct than in the small intestine. Ulceration of the whole or of portions of the patch are not uncommon. The stomach is unaffected The mesenteric glands are almost invariably affected. Dropsy is very common in the peritoneal cavity, and is attributed by Lebert to obstruction through the liver. In the omentum are found granules, varying in size from a pin's point to a poppy seed, resembling the grey granulations found in tubercular peritonitis in man. Under the microscope, the granulations are found along the course of the vessels originating in their perivascular sheath. The cells are from 1-2400th to 1-3200th of an inch in diameter. The lungs were affected in fifty-nine cases out of sixty-four; the liver, in fifty-one cases. 117 guinea pigs were inoculated, and 58 proved tubercular; 12 rabbits also were inoculated. Tubercular affection is much more easily produced in the guinea pig than in the rabbit by inoculation. There is an absence of all tubercular meningitis in the guinea pig.

Virchow has pointed out the analogy between tubercle and lymphatic structures; both consist of round cells, of many of which the nuclei alone may be visible, agglomerated into little masses, like the follicles of lymphatic glands or the Malpighian bodies of the spleen, decaying early. Now, these structures on the lung present all the characters assigned to tubercle by Virchow; and our author thinks, and we agree with him, that the appearances in the liver also resemble tubercle in that organ in man. The cumulative force of the evidence as to these growths being tubercular is irresistible. The only known disease possessing the least affinity with this is leucocythæmia; but, in this disease, the growths are softer, whiter, and more milky than in tubercles. Nor is it at all identical with farcy nor pyæmia. Villemin's position, that tubercle is a specific disease produceable by tubercle alone, cannot be held, our author thinks, to be true; nor can the method of inoculation, he adds, be used as the test of the tubercular character of any pathological product, for four guinea pigs in whom vaccine-lymph was inoculated, and those inoculated with putrid muscle, and even one beneath whose skin he simply inserted a piece of cotton-thread, and also one of the four in which, following Dr. Sanderson's example, he inserted a seton, presented as intense and typical specimens of the disease as those on whom inoculation had been practised with the most typical grey granulations from the lungs or the meningeal vessels. Septic matter, he thinks, is required; and the cotton-thread acts by producing inflammation and blood poisoning. As to Lebert's experiment of injection of mercury and charcoal into the vessels which caused deposits in the lungs, these, he thinks, are not to be regarded as tubercle but merely local deposits. He adds an observation in which we fully concur, viz., that the effects of infection are more certainly produced by the inoculation of tubercle than by other substances. Hence, tubercle probably propagates itself; and Professor Niemeyer has been led to assert that tubercle of the lung may be a secondary consequence of unabsorbed pneumonias (Klinische vortröge).

Mr. Holmes, too (*Lancet*, 1865), stated that the removal of diseased bone prevents the formation of tubercle in scrofulous children. Hence, too, ordinary irritants, such as bronchitis or catarrh, may, as they appear to do sometimes, lead by irritation to the deposit of tubercle in persons predisposed to it. Guinea pigs and rabbits, although very liable to become tuberculous from inoculation, are not subject to the disease when living in ordinary circumstances. The author adds in an appendix that he has found that, in twenty-four guinea pigs, in whom, for the purpose of identification in another experiment, he had inserted a small piece of silver wire in the neck, three became tuberculous. This, he thinks, must either be the effect of a septic agent or of irritation. By these experiments Dr. Wilson Fox has rendered a great service to the cause of scientific medicine; and his work will, we believe, long be counted among the standard essays of this epoch.

Transactions of Societies.

DUBLIN PATHOLOGICAL SOCIETY.

December 12th, 1868.

Dr. McClintock in the Chair.

Dr. Lyons brought forward a morbid specimen taken from the body of a man, aged thirty-seven, who was admitted to the Whitworth Hospital on the 11th November. He was a labourer in a large porter brewery, and habitually drank large quantities of porter for some years. About a year ago, he began to suffer from hoarseness and a good deal of distress in breathing, referable principally to the throat. His health gradually gave way, and he then sought admission into hospital. He was suffering at the time very much from dyspnœa, there was a marked laryngeal stridor, and he was jaundiced to a considerable degree.

On examining the throat there was a great deal of pain felt on pressure over the os hyoides. It was evident also there was implication of the lung, but the most peculiar symptom about the case was the presence of jaundice. His eyes were well marked with the icteroid tint, and the whole surface of the body was also coloured. Appropriate treatment produced some relief, but he got no permanent ease during the last ten days of his life. The moment the dusk of evening set in his breathing became exceedingly difficult, and this was the principal source of his distress.

On *post-mortem* examination, very considerable and old-standing disease was found in the larynx, and on slitting it up the arytenoid cartilages were found to be almost all destroyed, there was a chamber occupying their situation on either side, the mucous membrane was a good deal thickened, the epiglottis and the lower part of the trachea were greatly engorged. The bronchial tubes were filled with viscid mucus of a bloody character to their utmost ramifications. There was also general engorgement of the whole lung, with patches of consolidation here and there, and little masses of tubercular deposit through the lung texture. It was on coming to the apex of the organ, however, that they found the most extensive evidence of its destruction. Here were large cavities, of old standing, communicating with each other, with a good deal of cartilaginous thickening about them. Both lungs were found to be similarly affected. There was nothing remarkable about the heart except patches here and there showing former inflammation. The large white patch was more obvious than usual, here and there were signs of pericardial inflammation, but there were no adhesions. The organ was rather small.

Mr. Lyons presented a well-marked example of what is called the Nutmeg liver; the greater part of the hepatic structure being affected, there was a good deal of general congestion. He, Dr. Lyons, would have expected in a case of such extreme tuberculosis of the lungs and also of the larynx, to find more or less of a fatty change in the liver, but he considered it to be one of the most noteworthy features of this case that it was in an opposite condition.

DECEMBER 19th.

Dr. Duncan remarked that the connection between loss of speech and cerebral disease had been attracting so much attention lately, that he brought forward the following case. A gentleman, sixty-five years of age, had been for thirty years an inmate of the asylum of Finglass. He was a person of eccentric habits, and laboured under marked delusions; but he was quiet, inoffensive, and generally enjoyed good health. He appeared to be in his usual good health on Thursday, the 17th, but on that night one of the patients happening to see him as he was about going to bed, casually asked him, how he was; he replied, "Not very well." Next morning when the attendant brought him a dish of stir-about, which he was in the habit of taking, his door was found to be locked, and the key inside, and there was no response to the knock for admission. The patient was observed to get out of bed and put on his drawers; he tried to open the door, but was unable to do so. When the door was opened, the patient was found to be paralysed in the right arm and shoulder. There was intelligence as far as we could judge. He appeared to recognise persons about him He was in the habit of taking snuff, and on handing him a snuff box he tried to take a pinch with his left hand, but there was not the slightest attempt at speech. He remained in this state until his death, which took place on Sunday, at half-past twelve, having had on Saturday night several epileptic seizures.

Autopsy.—The brain was of normal size and consistency, but there was a general opacity of the arachnoid, turgesemer of the whole volume, and effusion under the arachnoid membrane; the cerebral conjunctiva was more marked on the left side. Dr. Ward examined the brain along with me, and we found at the fissure of Sylvius a good deal of congestion, but nothing that we could call softening. What gave a considerable amount of countenance to the idea which locates the organ of speech to this portion of the brain was that precisely in that portion of the left hemisphere where Brocas' theory places that organ, there was distinct sanguineous effusion covering a space corresponding in size to a half-crown.

Mr. Flemming remarked that the diagnosis of disease of the breast, both in males and females, was very obscure, and not unfrequently tumours there situated were pronounced to be malignant when they were not so. The following case, which he now brought before the notice of the society, would serve to exemplify this fact. About three years ago, the wife of a farmer, between fifty and sixty years of age (who had had several children), of medium stature and full habit, applied for a consultation as to the condition of her left breast.

On examining the breast, a large tumour, whose growth had been very slow, was found, occupying the entire lower half below the nipple, with which, however, it was not identified, neither was the integument adherent to the tumour. At one special point the integument had a dark appearance, and a distinct sense of fluctuation was felt in that situation. In consequence of the enormous size of the breast and the condition of the woman, it was not deemed prudent to remove it, but an exploratory operation was made, and from four to six ounces of fluid were removed of the colour of brown sherry, and perfectly transparent; the density of this fluid was 1·020, it contained a large quantity of albumen, some cholesterina, but no pus. The swelling considerably subsided, but it was quite obvious that the portion of the cyst lying in contact with the breast was solid. The woman then returned to the country, and remained there. She called upon Mr. Fleming again that morning, and gave the following history. About four months ago she felt uneasiness in the tumour, and from that time it continued to increase in size. It occupied its old site, and the nipple was not connected with it. He again punctured it, and removed a considerable quantity of fluid, not less than six ounces, of a deep coffee colour, but otherwise its specific gravity and chemical constitution were identical with that removed on the first occasion. Here it might have been imagined from its appearance that the tumour was malignant, yet it was quite obvious from its history that it was not so, and that this palliative treatment was the proper expedient to adopt. The removal of such a large tumour might implicate the life of the individual, quite apart from the fact that such a formidable operation was not necessary under the particular circumstances of the case.

These se ro-cystic tumours of the breast occur in the male as well as in the female, and require great care as well as caution in their diagnosis. The general health in such cases is unimpaired, as in the present case.

Mr. Eames exhibited an example of rupture of the heart, the interesting feature of which was that it occurred at an unusual place, not at the apex but near the base of the left ventricle. The man was aged seventy. He was of general good health throughout his life, but for a week or so previous to his death he had been ill with a chest affection, for which he had been under treatment at one of the city dispensaries. On the Sunday previous he was missed from his house, and was found lying in the water-closet in a state of syncope. He was removed from that, and the treatment under which he had been was continued. On a day or two afterwards when walking across College Green, he fell dead. The pericardium was found full of blood, and the heart ruptured.

The rupture was of large size, admitting freely the index and middle fingers. The direction of the lesion was downwards and forwards, from within, outwards; so that the fingers passed in the opposite direction, from without, inwards, immediately entered the aortic orifice. The muscular structure of the heart was soft and flabby, having undergone extensive fatty degeneration. The valves were healthy.

THE SURGICAL SOCIETY OF IRELAND.

(Concluded.)

FEMORAL HERNIA.

Mr. G. H. **Croly** said that about five weeks ago he was summoned to visit a lady who had been vomiting the entire day and from the evening before. He questioned the patient as to whether she had a rupture or not. She was not aware, however, of the existence of any tumour in the groin, and she attributed all the vomiting to one of her usual bilious attacks. She stated that she was three months pregnant. He was struck by the peculiar character of the vomiting, which induced him to think that she had strangulated hernia. On examining the left groin he discovered a tumour not larger than the smallest sized filbert. It was not painful to the touch. The patient said, when he drew her attention to it, that "she did not attribute any of her nausea to that little lump; that she had frequently had bilious attacks and always had great difficulty in getting the vomiting checked." He at once gave her a turpentine enema, and applied ice to the tumour. He then left the house and said that he would return in a few hours to see her. On his doing so, he found that the symptoms were not relieved, there was pain in the umbilical region, the vomiting continued, and the pulse was accelerated. He attempted the taxis with great gentleness. The tumour, however, was firmly fixed, and having a great objection to the taxis he did not persist with it. He suggested a consultation, and the husband then wished for the opinion of the distinguished President of the College, Mr. Porter. Mr. Porter having arrived, he agreed with him (Mr. Croly) as to the propriety of immediate operation. As the patient apparently was not ruptured until 5 o'clock on the evening before, and had never worn a truss, he considered the hernia a recent one, and decided on performing what is known as Gay's operation for femoral hernia, which he accordingly did, the patient being under the influence of chloroform. When a few fibres of Hey's ligament had been divided, the hernia immediately returned. He closed the wound with sutures, applied a compress, and placed the limb in a proper position; he also directed opium, and ice internally. In two hours afterwards the bowels were moved naturally. The wound united by the first intention, and the patient had had no bad symptoms afterwards, and made an uninterrupted recovery. He should be glad to hear the opinions of the members of the Society as to the advantages of Gay's operation as contrasted with the ordinary mode of opening the sac. This was the first occasion on which he had performed Gay's operation. The reason he performed Gay's operation was, that as there could be no adhesions in so recent a hernia, he thought it would prove successful. The more he saw of hernia the more convinced he was of the necessity of avoiding the taxis and of operating early.

The President was present when this operation was performed, and he had never seen anything more successful or rapid than the return of the intestine as soon as the stricture was divided. He believed now-a-days most hospital surgeons avoided opening the sac, if possible. It was the operation that came nearest the perfect taxis, getting back the intestine without opening the peritoneum.

Mr. Collis said that a very curious case occurred to him within the last few weeks. A woman was under his care with strangulated hernia. He performed, as he made it a rule to do, Gay's operation, and on coming down to Hey's ligament he divided it with ease. The patient was of a flabby habit, and the strangulation not very tight. On withdrawing his finger a black mass, of the size of a walnut, came away in his hand. The outside was smooth and glistening, and when divided it was cut likewise smooth, black, and looked very like mucous membrane in a state of gangrene. However, he knew he had not opened the sac, and on careful examination he found no opening into the abdomen. On examining the black substance with great care, it turned out to be a clot of blood. Dr. Barker, who also examined it, confirmed him in that opinion.

Professor Hargrave observed that he had been very much impressed with the importance of not opening the sac in operating for hernia. The idea was not Gay's, but Petit's. It fell into disrepute for a time, but was lately revived by Mr. Gay, who now got all the credit of it. If they looked into Cooper's work on hernia, they would find it was proposed to operate without opening the sac. Some years ago he (Professor Hargrave) published some papers in the medical press pointing out the utility of the operation. With respect to what Mr. Collis had mentioned about the clot of blood, he should observe that every hernia he had seen presented some peculiarity of its own. No two hernias were precisely the same, and the surgeon must therefore be prepared in every case to meet with something different from what he had seen before. Our Secretary, Mr. Richardson, had operated on a case of femoral hernia some time ago, in which the symptoms of strangulation continued after the stricture had been removed. He was satisfied that femoral hernia was more suited for the operation of opening the sac than inguinal hernia. He agreed with Mr. Croly that they ought to abolish the taxis altogether. It was not from operation that patients died, but from delay in having recourse to it.

Mr. Richardson said that in the case referred to by Professor Hargrave, the symptoms of strangulation, as he observed, continued after operation and death ensued. It was found at the *post-mortem* examination that several inches from the nipped portion of the bowel there were some small gangrenous patches, with great congestion of the bowel in their neighbourhood, to which he attributed the persistence of the symptoms of strangulation. There were other points of interest in the case which Mr. Richardson reported in his account of it.

Mr. Stapleton thought there might be a rule laid down for opening and not opening the sac. In early cases the intestine was not likely to be adherent; but when strangulation had continued for four or five or six days, the case was very different. In the latter case, he thought the safest course was to open the sac. But then the great danger occurred from the endeavour to free the intestine and return. He had known a case where the intestine had been returned, and where a fit of coughing had caused it to give way. When the hernia had existed more than twenty-four hours the less handling it got the better.

Mr. Stokes would be glad to hear from Mr. Croly what length of time the strangulation had lasted in his case? He was himself an advocate for early operation, but he thought it a wrong principle to lay down that in all cases the operation should at once be had recourse to, for he thought when the strangulation was recent they should try the taxis in the first instance. Many present might remember Professor Bruce having stated at the British Medical Association, at Oxford, that during twelve years he had never found it necessary to operate for strangulated hernia. He could only account for this by assuming that the persons who came under Mr. Bruce's care in Philadelphia had sought for his advice when the strangulation was recent. In all cases which had come under his (Mr. Stokes') care, where the strangulation was recent, he had been able, by putting the patient under chloroform, to return the strangulation; but he thought, when the strangulation had lasted eighteen or twenty-four hours, the less taxis they tried the better.

Mr. Tuffnell said that if the top of the finger were passed over the hernia it would tell the surgeon whether it was a fit case for operation or not, there being a peculiar elastic, tense, resilient feeling in the one case and a softness in the other.

Mr. Pollock mentioned a case of strangulated hernia in a woman, which he had first seen at 9 o'clock in the morning. Towards evening vomiting came on, and thinking the case one for operation he advised the woman to go into hospital. She refused, however, and resisted the advice of her clergyman, who had been requested to endeavour to induce her to do so. She got opium at home, and towards the latter part of the evening the vomiting got much worse. He told her to send for him during the night if she got worse, but she did not do so; and the next morning he tried the taxis and had the satisfaction of reducing the hernia.

Mr. E. Hamilton wished to direct attention to the importance of giving the taxis a fair trial under chloroform. He had a case in which the strangulation existed for twenty-four hours, and in which the taxis was tried with success. The patient was brought to the operating theatre and placed fully under the influence of chloroform, which he thought should always be done. He was then placed in the position for operation, and the hernia was reduced easily with the taxis.

Dr. Fleming said that in the vast majority of instances, as regards operative proceedings, more rapid decision was demanded in cases where the hernia was femoral. He did not say that in all cases operation should be had recourse to. He had seen many cases in which invaluable results had followed from treatment by large doses of opium. Dr. Kelly, of Mullingar, gave opium even in cases of femoral hernia in very large doses—two grains every second hour—and with excellent results.

Dr. White mentioned a case of hernia which was brought into Jervis Street Hospital under the care of Mr. Corley. Mr. Stapleton saw the patient. The first thing thought of was to use ice, but there being no ice to be had Mr. Stapleton suggested ether spray, and under the use of it the hernia was easily reduced. It had been strangulated for some hours before the patient was brought into hospital.

Mr. Croly, in reply, said that Gay alludes to Petit and others in his work. He was aware that Mr. Hargrave had written an interesting paper on the operation some years ago. There was one material difference between the operations as performed by Petit and Gay. The former dissected over the hernia and divided everything except the sac; whereas Gay cut on the neck of the sac only. In reply to Mr. Stokes, he had to say that the hernia had been strangulated about thirty hours, and that the patient was under the influence of chloroform when he tried the taxis. He did not believe in the influence of chloroform in these cases. He could bring before the Society notes of four cases of hernia, where, by means of ice and opium, and O'Brien's tube, he had succeeded in returning the hernia. He did not operate in every case, but in this instance the tumour was one of unusual tension.

The Society then adjourned.

MEDICAL SOCIETY OF LONDON.

Monday, January 4, 1869.

Dr. B. W. Richardson, President, in the Chair.

A short communication was read from Dr. Balthazar Foster, on etherized cod liver oil, that is, the addition of 10·15 or 20 minims of pure ether to every two drachms of the oil, which Dr. Foster had found less nauseous and more easily digested.

Dr. Oppert related two cases of lead poisoning, one of a patient who enamelled playing cards, the other of a man who glazed straw hats.

Mr. Henry Smith exhibited a patient upon whom he had 18 months previously performed excision of the knee-joint, the patient walked excellently, without the aid of a crutch or stick, and without a high-heeled boot.

Mr. R. W. Dunn narrated several cases to show that whatever treatment may be adopted, a woman who is infected with syphilis before the seventh month of pregnancy is very likely to have a syphilitic child, but after that time the child will be free from syphilitic taint.

Mr. Hancock read a paper on Perforating Ulcer of the Foot. He commenced by giving the history of a patient, aged twenty-four, who twenty years before was attacked with swelling and inflammation of the great toe. An opening formed, which continued to discharge. Five years subsequently the disease attacked the sole of the foot, and Pirogoff's amputation was ultimately performed, with a good result. The author then narrated other cases which had commenced as a corn on the foot, for which amputation by Syme's method was performed. He thought this peculiar affection had not been sufficiently recognised. M. Cloquet first noticed it in 1837, and subsequently MM. Boyer, Mazolin, and Nélaton had drawn attention to it. It commences as a phlyctœna on the pad of the foot, after which the dermis becomes implicated, and at last the subjacent bone. This is the order of the phenomena which have over and over again been found to occur. What was the disease? Was it one of the developments of scrofula allied to phthisis? Was it a variety of palmar psoriasis? Was it due to syphilitic taint? All writers agree that it commences in the sole of the foot, corresponding to the heads of the metatarsal bones, doubtless from the pressure exerted on the part by the weight of the body. It is evidently constitutional and hereditary, some of the patients alluded to having relatives similarly affected. The disease commenced at the anterior part of the foot, and the heel never suffered. The author concluded a most interesting paper by observing that as soon as a perforating ulcer of the foot was recognised it was better to remove the whole of the metatarsal bones by amputation than by using palliatives, which condemn the patient to a succession of painful disappointments.

A brisk discussion followed, and the meeting adjourned.

◆

Gleanings.

SPECIALISM.

The world at large should recognise, better than it does, the great fact that in true scientific medicine there is no secrecy of knowledge, and should be more cautious than it is in believing that this or that man has some special gift or information which less favoured brethren have not. It is quite true that there are men endowed with special gifts resulting from practice or knowledge; one man has a delicate hand and a strong heart for the performance of an operation, another man has not, and so far the particular man is to be trusted and rightly preferred in his particular way; but carried to an extreme, the fashion of the public to specialise all medical men is painfully absurd, and opposed to the best interests of the whole human family. To assume that one man is, what is vulgarly called "clever," (a term of positive insult to a man of true science) for a given malady, a second man for another malady and so on, is injurious alike to the profession and the public. It fills the professional man with false pride, and leads him from the contemplation of the body as a whole, and disease as a unity presenting a variety of phenomena, to the contemplation of phenomena individually and apart from unity. It impedes discovery—which must always be built on unity—because it divides thought, and nourishes dogma. It ruins the public judgment, because it tempts the most insignificant mortal into the belief that if he can only successfully inoculate the public mind with the assumption that he is specially wise on a given disorder, he can win on that assumption. And, lastly, it prevents men of natural broad and expanded views from cultivating their particular talents, and enshrouds them with the fear that if they give scope and character to their life, they will be considered, however accurate their learning, however sound their judgment, as too general in their aspirations, and too indefinite in their principles. In relation to this same subject, the world at large requires to be corrected in regard to the object it has before it, when it seeks the services of the physican or surgeon. Ninty-nine persons out of a hundred who go to consult a medical man never think of asking for knowledge, but are content simply to ask for what they call an opinion; nay, when they change from one medical man to another, they take the step again, almost invariably, not with the desire of knowing more but of getting an opinion more. This is fatal error, leading to inconstancy, caprice, and deficient earnestness of purpose. An opinion can be given by any one; knowledge can only be supplied by the learned. I am so poor an astronomer I doubt if I could calculate the time of an eclipse, simple as the problem is to the learned in astronomy; but if it would soothe the feelings of anyone present to have an opinion whether the inhabitants of the planets live exclusively on Welsh rarebits, I would undertake to give an opinion on that subject—particularly if the usual fee were remitted—as sound as could be given by Adams, Leverrier, or Herschel himself. I do not offer these remarks as against opinion based on knowledge, but only as showing the folly, so widely prevailing, of seeking opinion irrespective of knowledge. True it is that the profession itself, to a large extent, corrects this folly, because medical men, when they meet together, go direct enough to the question, not of opinion, but knowledge, and test and try each other with a severity which those outside the pale little comprehend. It would be better for the members of the public to imitate this example; and in hours of trial, before they throw the handkerchief from this physician to that, to return disappointed, as they constantly return to the physician who knows them best, to consider on what grounds they make the change, why one man should know more than another and what solid reason gossiping advisers have for upsetting relationships that ought to exist between the sick man and his conscientious adviser.—*Dr. Richardson's Address at the St. Andrew's Association.*

ABSORPTION OF PHOSPHORUS.

M. **Mialhe** departs from his former views of the absorption of this article through the agency of alkalies, and now assumes that its solution takes place in the fats which are present in the contents of the bowel. He concludes from this, that an apparently convalescent after a poisonous dose may suffer a relapse on taking nourishment (?). Phosphorus acts as such, and not in chemical combination; even phosphoretted hydrogen changing into phosphorus and water in the blood. From the above, we should enjoin abstinence from fatty articles on persons poisoned by phosphorus, and when we administer it medicinally use the oleaginous solution. (*Union Méd.*, 1868, No. 66.)

DEATH FROM HYPODERMIC INJECTION.

Lantesson reports (*Journ. für Kinderkrankheiten*, 1868, 217—525) that he saw a child die in a few moments with convulsions, after he had injected several drops of liquor ferri sesquichlor., for nævus maternus. Dissection revealed large coagula in the roots of the great vein at the heart, and in the right auricle and ventricle.

He supposed that a vein of some size was wounded, and that the astringent thus got into the general circulation, coagulated the blood, and finally produced paralysis of the heart. He recommends that the flow of blood into neighbouring venous plexuses should be prevented by pressure when we perform this operation.

NOURISHMENT BY ENEMA.

Dr. Runge, of Nassau, reports (*Deutsche Klinik*. No. 27, July 4, 1868) a case of œsophageal stricture, in which the patient was sustained 59 days by clysters of yolk of eggs, broths, and gruels. During the first eight days he emaciated rapidly, and complained much of thirst. Then came a stationary period. In the third week he felt neither hunger, thirst, nor pain; in the fifth week he could walk pretty firmly. The emaciation had increased very little, when in the eighth week an inflammation of the rectum supervened, which terminated his life in the beginning of the ninth week.

Dr. R. thinks the patient might have lived many more weeks, had the complication alluded to been obviated by the exercise of greater care in the administration of the injections.

CURARE.

Curare comes from Para, Brazil, and is made from the juice of the strychnos toxifera. A peculiarity of curare, also met with in other organic poisons, is that it only acts toxically when it reaches the blood channel; and is inocuous, even remedial, when introduced into the system by other avenues. Iodide of sodium is in Brazil spoken of as a certain antidote to this poison, and mingled in equal quantity, in solution, the former is said to prevent the action of the latter. (*Reise der Novara une die Erde*, Wien, 1864.)

HERPES ZOSTER.

Moers (*Deutsches Archiv für Klin. Med.*, IV. 249) reports a case of herpes zoster bilateralis of the lower extremities, which occurred in a child fourteen months old. The vesicles did not dry up as is usual, but ran into bullæ, as in pemphigus. The child fully recovered in five weeks.

WOUND OF PANCREAS.

B. G. Kleberg reports (*Arch. für Klin. Chirurgie*, IX. 523) an incised wound of the abdomen which exposed the pancreas. The protruding portion was amputated, and the patient recovered without any remarkable consequences.

NOTICES TO CORRESPONDENTS.

To Correspondents.—We would impress upon our numerous correspondents the necessity of making their lectures, Original Communications, or letters intended for insertion, as short as is consistent with the subject on which they treat. We find it necessary to intimate this to our many friends, in consequence of complaints continually reaching us from contributors, who are anxious to obtain an early publication for their papers.

In deference to the wishes of a large number of our readers, we intend forthwith to devote several columns weekly to *excerpta* from the best British and Foreign journals, in order to keep our subscribers *courant* with the progress of medicine and surgery in all parts of the world. As our correspondent also suggests, "It will then be a very readable and practical paper: variety is pleasing."

Matar.—The course of lectures has not yet been announced. We will endeavour to ascertain in time for our next.

Mr. Whitehead (Preston).—Thanks.

Dr. W. Clarke.—We are gratified with your expressions of approval, and will endeavour to pursue the same independent line of action that has won for us your support and that of so many other new and old subscribers. We are not above the suggestions of our friends.

R. J. Kinkead, A.B., L.R.C.S., &c.—Your paper on "Treatment of Phthisis Pulmonalis by Pancreatic Emulsion of Fat" received, and will appear in an early number.

"**Notes** on the Treatment of Favus," by H. S. Purdon, M.D., received. Proofs shall be sent in due course to the address given.

J. J. Johnston, M.R.C.S. Eng.—"Successful Treatment of Anthrax" if possible, in our next.

Dr. Jacob's "Lecture on the Eye," with illustrations in six colours, is again unavoidably held over till our next.

Infant Mortality.—Too long for the present pressure upon our space.

Foreign Degrees, and How to Obtain them.

To the Editor of the Medical Press and Circular.

Sir,

Please state where I can obtain copies of the conditions on which the degrees of either of the undersigned universities are granted:—

1. Gottingen.
2. Erlangen.
3. Heidelberg.
4. Tubingen.
5. Geissen.
6. Jens.

Is the degree of M.D. obtainable without residence in either or any? Kindly supply full information in your next.

Yours, &c.,

Inquirer.

*** The conditions under which degrees can be obtained from the universities mentioned are, we presume, only to be had from the managers of these several institutions or their agents. Some time since degrees were conferred without residence, and even *in absentiâ*, but since the refusal of the General Medical Council to register them, and the exposure of the abominable system by Sir Dominic Corrigan, the traffic has been somewhat checked. We believe diplomas are still granted in some of these universities without examination, and "for a consideration" *in absentiâ*, but they would fortunately be perfectly useless within these realms, and certainly not very honourable after one's name. They are to be had at a price in London at the present time.

Dr. C.—Thanks for your letter; the paragraph in the local paper to which you draw attention is beneath notice. We are not disposed to enter into an argument upon the ethics of the medical profession with an editor, or, as you very properly term him, a "Literary Smasher,' who opens his columns to servile abuse of an honourable body, and to the advertisements of obscene quacks, which are refused by every respectable journal. The admission of this latter vile stuff would *alone* stamp any journal with the character of its conductors.

◆

Death.

White.—On the 12th of October, at Wahgnuyah, Colony of Victoria, Australia, Thomas Edward White, L.R.C.S.I., youngest son of Thomas Warren White, Esq., Barrister-at-law, aged twenty-nine years.

◆

APPOINTMENT.

John Murray, M.D.—Medical Registrar and Superintendant of *Post-mortems* at the Middlesex Hospital, vice Dr. Cayley, resigned.

◆

BOOKS, PAMPHLETS, &c., RECEIVED.

Braithwaite's Retrospect of Medicine. Vol. LVIII. London: Simpkins & Co.

The Monthly Microscopical Journal. London: Robert Hardwicke.

Established 1848.
PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE.
50, Lincoln's-inn-fields, W.C.

MR. J. BAXTER LANGLEY, M.R.C.S., F.L.S., &c. (King's Coll.), has always upon his books a large number of desirable investments and available openings for Medical Men commencing their professional career. Gentlemen wishing to relinquish practice can be introduced without delay to competent successors with means at their disposal.

Mr. Langley devotes his prompt personal attention to the negotiations entrusted to him, and treats confidentially and with care all matters relating to professional business. The strictest reserve will be practised in all the preliminary arrangements and no expense incurred (except in special cases) unless a negotiation be completed.

The business of the Professional Agency is based upon the general principle that no charge is made unless work has been done and services rendered.

A prompt and just system secured a large measure of success to the General Partnership and Commercial Agency Business formerly conducted by him at his City offices; this has for some years been transferred to Lincoln's-inn-fields, and he has invariably adopted the same equitable policy in the more professional matters placed in his hands. Thus his experience in the management of large commercial undertakings, combined with his medical, scientific, and literary acquirements, enable Mr. Langley to guarantee that all matters of business placed in his hands will be carried out without delay, and with an equitable regard to the interests of all the parties concerned. As an arbitrator on matters of dispute between professional men, Mr. Langley has had great experience, and he can refer to numerous cases in which he has been the means of preventing expensive and tedious litigation, and in which his awards have been made rules of her Majesty's Courts at Westminster.

Mr. Langley can also refer to the Professors of his College, Members of Parliament, Clergy, Merchants, Bankers and others, as a guarantee of his integrity and honour in all negotiations entrusted to him.

Full information as to terms, &c., sent free on application.

Office Hours from 11 till 4; Saturdays from 11 till 2.

MR. LANGLEY'S Quarterly List of Selected Practices and Partnerships for Transfer, in town and country, is now ready. Free by post for two stamps. Address as above.

Now ready, Second Edition, with considerable additions,

ADVICE ON BUYING OR SELLING MEDICAL PRACTICES, PARTNERSHIPS, &c. By J. BAXTER LANGLEY, M.R.C.S., F.L.S., &c.—Free by post for seven stamps.

IN a pleasant town on the coast, within 100 miles of London, an old-established PRACTICE for SALE. The receipts are upwards of £500 a-year; patients consist of gentlemen, farmers, tradesmen, and visitors. Excellent Appointments yield about £100 a-year. Expenses under £80 a-year. The house, with land, garden, &c., is the vendor's freehold, but would be let at a moderate rental. Premium £600, a part of which may be left on security. Address, X 455, care of Mr. Langley, as above.

NOTTS.—For TRANSFER, a PRACTICE, easily conducted and without opposition, in a pleasant and picturesque locality. Appointments can be easily transferred. Receipts £350 a-year. Pretty cottage residence; rent £10. An efficient introduction given. Premium 200 guineas. Address, X 454, Mr. Langley, as above.

GOOD COUNTRY PRACTICE, with Appointments, for TRANSFER, in consequence of ill-health, Income £150 a year. Appointments about £75. No opposition within three and a-half miles. The village contains 1,200 inhabitants. Convenient house; rent £20. Excellent shooting in the neighbourhood. No assistant nor horse required. Premium £350. Address, X 453, Mr. Langley, as above.

LONDON, W.—For TRANSFER, with complete introduction, an old-established PRACTICE, held by the vendor for upwards of twenty years. Average receipts during last four years upwards of £1,300; last year £1,250; midwifery fees from £1 1s. to £5 5s. One brougham and horse does the work. A dispensing assistant employed. A valuable public Appointment associated with the Practice. Large house in complete repair, on beneficial lease; rent £150. The whole connection is transferable to an active suitable successor. Address, X 399, Mr. Langley, as above.

LONDON.—For TRANSFER, a well-established PRACTICE, realising between £500 and £600 a-year. House containing twelve rooms, with large garden, &c.; rent £48. No assistant necessary. Great scope for increase. Appointments £34 a-year. Address, X 338, Mr. Langley, as above.

PARTNERSHIP INTRODUCTION.—A doubly-qualified gentleman can be introduced to a good family PRACTICE, in a very pleasant town within easy access of the coast. The vendor retires in consequence of ill-health. The occupation of the house, which is a remarkably good one, is optional to successor. The receipts have recently declined, in consequence of the inability of the holder to attend to his patients, but the whole connection is believed to be transferable, yielding at present on an average about £500 a-year, and capable of increase to £1,000 a-year. There is no dispensing, and the patients belong to the upper classes. Address, X 376, Mr. Langley, as above.

COMPETENT ASSISTANTS Provided without delay, free of expense to the principal. No gentleman recommended whose antecedents have not been inquired into. Apply to Mr. Langley as above.

LOCUM TENENS can be despatched by an early train after receipt of letter or telegram stating terms, duties, and qualifications required. Fee 10s. 6d. Address Mr. Langley as above.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 20, 1869.

CONTENTS.

PAGE

LECTURE.

Introductory Lecture to the Course on Human Anatomy at the London Hospital Medical College. By Walter Rivington, M.S. Lond., F.R.C.S. Eng., &c.... 45

ORIGINAL COMMUNICATIONS.

Case of Exfoliation of the entire Calvarium after a Burn, with Recovery of the Patient. By Richard J. Kinkead, A.B., L.R.C.S.I., Tuam 47

HOSPITAL REPORTS.

St. George's Hospital—
Dr. Ogle's Cases of Abdominal Tumours. 48
Meath Hospital—
Rupture of the Female Bladder—Death. Under the care of Mr. Collis........ 48

TRANSACTIONS OF SOCIETIES.

Royal Medical and Chirurgical Society.. 49
Dublin Pathological Society............... 50
Medical Benevolent Fund................ 50

LITERATURE.

A Manual of the Operations of Surgery. By Joseph Bell, F.R.C.S. Edin......... 51

PAGE

LEADING ARTICLES.

Pauperism 52
Educational Reform.—No. VII........ 52

SCOTLAND.

Edinburgh 54
Larbert 54
Dundee 55
St. Andrew's................................ 55
Selkirk 55
The Weather................................ 55

GERMANY.

Special Correspondence.................. 55

NOTES ON CURRENT TOPICS.

The Poor-law Board and the New Ministry 56
Hair Dyes and Cosmetics................ 57
Stimulant Extras in English Workhouses. 57
The Value of a Parish Doctor 58
The Prevention of Syphilis 58
Medical Brummagem...................... 58
English Medical Assistants 58
The London Hospital.................... 59
The Vaccination Act 59
The Repetition of Prescriptions.......... 59
Pauperism and its Causes................ 59
Royal South Hants Infirmary............ 60

PAGE

Medico-Social Pencillings of London Life and Practice. No. VIII.............. 60

Summary of Science 61

The Field Work of Women and Children.. 62

GLEANINGS IN MEDICINE, SURGERY, AND THE ALLIED SCIENCES.

Pyrethrum for Scabies.................... 63
A New Test in Albuminuria.............. 63
Hypodermic Medication in Goitre........ 63
A Novel Prescription for Gunshot Wounds 63
Catheterization of the Air-Passages in Asphyxia Neonatorum 63
Case of Early Pregnancy 63
Contribution to the Ætiology of Vaginismus 64
Man's Antiquity in America.............. 64
Case of Hermaphrodism 64

CORRESPONDENCE.

Army Medical School...................... 64
J. C. P. Widdup on the Internal Carotid Artery................................ 65
M. Redman on the Profession and the Proposed Repeal Clause 65
J. A. Wanklyn on Peroxide of Nitrogen .. 65

Notices to Correspondents, &c.................. 66

Lecture.

Introductory Lecture
TO THE
COURSE ON HUMAN ANATOMY
AT THE
LONDON HOSPITAL MEDICAL COLLEGE,

By Walter Rivington, M.S. Lond., F.R.C.S. Eng., &c.

Delivered Oct. 5, 1868.

(Continued from our last.)

Another way in which a lecturer may assist the students' progress in any particular subject is by making generalisations which shall give interest to the study, and so combining these generalisations or general facts as to appeal to the understanding or reason, by the enlistment of which the memory will be relieved of much of the burden which otherwise would be cast upon it. You will understand what I mean if I give you an example. All parts of the body have their uses, and the use of a part affords a clue to its structure. These are two general statements. Apply them to the liver, and see how your memory may be assisted by the combination of these with other general or common facts. The use of the liver is to secrete bile; bile is a highly carbonaceous fluid; all secretion takes place by means of cells, which have the power of taking from the blood the required materials; there is a larger quantity of carbon in venous than in arterial blood. These four common facts lead almost irresistibly to the conclusion that the liver is an organ composed of a number of cells, arranged in the most convenient manner for forming bile out of blood, which is brought to them by *veins* with which they must come into intimate relation. The bile, when formed, must be carried away, and so, of course, there are vessels—called bile-ducts—for the purpose. The liver must be *nourished*, and therefore it possesses an *artery*. Certain vessels—called lymphatics—are required here, as elsewhere, for collecting waste matter for further use—for gathering up the fragments, that nothing may be lost—and then to preside over the whole arrangement the nervous system, must be represented by means of bundles of nerves. Now, the whole difficulty in learning the liver is reduced to the exact arrangement of these various elements: the cells, the bile-ducts, the veins, the arteries, the lymphatics, and the nerves. The particular facts connected with each are not complicated or hard, and may be very easily explained in such a manner as to keep the reason still at work in assisting the memory. The most difficult matter to remember is the names of the veins and their branches; but here fortunately comes in the ingenuity of the maker of memoria technica, and aids you once again by constructing a word out of the first letters of the names which you have to remember.[1] With such helps as these you can readily understand and know all the chief facts in the structure of the liver, and having once learnt them, you have no right to forget them, because by the aid of the common facts which I have mentioned, your reason can, as it were, rebuild the liver in your minds. Thus, gentlemen, by a little management, and the adoption of a cunning method of instruction, a lecturer may shift a great deal of the burden of a subject from the memory to the understanding, filling the mind faster with knowledge, and rendering it less probable that it will be rapidly forgotten.

But after all that the teacher may do for the student there is much, very much, that the student must do for himself by sheer hard patient application. He must follow the advice of Dr. Johnson, and "sit down doggedly" to his work. He must have a set of bones of his own, and eye them, and feel them, and mark all the irregularities of surface, and all the peculiarities of contour. He must follow the description of them painfully with his Ward, his Holden, or his Gray. He should rise to the level of a former beadle at this College, who could recognise blindfold the small bones of the hand, and even tell the side to which they belonged. This would have delighted the heart of Vesalius, who insists that it is the student's duty to know the bones by touch.

---

[1] The word Pilish, formed out of the first letters of the names Portal, Inter-lobular, Lobular, Intra-lobular, Sub-lobular, Hepatic. The word Pilish will probably adhere to the mind of the medical student more readily in consequence of the association of Piles and congestion of the portal system of veins. Other such names are familiar to students and teachers. In addition to the above and several others, I have formed for the remembrance of the surfaces of the orbital process of the palate bone, the word Moses, which represents the Maxillary, Orbital, Zygomatic, Ethnoidal, and Sphenoidal surfaces.

With regard to your dissection, you must sit by your part, and carefully trace each muscle and each important artery and nerve. You must be content with no slovenly performances, but endeavour to acquire an artistic skill; for just in proportion as you allow yourselves to fall into habits of carelessness, slovenly dissection, habits of inattention at lecture, habits of loose reading and still looser observation of the human body, so in the same degree do you run the risk of indulging in similar habits in the application of your medical and surgical knowledge to the patients at the hospital and in private practice. This is the answer to those who exclaim, "Oh, what's the use of cleaning this muscle, and what's the use of tracing this nerve. It won't help me in practice—it's of no consequence. They'll never ask that at the College." All these positions of yours might be right, and you might pass your examinations, and go into practice, and make yourselves agreeable to your patients as you ought to do, and do a great deal of business as represented by the account-books; but depend upon it it would make all the difference to you in the enjoyment of your profession, in your inner mental satisfaction, and in your appreciation of scientific labour, whether you have endeavoured to do that which your hand findeth to do with your might, and endeavoured to excel in what you have undertaken, or have been content with a minimum of attention, a minimum of work, a minimum of observation, and a minimum of examination of the cases in the hospital. For my own part, I dislike minimums. It is necessary to fix a minimum for examinations, but no man ought to aim deliberately—except under peculiar circumstances—at the attainment of a minimum. As Dr. Down observed in his introductory lecture, you should aim high. You may not always succeed, but you will have deserved success. If you aim at the minimum fixed by the College, I will not say that I hope you may be plucked, for, for the credit of the school, I might wish you to succeed; but I will say, at least, that you will not deserve to pass. And if I were to aid and abet any of you in this method of casting overboard everything that is not necessary for your examinations—if I were to make innocent Jonahs of some of the most interesting facts of anatomy—if I were to set before myself in this theatre as the great ideal of a professor's perfection "what they want at the College"—I should indeed be unworthy to occupy this chair. No, gentlemen, we will make special provision for preparing you for your examinations by holding classes for that purpose; but we will not in cold blood degrade any science by doling it out in the fragmentary and mutilated form which satisfies a corporate body which still stands greatly in need of reform. We will ask ourselves before lecturing on any subject how we can best teach it to you. We will enquire how we can best lay the foundations on which you may rear your medical and surgical knowledge. We will endeavour to condense and to generalise, and to avoid wearying you with details which may be more advantageously learnt at home from your text books; but we will set before ourselves no other principle than the relation of anatomy to the healing art. And if I, for my own part, could present anatomy to you in this relation according to the standard which my mind conceives, I should have little fear of any lack on your part of interest and attention. Never would there be a whisper heard of anatomy being dry, and of nothing being learnt at lecture. Such teachers of anatomy *have* existed and may exist again. Hear what Arnott says of Sir Charles Bell:—"In the lecture-room he was almost without a rival. His views were nearly always solid and always ingenious, while his manner and language enchained the attention of his audience. Dull indeed must have been the student who would have slumbered while Charles Bell was in the professorial chair. In his hands dry bones lived again, imagination investing them with the textures which had once clothed them. A muscle was no longer a mere bundle of fibres, arising here, inserted there; it was a guide to some important operation for the surgeon's knife, or kindling with some hidden fire betrayed by the anatomy of its expression the emotions which lurked within; and the flaccid artery on the table spouted forth its crimson stream, and demanded the arresting hand of the skilful surgeon, or threatened death as the alternative. In short, Sir C. Bell made his pupils think; and interesting as anatomy is as a branch of natural history, he taught them to value it most as a guide to the healing art."* The relation which a subject bears to the healing art is the true standard of medical teaching—the proper standard for examining boards to set before themselves in the demands which they make on medical students. If this relation were more clearly perceived and more thoroughly adhered to in the instruction imparted at our schools, and in the requirements of examining boards, a great deal of inappropriate matter would be removed from the curriculum; a great deal of interesting, important, and neglected matter would be incorporated in it; and a great deal of interest added to the study for the medical profession. This relation is the light by which I shall choose or reject anatomical details. Not seldom do I hear the opinion expressed that students should not be obliged to go deeply into anatomy, and should be relieved from learning minute anatomy. This opinion appears to me to be based partly on truth and partly on error. The erroneous element consists in the fact being disregarded that anatomical knowledge to be of any use as a foundation for medical and surgical knowledge, and as a basis for physiology and pathology, must be accurate and very often minute. The truthful element consists in the objection which the opinion raises against the introduction into medical teaching of details which merely burden and strain the memory without being really useful as a foundation for the superstructure to which I have referred. That anatomy must be sometimes minutely learnt is very obvious. How could you learn properly the diseases of the eye, or the diseases of the ear, or the diseases of the liver, without something more than a mere superficial knowledge of these organs? How can the diseases of the nervous system be understood without a considerable acquaintance with the course of the nerve fibres of the brain and spinal cord? A minute knowledge, or at least an accurate knowledge, of the various structural elements of an organ is necessary for building up a scientific medicine, and for the *presupposition* of disease on which Mr. Critchett dwelt in his introductory lecture. And, therefore, if you find me entering minutely into particular parts of the body, it will be because I consider such knowledge important.

A lecturer on anatomy must not be too ambitious. He must endeavour to confine his teaching to insisting on such anatomical facts as have a practical bearing, and such peculiarities as have an obvious use. He must endeavour at the same time to make his lectures something more than a mere repetition of that which the student will find in his anatomical text books. In this, my first full course, I cannot expect to be entirely successful. Ninety to a hundred lectures have to be given, and I am not a professor with a thousand a-year, and nothing to do besides lecturing but to spend the salary. I shall do what I can to be useful to you, and after Christmas shall commence my usual course of examinations with special bearing on

---

* I must plead guilty here to the offence, so strongly stigmatised by Mr. G. H. Lewes, of quoting at second-hand. I have taken the passage about Sir C. Bell as it appears in Mapother's Carmichael Essay, and I am indebted to the same source for the knowledge of the fact alluded to previously, that Vesalius inculcated the duty of recognising the bones by touch.

"what they want at the College." This course, however, will not interfere with the plan which I have always adopted of questioning the class at lecture. Sometimes it is a good plan to lecture for part of the time and examine for the rest. Mr. Cristopher Heath, I believe, uniformly lectured at the Westminster Hospital for three-quarters of an hour and examined for the remaining quarter. Sometimes I may think it more beneficial to adopt the excellent plan of Professor Humphry, namely, tell the class what to read up, and then examine upon it with additions and illustrations. Sometimes I may make the lecture a running catechism. Sometimes I may give a long lecture, sometimes a short one. Being somewhat of an eclectic philosopher, I prefer varying the mode of instruction according to the nature of the subject. With regard to questioning, some students I know feel an objection to it; they are naturally sensitive, and afraid of making themselves laughing-stocks by incorrect answers. This feeling soon wears off, but under any circumstances I recommend those who are not certain of the right answer to a question to say they do not know. It is the simplest plan, and one which involves no necessary discredit; as no one is expected to know everything that is asked him. Should any gentleman object to being questioned, I should always abstain from questioning him if he assigned a good reason for the exemption. It is not an essential part of the catechetical plan to hurt the feelings of anyone. We are all friends here, and I hope to see that good understanding grow up between the new students and myself which I am happy to think already exists between the lecturer and the students of the second year. This good and friendly understanding between teachers and pupils is the best preservative of order, without which no school can hope to flourish. "Order is heaven's first law," and we must look to the students to assist us in maintaining it. The reputation of a school does not rest solely on the ability of its staff, it is in the hands of the students also; and no loyal son of his Alma Mater would willingly act in any manner which would discredit her. The time has been when the London Hospital did not stand so high in the scale as it now does. During the last two years it has been rising and increasing. The members of the staff have applied themselves earnestly to the good work of augmenting the educational advantages of the college and hospital. They are still endeavouring to obtain funds for founding additional scholarships, and to secure the co-operation of the house committee in their plan of enlarging the school building, so that we may have larger space for the display of museum specimens, and may give the students what has long been a desideratum—a comfortable and commodious reading-room in addition to the library at the hospital. If you cannot aid us in any material manner, you can aid us by your sympathy and preservation of order.

Above all, reverence the dead. In one of my lectures on the brain, last year, I had occasion to remark that reverence for the dead was a proof of high organisation. All great peoples have set a value on human life and paid respect to their dead. Even among inferior races this feeling is not absent. The Chinese, who are not in the first rank as a civilised and intellectual nation, attach primary importance to an honourable interment. Shall it be said that the Caucasian race is inferior to the Mongolian—that the common orders among the Chinese show an example to Englishmen studying for the profession of medicine? It is given to us to learn secrets which are unknown and impenetrable to the outer world. Shall we not estimate this privilege at its proper value? Some of you may have seen a painting of Vesalius about to examine a dead body. The corpse lies upon the table, stiff and stark. On the one side stand two or three of the disciples of Vesalius, on the other Vesalius himself. His hand is raised as if about to use the knife. His countenance exhibits his emotions. It combines an expression of sacred thirst for knowledge, and a solemn awe at the dissolution of the mysterious union between body and spirit. He remembers that that corpse was once the temple of life—a temple never built by an earthly maker—and for a moment his hand is stayed. Gentlemen, let this reverence of a great anatomist be an example to you all.

◆

Original Communications.

CASE OF EXFOLIATION OF THE ENTIRE CALVARIUM AFTER A BURN, WITH RECOVERY OF THE PATIENT.[1]

By Richard J. Kinkead, A.B., L.R.C.S.I., Tuam.

A woman named Margaret Sweeny, 70 years of age, called on me at my house on the 10th of September, 1868, and requested me to examine her head, which had been burned. On removing the cloths, &c., from her head, I found that the bones were exposed and quite dry, resembling the skulls we sometimes find in an old churchyard, a portion of dead dried scalp being left island-like at the posterior part of the right parietal bone.

There was a ring of large flabby granulations surrounding the denuded portion of bones, which were portions of the frontal and both parietals. The granulations exuded healthy-looking pus in considerable quantities, bled freely on being touched or on removing the dressings. They exactly resembled in appearance the granulation met with at the orifices of the fistulæ in connection with diseased or dead bone. The bone felt quite warm to the touch. There was also a fracture of right parietal bone. The aspect of the patient was anæmic; pulse feeble, but regular; tongue dry, red, and glazed along the centre; bowels inclined to be costive.

History.—She stated that she enjoyed good health till about ten years ago, when she was seized with epileptic fits, which, to use her own words, returned about "three times a quarter." She was always temperate. About three months ago (June, 1868), when alone in the house, she fell into the fire during a fit, striking her head against the "hob" as she fell. She did not apply to any medical man until she came to me, and dressed the wound for three months herself. At last, frightened by the quantity of discharge and the length of time the wound remained unhealed, she sought for medical advice. At no time from the date of her accident did she suffer from any head symptoms, not even from a headache; the only thing that annoyed her was the great discharge and the offensive smell of the pus.

She was ordered dilute chloride of lime and quinæ sulph., gr. j.; ext. taraxaci, gr. ij.; pil. rhei, gr. iij.; ft. pil., bis in die. She was given good nourishment; total abstinence from all stimulants; to be out as much as possible in the open air when the weather was fine; to avoid cold, and to keep the bowels open every day; and, more particularly, to avoid straining at stool.

Sept. 17th.—Going on well; tongue clean and more moist; pulse slow, but fuller; bowels regular; less smell from discharge.

24th.—Skull partly separated at front and at right side. Pulsation to be seen at line of separation; discharge not so great from left side and posteriorly. General health good.

31st.—Process of separation going on. Health good; some slight neuralgic pains in right eye and temple.

Oct. 8th.—Skull nearly separated; feels as if top of head would come off when she coughs. Pulse fast; face anæmic; neuralgic pains bad; stomach irritable. Ordered dilute nitric acid and bark.

The process of separation went on gradually till the 10th of November, when the head, being washed, the dead portion of bone slipped off into the basin.

I saw the patient about four hours after this occurrence.

---

[1] Read before the Surgical Society of Ireland on Friday, December 11th, 1868.

She was quite cheerful, and said she felt better than before it came off. The dura-mater was covered with fluid healthy granulations; pulsation of brain not discoverable; only slight traces of the convolution to be seen. The surface was *quite flat*, as if the top of the head had been sliced off with a knife.

Since November 28th she is going on well, the ulcerated surface gradually healing from sides, secreting laudable pus, and only requiring simple dressings and the occasional application of unguent. nit. to repress the exuberant granulation.

There are several points of interest about this case, the most remarkable of which is the total absence from first to last of any cerebral mischief, as shown by symptoms at least. No headache; no confusion of thought; no paralysis; no affection of vision, or hearing, taste, smell, or touch. The woman having been subject to fits for ten years, coming on regularly once a month, the fits commencing, according to her own account, many years since she ceased to be unwell. No trace of organic disease of any organ, and the total cessation of the fits since the accident. The flat surface presented, after the calvarium came off, showed that, in this case at least, the brain did not fill the skull, which was not peculiarly flat. There being no effect for good or evil produced by the atmospheric pressure on the surface of the brain, helps to disprove Kellie's notion, "that as atmospheric did not bear upon the cerebral circulation, it could never vary."

◆

Hospital Reports.

ST. GEORGE'S HOSPITAL.

Dr. Ogle's Cases of Abdominal Tumours.

(Continued.)

Case XL.—*Very large abdominal tumour in the iliac region, which proved to be owing to hæmorrhage from ulceration of the aorta.*

James G., æt. 30, an intemperate house painter, was admitted June 1, 1859, having been ill for six months with pain in the loins and left hip, increased by stooping. There was no pain on passing water, but he complained of inability to empty the bladder. Four years before admission he had had rheumatism, but not since. For three months he had had pain in the left hypochondrium, but had been at work up to May the 24th. His complexion was sallow, and he was weak, with a cold skin and furred tongue, and loss of appetite. The pulse was 120, and very weak, and no pulse was felt in the left wrist. He had had but little sleep of late. On the day after admission, a large tumour was found, extending from the diaphragm above, to a line joining at right angles the anterior superior spine of the pelvis below, and bounded by the median line of the body on the right. It was smooth, solid, and hard to the touch, and pulsated visibly. No bruit was heard. Urine was scanty, and contained much lithic acid, but no albumen. The whole, but especially the lower part, of the tumour was tender, and the superficial veins were turgid; some observers suspected that the tumour was an enlarged spleen. The blood was found to contain an unusual amount of white corpuscles. Enemata of morphia gave great relief to pain, &c.; he took iodide of potash and bark. At 9 P.M. of the 4th of June he had been to stool; he fainted whilst getting into bed, and died in about a quarter of an hour.

Post-mortem examination.—The thoracic organs were quite healthy, excepting that the heart was flabby.

On opening the abdominal cavity, a quantity of blood escaped. The liver was healthy; the spleen was smaller than usual, and pushed upwards. A large tumour was found behind the peritoneum occupying the entire left of the abdomen, formed by a large clot of blood, firmer in some parts than others, but not decolorised or laminated in any part. The peritoneum was tightly stretched over the mass, and it could not be found where the blood had made its way into the peritoneal cavity.

The abdominal aorta was pervious throughout, and lay on the right side of the coagulum. The anterior surfaces of the two last dorsal and two upper lumbar vertebræ were very carious, and opposite to these diseased vertebræ there was an ulcerated opening in the coats of the aorta about as large as a silver penny, around which the coats of the vessel were thickened and reddened. From the healthy state of the rest of the vessel, and from the situation of this opening, corresponding exactly to the opening of two of the lumbar arteries out of the aorta, it was conjectured that the source of the hæmorrhage was the coagulum, and the pancreas and descending colon adherent to the implication in the disease of the spine of one of these small vessels at its juncture with the aorta. The left kidney was embedded in clot. The kidneys were healthy.

The fibro-cartilaginous discs between the diseased vertebræ were natural.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. Thornley Stoker, M.D., L.R C.S.,
Demonstrator of Anatomy in the Royal College of Surgeons in Ireland.

MEATH HOSPITAL.

RUPTURE OF THE FEMALE BLADDER—DEATH.

(Under the care of Mr. Collis.)

Julia G., æt. 26 years, a married woman, and the mother of six children, was admitted into the Meath Hospital December 10th, at 12 noon. She was a woman of intemperate habits; and on the night of December 7th had retired to bed under the influence of drink. She got up to pass water, but failed to do so, and in endeavouring to return to her bed she fell over the wooden foot-board and fainted; she was then lifted into bed, where she remained until morning, when she complained of pain in the hypogastric region, and inability to pass urine. She said that she felt as if "something had given way inside her;" and upon a renewed effort she passed a small quantity of water mixed with blood.

On admission to hospital, on the third day after the accident, she complained of pain and tenderness on pressure in the right side of the hypogastric region; her abdomen was much distended and tympanitic; and on introducing a large male gum-elastic catheter, about a pint of urine mixed with blood and clots was drawn off, about the same quantity trickling away afterwards.

A warm poultice was applied to her abdomen, and an enema containing castor-oil and tincture of opium was administered, as her bowels had not been moved for several days.

She then expressed herself much relieved, as the enema operated well, and removed a quantity of flatus; and about two hours afterwards she voluntarily passed several ounces of urine mixed with blood. She remained much in the same condition until 5 o'clock a.m., December 11th, when she commenced to vomit considerable quantities of dark-coloured fluid, and complained of great pain in the hypogastric region. She again passed a few ounces of urine.

The following mixture was ordered:—

℞ Acidi hydrocyanici dil. ♏xij.
Liquoris bismuthi, fl. drs. ij.
Spiritus chloroformi, fl. drs. jss.
Aquæ ad., fl. oz. vj.

Two tablespoonfuls every second hour.

Six leeches were applied over the hypogastric region, and a large warm poultice was afterwards placed in the same situation, and she was administered two grains of powdered opium.

Dec. 11th, 9 a.m.—Patient stated that she was much relieved, but lay in the attitude of peritonitis; the vomiting had nearly ceased, and the pain was diminished. She was ordered a suppository, containing half a grain of morphia, every fourth, and a tablespoonful of brandy in a cup of milk, every second hour. At 3 o'clock p.m., however, she suddenly began to sink, and at 5 p.m. she expired.

A *post-mortem* examination was made on the following day, when the pelvic portion of the peritoneum was found to be inflamed, and to contain about one quart of dark-coloured serum, but was free from any appearance of plastic effusion. The peritoneum was not ruptured, but on passing the finger over the anterior surface of the bladder, a cavity was found containing fluid of a urinous odour; and beneath this, where the viscus is uncovered by serous membrane, a large transverse rent was discovered. There was some effusion into the cellular tissue surrounding the bladder, but none into the labia. The coats of the bladder appeared to be quite healthy, but no attempt at reparative action had been set up.

The rarity of rupture of the bladder in the female renders this case of much interest; indeed, Mr. Collis believes it to be unique, the only accident at all resembling it which he is aware of, being one recorded by Professor R. W. Smith, the account of which may be found in the *Dublin Journal of Medical Science*, vol. xxv., page 176. The cases resemble each other, inasmuch as they were both caused by direct violence applied to the front of the abdomen, but differ in the situation of the rupture, in Prof. Smith's case the rent being in the posterior superior part of the bladder, while in Mr. Collis's it was situated anteriorly where the bladder is uncovered by peritoneum.

◆

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

December 8th, 1868.

Mr. W. P. Bain read a paper

ON A NEW AND SIMPLE METHOD OF INDUCING ARTIFICIAL RESPIRATION IN CASES OF ASPHYXIA FROM DROWNING, STRANGULATION, CHLOROFORM, POISONOUS GASES, &C.

Having spoken of the various plans that have hitherto been tried, and given full praise to both Dr. Marshall Hall and Dr. Silvester, and noticed the defects of their methods, he introduced a plan not known in this country, the invention of Pacini. It consists of placing a patient on his back on a table or bed, the operator having his abdomen against the head of the patient, placing his hands in the axillæ on the dorsal aspect, and then pulling the shoulders towards him with an upward movement at the same time. The shoulders are next relaxed, then the former movement is repeated, and so on alternately. In many cases operated on by this method the air makes a loud noise when it passes the larynx, as in snoring.

Dr. Bain was so impressed with the value of this plan that he determined to make experiments on it, as suggested to him by its inventor. In doing so he soon discovered two modes considerably superior, and throwing also somewhat in the shade the labours of Marshall Hall and Silvester. In experimenting on the dead subject he employed an india-rubber tube, one end of which was tied in the trachea, and the other communicated with a small spirometer, upon the principle of Hutchinson's, so that the passage of air to and fro the lungs could be easily observed by means of a scale showing cubic inches. He found that the simple process of raising the upper part of the thorax from the table by taking hold of the arms caused a considerable influx of air, varying with the angle that the arms made with the body. For instance: by raising the body by the arms at an angle of 45 degrees (towards the face) the air inspired would amount to 20 cubic inches. If the body were lifted by the arms in a vertical direction, the amount would be 15 cubic inches, and if pulled up by the arms at an angle of 45 degrees (towards the feet), the amount would be about 10 cubic inches. But by the first of these modes a quantity of air considerably greater than by Hall's or Silvester's plan was generally obtained.

Dr. Bain's best and simplest plan is founded upon Silvester's and Pacini's conjoined. Placing his fingers in the axillæ in their front aspect, with his thumbs over the outer ends of the clavicles he simply draws the shoulder towards him. On relaxing his hold, the shoulders and chest return to their former position, and the act is repeated. Thus only one movement has to be effected instead of three, and the fatigue of having to bear the weight of the patient's arms, as required by Dr. Silvester's method, is avoided. This is all accomplished in a more rapid manner than any other plan. The quantity of air inspired at each movement by this plan is about 30 to Dr. Silvester's 20, and as the operation can be conducted with much greater rapidity, the author considers that at least twice the quantity of air can be inspired by this mode than by any other yet known; and he expresses a wish that a subject which is of such practical importance should be further investigated.

Mr. Bowles said that Dr. Bain's description of the Marshall Hall method, was incomplete, and that, if so practised, it had not been fairly tried. Pressure on the spine when the patient was rolled into the prone position was an important element. In cases of drowning, the first thing to be done was to get rid of the water from the lungs, it having been proved by the experiments instituted by the Committee of the Society, that this water was the chief source of danger to life. The presence of water in the lungs of drowned persons had also been shown by Casper. In the case of a patient brought to St. George's Hospital, and who died there shortly after arrival, water was found in the lungs churned into foam by the air introduced by the diligent practice of Silvester's method. We do not usually find water in the mouth, because it escapes easily, even from the larger bronchi, during the transport of the patient; but it does not escape easily from the smaller tubes, and in them it may be soon churned into froth. There is no difficulty in the introduction of air into the chest, but the introduction of air is useless while the patient is in the supine position, and while water is retained. A person with suspended animation requires but little air, and any method will introduce enough. The important question is, By what method can the water best be got rid of?

Dr. Silvester remarked that injury to the parts entering into and surrounding the shoulder-joints, might occur in Dr. Bain's method. He thought it similar in principle to his own, but that it was safer to act upon the chest through the arms. He objected to frequency of artificial movement; if the movements were too frequent, air would not pass below the bronchi, as might be proved by the use of the stethoscope. Dr. Bain has been less successful with his (Dr. Silvester's) method than the Committee of the Society; he would himself undertake to introduce into the chest by means of it, not thirty or forty but sixty cubic inches of air. He was desirous to get rid of water when it was present, but did not believe that it usually entered the lungs. He had failed to introduce it even by injection; and, if it did enter, it could not be got out again either by the Marshall Hall method, or by position. The Marshall Hall method was not new, but had been used and reported upon by the Royal Humane Society a century ago. It was open to grave objections, and often seriously injured the patient.

Dr. Headlam Greenhow said Dr. Bain's method was the best, tested by the quantity of air introduced. He believed that water was distinctly inhaled into the lungs in drowning, when people fell into the water in a state of consciousness, and made efforts to breathe. Water was not found in the lungs at *post-mortem* examinations unless they were made soon after death.

Dr. Peacock suggested that Dr. Bain's and other methods should be referred to a committee for investigation.

Mr. Clover referred to the great importance of being acquainted with the best means of maintaining respiration in cases of suspended animation from anæsthetics; and expressed a belief that more of such cases than usual might possibly occur in consequence of the free use now being made of nitrous oxide. He thought, in chloroform cases, that the first thing to do was to expel the chloroform-laden air from the chest, and then to maintain artificial respiration. He found that respiration always stopped before the action of the heart; and he had himself used Silvester's method with great advantage. He had seen resuscitation after forty seconds of suspended breathing. He recalled to the Society Dr. Marcet's apparatus for supplying air to the lungs.

Mr. Carter confirmed Dr. Silvester's statement about the antiquity of the Marshall Hall method, which had been used by midwives in Dr. Marshall Hall's native county from time immemorial as a means of recovering new-born infants apparently dead. Dr. Marshall Hall stood in the same sort of relation to the method that Jenner did to vaccination. He thought that the best means of maintaining artificial respiration was the application of a Faradaic current to the phrenic nerves, where they pass over the scaleni muscles, according to the method described by Ziemssen. By this means patients apparently dead from chloroform, and from the inhalation of carbonic acid and of coal gas, had been restored to life; and recently Pernice had applied the same means successfully to new-born children, who could not be made to breathe in the ordinary way. One of the convenient galvanic batteries now made by Stöhrer and others should always be at hand when chloroform was being administered, or at places where deaths by drowning were liable to occur.

Dr. Barnes confirmed the remarks of previous speakers with regard to the inconvenience or danger of the Marshall Hall method as applied to infants.

Mr. Jones said that several years' experience as house-surgeon at St. George's Hospital led him to prefer the method of artificial respiration by intermittent pressure upon the parietes of the chest and abdomen. The difficulties of the Marshall Hall method were very great, especially with heavy or bulky patients.

Dr. Bain in his reply said, his only object had been to find the simplest and easiest method of introducing air into the lungs. He could not explain the better results obtained by his method, unless (the idea had only occurred to him during the debate), they might be due to the circumstance that the thorax was elevated directly, through the clavicles and sternum, instead of indirectly through the latissimi muscles.

DUBLIN PATHOLOGICAL SOCIETY.

January 9th, 1869.

Dr. McClintock in the Chair.

Dr. Jennings exhibited an interesting specimen of "Pericarditis," and in doing so expressed his regret that he was not in a position to lay before the Society the full particulars, *ab initio*, of a case so replete with interest, and which presented to the pathologist phenomena so unusual in extent.

The patient from whom it had been obtained—a man aged 42 years, of stout and muscular habits, and who had been admitted into the South Dublin Union on the 24th December, 1868—was suddenly seized with extreme collapse on the evening of the 27th; and when visited by the resident pupil was found lying on his back comatose, with livid and swollen features, and almost imperceptible pulse. From this condition he was roused, and then only partially and for the moment, with much difficulty, replying to questions with slow and indistinct mutterings, and instantly relapsing into his former state of stupor.

Under general and prolonged stimulation the heat of surface was somewhat improved, though no other change could be detected in his condition until the following morning, when it was remarked that his insensibility was slightly less profound, and that he answered more promptly and distinctly. On physical examination extreme dulness was found to exist on both sides of the chest except on the upper and anterior part of the right, where coarse and puerile respiration was audible. No heart sounds could be anywhere detected, nor could any pulse be felt at either wrist. His face was still congested and discoloured.

From this time he gradually sank till his death, which took place the following day at three o'clock.

On a *post-mortem* examination, for which he was indebted to his friend, Dr. Purser, who had kindly conducted it, the right pleural cavity was found nearly two-thirds full of serum, and the upper lobe of the right lung presented a puckered appearance, being also solidified throughout almost its entire extent. On section it was seen to be of a greenish grey colour, thickly studded with tubercle, and containing a few small cavities. The middle lobe also contained a few tubercles, but was generally crepitant. The upper portion of the lower lobe was likewise solidified and tubercular, the lower being still more solid and fleshy, and containing several patches of apoplectic effusion. The left pleura was intimately adherent throughout its entire extent, and the upper lobe of this lung was extremely solid and tubercular, as also the lower, which in the rest of its extent was, however, more or less crepitant. The trachea contained much tough mucus. The bronchial glands were enlarged and tubercular. The pericardium was closely adherent to the surrounding parts, the visceral and parietal layers being separated by a layer of lymph, in some places nearly half an inch in thickness; this was in parts soft and fleshy, and in parts closely adherent to the proper pericardium, which itself was very much thickened. The effusion of lymph was exceedingly abundant about the base of the heart, completely concealing the origin of the vessels and the auricular appendices. On the right side the valves were healthy, but the muscular structure of the right ventricle was somewhat thickened, and had in parts, especially at the apex, apparently undergone fatty degeneration. The pulmonary artery was healthy.

The walls of the left ventricle were soft and of yellowish brown colour, and apparently fatty. Both the mitral and aortic valves were healthy. The apparent enlargement of the heart was due to the deposit of lymph on its surface.

The adventitious coat of the aorta was seen to be studded with numerous small extravasations, and the vessel when opened presented an extremely advanced state of atheromatous degeneration, the inner coat being thickened, wrinkled, and covered with spots of atheroma, some of which had ulcerated, and others formed broad bony plates.

Dr. Jennings remarked that the case which he had just recorded presented many features of no ordinary interest, not merely as an instance of sudden death, which many might pardonably have, without examination, attributed to central agency, but also from the strange latency of all symptoms of suffering during life—a fact which was rendered still more inexplicable when it was borne in mind that these various morbid changes, which had reached so extraordinary a degree of development as to seem incompatible with the continuance of life, had undoubtedly been produced by repeated attacks of acute and intense inflammatory action; yet, nevertheless, neither had the patient made any complaint while under his observation until immediately before his death, nor, so far as he had been able to ascertain, had he been at any time under medical treatment.

December 12th.

Mr. Collis exhibited a circular piece of bone which had come away by exfoliation from a trephine wound, which he had made in the centre of the tibia of a young gentleman who had contracted syphilis five or six years previously. Since then he had been abroad, and had suffered from periostitis engaging the greater part of the bone; besides this, however, he complained of a very severe pain in the tibia, which he described as of a bursting character. He had been under the care of several medical men both in this country and in England, and said that he had taken large quantities of iodide of potassium. The entire length of the bone was thickened. Dr. Collis came to the conclusion that it would be necessary to trephine the tibia. He accordingly proposed it to him, and he at once assented to the operation being performed. On proceeding to operate he found that not only was the bone of double its ordinary thickness, but it was of such extreme density that he broke two trephines before he got to the centre of the medullary canal; and he would not have succeeded but that he had by him Mr. Samuel Smith's augur, which enabled the operator, once he got into the bone, to go through it with great rapidity. The patient said that from the moment the cavity was opened the peculiar bursting sensation disappeared.

This patient was three or four months under his care. He would not allow the wound in the bone to heal, until by degrees the inflammatory material had drained away, and until all pain in the limb had disappeared. He was now able to walk about, and the wound was completely cicatrised over. This case was especially instructive, as it proved that all cases of this kind should be examined with great caution; for with a man who had had syphilis, and complained of these pains, it might naturally be supposed that there was nothing but periostitis the matter.

The next case to which Mr. Collis directed the attention of the Society was one of cancer of the penis, which he had removed during the present week. It had as usual engaged a large portion of the prepuce, and somewhat involved the glans. It commenced ten years ago as a fissure of the prepuce, which had been slit up, not through the fissure, but at some distance from it; this, however, had not checked the disease. One peculiarity of the case was, that the age of the patient was only 35, though he looked at least ten years older, owing to the whiteness of his hair and the pallor of his countenance, and in consequence the disease must have originated when he was 25 years of age. It was very rare at this early period of life to find cancerous disease, whether epithelial or scirrhus, in this locality. There was no appearance of engorgement of the glands in the groin. Although the disease had extended but a short way up the corpus spongiosum, he removed about an inch of the organ.

Mr. COLLIS then exhibited a specimen of ruptured bladder in the female, which he considered quite unique. A full account will be published amongst our Hospital Reports.

Dr. LITTLE exhibited the brain of a man aged 32, which presented the following morbid appearances:—Over the frontal convolution on the left side the arachnoid sac wos completely obliterated, and the dura mater inseparably united to the grey matter beneath, as far back as the fissure of Rolando, except at one spot somewhat above and behind Broca's region, where a firm well-defined tumour, growing from the under surface of that membrane, and the size of a filbert, had made for itself a bed in the brain structure. The patient was brought to the Adelaide Hospital in October by his wife.

He had a vacant expression of countenance, and was feeble on his limbs. He understood what was said to him, but had considerable difficulty in finding words for reply. He had been seven years in Bengal, but when asked in what stations he had been he could only remember Calcutta. He could not tell the name of the street in which he lived. He had also difficulty of articulation, speaking like a person with an acute tonsillitis.

On examining him he found that he had an induration on the prepuce, and also found on his legs several of those scars which they were accustomed to associate with syphilitic eruptions. From his wife he learned that he went to India as a soldier in 1858, came home in 1865, and married in 1866; his wife miscarried when three months pregnant on the first occasion, and when seven months on the second occasion. Since his death she has given birth to a living healthy child. For the first year after his marriage he had severe pains, which were worse at night, but otherwise he was in good health till the summer of 1867, when he became cross and irritable; and in October he was suddenly seized one evening with a violent pain in his head, of which he complained incessantly till July, 1868, when his wife noticed his becoming silly, and in October of the present year he had a succession of epileptiform fits. These were succeeded by difficulty of articulation, difficulty of swallowing, and great feebleness of the limbs.

In that condition he came into hospital. He lived a few weeks, passed his motions under him, became more feeble every day, and so died. The only morbid appearances were those he had already described. They corresponded with those described by Dr. Wilks in connection with syphilitic disease of the brain, the whole subject of which was so ably dealt with by Dr. Barton in his recently published work.

MEDICAL BENEVOLENT FUND.

THE annual general meeting of this charity was held on Tuesday, January 12th, Dr. Lloyd Birkett being in the chair. In the Report of the Committee it was stated that one hundred and six cases had been relieved during the year. The total amount thus expended being £855.

In several instances grants from the fund had been made conditional on a certain additional sum being raised by the friends of the applicant with excellent results.

The number of annuitants at present is 27, and it is hoped that the Committee will soon be able to add to these as the candidates are numerous and many of them in most distressed circumstances.

The Committee and officers for the ensuing year were elected, and the thanks of the meeting were given to Dr. Broadbent, who resigned, after holding the office of honorary secretary since 1864.

The successor appointed to the somewhat arduous duties was Stamford Felce, Esq.

In conclusion, a vote of thanks to the medical press was moved by J. H. Hills, Esq., and unanimously carried. Every disposition had been shown by the editors of the various journals to aid in bringing the charity before the profession, and the principles on which it is conducted cannot fail to recommend it when they are known.

All the work is done gratuitously by members of the Profession, and those who require the aid of the Fund have only to show that they are really in need, and that their position is the result of misfortune, and not of misconduct, and assistance is at once given without canvassing.

◆

Literature.

THE class of work to which this book belongs[1] is one which has only made its appearance during the past few years. Our fathers had many more difficulties to contend with in the study of medicine and surgery than we have; their educational works were limited in number, and such a thing as a text-book, or short compendium of any branch of medical science or surgical art, was almost unknown. We now find the tendencies of authorship changing in this respect, and many small outline works issuing from the press. The alteration is in part due to the fact, that the more any science progresses, the more arbitrary it becomes, and as its limits define themselves more clearly, its disciples can more readily express their ideas in a concise form; also, perhaps, in some degree to the demands for an improved system of medical education, and the efforts made to meet them. Mr. Bell's book is one which we can safely recommend to the attention of those for whom it has been written—students and junior practitioners—and particularly to gentlemen competing for the Military or Naval Medical Services. It endeavours in no way to assume the place of a "system" of surgery, or to deal with the general considerations of operation, such as may be found fully expressed in the larger works upon the Science and Art. It purports to be no more than it really is—a very concise and clear account of the principal surgical operations, without any attempt at historical completeness or particular detail.

There are, perhaps, a few points in which we think the book is faulty or imperfect to some slight degree; for instance, we hardly understand why in such a work no mention is made of acupressure, more particularly when it is written by one who confesses to "northern proclivities," and who is a fellow-countryman of Sir James Simpson; nor can we agree with the author in considering deligation of the anonyma an operation "by no means so difficult as might be expected." In this, perhaps, most surgeons will hardly coincide with him, for even when the vessel is in a normal situation, its ligature is difficult enough, to say nothing of the alteration of its position and relations which may result from disease.

◆

CESAREAN SECTION PRODUCED BY CAUSTIC.

A SINGULAR case is related in the *Philadelphia Medical and Surgical Reporter*, in which Vienna paste was substituted for the knife in opening the abdominal parietes. It occurred in the practice of a French surgeon. The patient in the sixth month of pregnancy, was found to have the fœtus developed in the right Fallopian tube. It was apparently dead. Her health was failing fast, and there was reason to fear that the operation with the knife would prove fatal. Under these circumstances, a strip of adhesive plaster with a slit four inches long and a half an inch wide was secured over the prominent portion of the tumour, and a thin coating of Vienna paste applied along the fissure for three minutes. The pain was violent. In two days more the caustic had eaten through the oblique muscles down to the fascia and now it was again applied for five minutes, with trifling pain. On the removal of the dressing the next day, an opening through the abdominal walls was discovered, which was enlarged by the finger, the parts having been disintegrated by the caustic. Through the opening by careful manipulation and dismemberment, a fœtus of normal size was abstracted. The cavity being cleansed, an examination showed that an agglutinization of the parts had been effected, the inflammation being local and not involving the peritoneum. The patient was calm, without pain or distress, and the pulse normal. In a few days more, when the edges of the opening were clean and healthy, adhesive strips were applied. She improved rapidly, and sat up in bed in twelve days after the removal of the fœtus. Two weeks after this, when the wound was nearly closed, the cholera which invaded the hospital, carried her off.

---

[1] A Manual of the Operations of Surgery. By Joseph Bell, F.R.C.S. Edin. Second Edition. Edinburgh: Maclachlan and Stewart. 1869.

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price 5d. Stamped 6d.*

By Post to Annual Subscribers, £1 2 6
„ *If paid in advance,* 1 1 8

⁂ Post-Office Orders and Cheques to be drawn in favour o
A. A. TINDALL, 20, King William-street, Strand, London
„ 3, Lincoln-place, Dublin,
MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.
MESSRS. KELLY and PIET, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 20, 1869.

PAUPERISM.

THIS great evil of our large cities continues to occupy public attention, and the discussions lately opened will be followed by others of equal interest.

The facts accumulated, and that have already been recited in forcible papers by Drs. Hawksley, Stallard, and others, are likely to produce an impression on the public mind ; and without necessarily adopting their conclusions, we can heartily rejoice that their statements have been so widely disseminated. To hear that pauperism in the metropolis alone has nearly doubled in the last decade is certainly startling, and other figures have been published which give still greater cause for anxiety. The expenditure of course increases in a still more rapid ratio, and the striking point is that this expenditure seems to reveal that the increase of pauperism is due, not to the disabled paupers, but to the much larger class who get indiscriminate out-door relief. This shows that while our workhouses have been scenes to make a civilised country blush, more than enough money has been contributed by ratepayers to render them all they should be, and this money has been squandered in bestowing useless alms by way of assisting other poor persons. Dr. Stallard relates a story about Whitechapel which is a disgrace to the Board of Guardians. The number of persons in that parish who claim assistance from the Poor-law medical officer had increased from 5,000 to 20,000. Dr. Stallard says that the relieving officer has been known to cry out to the crowd of paupers, "Who wants an order for the doctor?" and that people took the orders, well or not, because through the doctor they had a chance of more liberal relief. Of those who took these orders nearly half were improper objects. Now we defy any board to institute a more disgraceful practice than this. For the doctor to be thus turned into a relieving officer, and overburdened with work he never contracted to fulfil, is a fraud upon him, besides which it encourages a spirit of pauperism in the population which a wiser course would tend to remove. We protest against such a thing as an iniquity degrading alike to every one concerned in it, and of the utmost danger to the community.

What is the remedy for this state of things? That is a question on which great difference of opinion will prevail. It has been proposed by some members of our profession to institute a scheme of public employment for the able-bodied poor. This we are convinced this country, with the lamentable examples of its Continental neighbours before it, will never consent to. It has been argued that starvation is the natural stimulus to work for the able-bodied but idle. Dr. Stallard, with a certain degree of force, replies that in a country where so much indiscriminate charity exists, starvation is by no means a necessary consequence of idleness; that if it continue for any length of time physical incapacity results; and that want of work with consequent destitution is often beyond the labourer's control. Plausible, however, as this reply seems, it is not enough, nor does it by any means show that the question has been sufficiently investigated. It is easy enough to devise a grand scheme of public employment, but we imagine it is altogether a different thing to prevent it from becoming a danger to the State. It is a fact that such plans have always undermined the securities of society, and not unfrequently brought infinitely greater evils than they can be supposed likely to restrain.

It is recognised, we admit, by the advocates of public employment, that such work must be strictly limited; but once bring the scheme into operation and such limitation would, we fear, prove practically impossible. The philanthropists would maintain that the limit must enable a man to support his family in health, and the "right to work" to that extent once conceded, the State would become the only employer. Even those who earnestly support the proposed innovation would hesitate if they saw clearly that this must follow, and we think that our statesmen are not at all likely to omit to look along the vista set before them far enough to discern shapes of terror distinctly enough to deter them from entering on the path.

EDUCATIONAL REFORM, No. VII.

ALTHOUGH the arguments in favour of the possession by the Medical Council of an absolute authority in educational matters have not been exhausted, enough has been said to prove the expediency, and even the necessity, of the change. The results which this change would be likely to produce have been pointed out in our preceding articles, and constitute some of the strongest of the arguments in its favour. We are not so sanguine as to suppose that the profession will arrive at these results very expeditiously, for, if we are to judge by the past, progress will be effected by slow and painful steps. But still there seems to be an earnest spirit abroad which will not suffer the great questions at issue to be shirked or shelved. There is a tendency to greater union within our ranks. Organisations such as the Medical Teachers' Association and the Medico-Political Association have sprung into existence, and are not inclined to sink into cyphers. The latter, indeed, appears at present to be in a state of hybernation, but the former has been amending or rather altering its report. We cannot say that we are altogether satisfied with the alterations, nor can we think that medical students will be satisfied, or that the great body of the profession will be satisfied with the proposed curriculum. It is, however, a great point gained to have passed the report, defective as we think it in some important respects. We will not dwell now on what we think ought to be altered because we can incorporate our remarks with the discussion of the medical curriculum. Into this subject we are about to enter and propose almost immediately to turn our attention to the course of study and examinations which in our opinion should be undergone by those who are to enter the medical profession before the minimum qualification is conferred. We shall not minutely discuss the proper mode of teaching each individual subject, as that is a matter of detail which under our system would be thrown upon the schools to determine for themselves, but we shall treat each subject with a view of deciding upon the amount of knowledge which the student should acquire, and when and how he should be tested in that knowledge. These are points on which it is extremely desirable to collect the opinions of our professional brethren without delay, and we invite an exhaustive discussion of them. We are ourselves most anxious that the whole subject of educational reform in all its branches should be thoroughly ventilated before the next meeting of the Medical Council. At its last sitting Mr. Syme proposed and carried the motion, "That a committee be appointed to consider and report how the various subjects of medical education which have been deemed requisite by the Council may be taught with most advantage, in what order they should be studied, and how the examinations in them ought to be arranged." A committee was appointed, and drew up a letter requesting information on the points of inquiry, and signed by Mr. Syme, the chairman. A copy of this letter was said to have been forwarded to all the teachers in recognised medical schools, but it miscarried in our own case, and did not reach us. Subsequent advices recorded in the medical journals state that the committee has collected a large body of evidence. It will, of course, draw up a report for the next meeting of the Council, when an important debate may be expected.

Whether it will result in any practical conclusion beyond the ordinary "recommendations," or whether any definite plan of action for the future will be decided on, must be dependant to a great extent on the attitude assumed by the Profession. It is a matter of the greatest difficulty to obtain a clear and combined expression of professional opinion in the form which would authoritatively show what the general opinion really is, and beneficially influence the progress of legislation. There are the best of reasons for believing, and asserting, that the profession is thoroughly dissatisfied with the composition of the Council, and with many clauses in the Medical Act. They are beginning to see clearly that at the bottom of the great question of Educational, and therefore of Corporate Reform, lies reformation of the Council itself. Add to the Council representatives of the Profession, make it a thorough representative body, give it absolute authority to enforce uniformity on fair and honourable conditions to the corporations, make it the medium between Parliament and the Profession in regard to legislation affecting professional interests, and all the results for which medical men have been sighing and labouring would be obtained in a twentieth part of the time which they would otherwise occupy with the circumlocutory machinery now at work. Shall we ever effect our object by means of endless committees, endless reports, endless discussion of these reports, endless adoption of recommendations, endless visitations to see if the recommendations have been carried out by the nineteen corporations, endless discoveries that some of the licensing bodies refuse compliance, endless committees on the refusals and answers of the nonconforming and conforming Boards, endless recommendations throwing overboard former recommendations, which, like the demand for Greek, were premature; endless collection of material which, according to Dr. Paget, could only have been collected by a Royal Commission at the cost of thousands of pounds, but which no one ever looks at out of the precincts of the Council? We trow not. Why not make short work of the matter and at once agree among ourselves what amendments are required in the Medical Act of 1858, and then never cease to agitate until we have obtained our requests? Governments do not favour us, and are inclined to snub us, but if they will not "rise and give us the three loaves" we ask for because they are our friends, our "importunity" must extort them. What were the words, in 1867, of Dr. Alexander Wood at the Medical Council? "Those of us who were engaged in the struggle which resulted in that misshaped, misbegotten Bill which we have sat nearly ten years in trying to administer, know very well that even that wretched miserable Bill would not have been entertained unless year after year the various bodies represented at this table, and the Profession generally, had besieged the doors of the House of Commons until, at last, in self-defence, in order to get rid of our importunity, tney were obliged to pass the Bill. Our remedy is to resort to the same process again, laborious, difficult, and disagreeable as it may be. We are not delegates, but representatives from the different bodies; but I think that we have, perhaps, a little erred in not taking the bodies that we represent sufficiently along with us in our struggles for Medical Reform. You cannot take up a single number of a medical journal which refers to the Medical Council without seeing that we are taunted with not having done things that the present Medical Act renders it impossible for us to do. The utmost ignorance prevails among medical practitioners in regard to the powers which we possess under the Medical Act, and we are continually blamed for not exercising powers which the law has not given us. Now, let us throw ourselves back upon the bodies we represent, and the Profession generally, who feel the necessity for the reforms for which we have been contending, and let us before our next meeting stir them up to besiege Parliament for a proper measure that we may be able satisfactorily to administer." "Beautiful language!" as Mr. Joey Ladle observed. But what has come of it? Did Dr. Alexander Wood take any steps to put his views in force? There was no evidence that he had done so forthcoming last Session. Dr. Andrew Wood proposed that the Council should consider its constitution, and the question of the direct representation of the registered practitioner. Dr. Alexander Wood, though willing to go into committee in a general way, not only did not support Dr. Andrew Wood, but abstained from voting on his motion. Yet surely he must have been well aware that if there is one reform more than another in regard to which he could rely on the support of the Profession, it is the reform of the constitution of the Medical Council. But possibly Dr. Alexander Wood is not an advocate for an alteration in the constitution of the Council. If not, what is the grand scheme of reform which he had in his mind when he exhorted the Medical

Council to fall back on the Profession? Let him produce his plan, and let him state how he would propose to "stir up the Profession" in its support. He is bound down by his own words to do it, and we call upon him to redeem them without delay. He has a great opportunity; the opinion of the Profession is ripe, but the Profession is in want of a leader of ability and influence. A member of the General Medical Council, in Dr. Alexander Wood's position, might at least obtain a committee to collect professional opinion on the amendments required in the Medical Act, to draw up a draft Bill embodying all the practicable and desirable amendments, and then appeal to the Profession to ensure its passage. Nothing could possibly have been a more "lame and impotent" conclusion than the adoption of Mr. Syme's amendment last year, that it was inexpedient for the Medical Council, under existing circumstances, to take its constitution into consideration. The arguments used in favour of the amendment went merely to show that it was unlikely that an amendment of the Medical Act could be passed at an early date on account of the state of political parties and Irish Church discussions. But because no Bill embodying a reform of the Council could be carried this year, was precious time to be wasted and nothing at all done? Even supposing that the Council could not have succeeded in getting a Bill passed till 1870, was that a reason for deliberately wasting a year of the interim? Was it not rather a strong argument in favour of organizing the Profession for an united effort, for thorough inquiry, for collection of opinion, for digestion of material thus collected, and for maturing a plan of action? Unless the Medical Council assumes the lead of the Profession, becomes the "minister and interpreter" of professional opinion, the faithful reflex of the real wants and true aspirations of medical men, it will degenerate into a cumbrous engine for the production of wasted words and worthless work, at an annual cost of 4,000*l*., or 5,000*l*., a year. For such a sum the Profession looks for a fair equivalent. We do not underrate the good which the Council has achieved. It has been placed by the Legislature in a position of no mean difficulty, and up to the present time it has felt the necessity of proceeding "delicately." But it is very evident, from its mode of discarding Greek, and from other symptoms, that it has nearly come to the end of its tether, so far as further good can be expected to issue from "recommendations." It may be true, as Dr. Burrows said in his opening address in 1867, in regard to the "Visitation of Examinations," that "a more rigid, uniform, systematic plan might, in the first instance, have met with more opposition, might have given rise to heartburnings, and afforded less satisfactory results than have been obtained by the cautious, tentative, but more imperfect system which we have hitherto adopted." But the time has now arrived for a bolder policy. The members of the Council may possibly think, with Bacon in his "Essay on Boldness," "that boldness is a child of ignorance and baseness, far inferior to other parts." Bacon, however, as Whately observes in his Annotations, had "that over estimate of those who are prudent which is rather common. The failures, that is, the non-success of the over-cautious, cannot be distinctly traced. Such a man only misses the advantages, often very great, which boldness and free-speaking might have gained. He who always goes on foot will never meet with a fall from a horse, or be stopped on a journey by a restive horse; but he who rides, though exposed to these accidents, will, in the end, have accomplished more journeys than the other." We shall be glad to see the Medical Council on horseback,—provided it does not direct its horse's head towards the proverbial destination of beggars similarly situated.

SCOTLAND.

EDINBURGH.

The Medical Missionary Society was held on the 9th instant at St. Andrew's square, when a paper was read by Dr. Grainger Stewart on the "History of Medical Missions."

THE INFIRMARY AND THE MATERNITY HOSPITAL.

Sir J. Y. Simpson has written to the *Scotsman* on the subject of hospitals, particularly those of Edinburgh, and, from some introductory observations, he lays down four propositions:—1. About three times as many patients die after limb amputations in our large hospitals as die from the same operations in private and country practice. 2. Hospitals seem generally to be much more healthy when first built than after they become used for some years. 3. To reduce the death-rate from operations in our surgical hospitals, we should, perhaps, specially strive to assimilate the form and arrangements of these hospitals to the condition of patients in private and country practice when these operations are so much more successful. 4. If permanent stone and lime structures are raised, there should be many wards of reserve, so that every ward should be duly cleansed and fumigated every few months in turn.

The inference from these propositions he states as follows:—

"Hence, I believe, the larger the area over which our new hospital is spread, the safer and the better will it be for the patients. If retained in the present site I hope many acres of ground will be added to it behind, from the Pleasance side. If moved to Watson's Hospital grounds, I trust that, in addition to these grounds, those belonging to the Poorhouse will also be secured without fail. It is our duty to place the inmates in our hospitals under every possible means to avoid contagious diseases in either the wards or airing grounds, as well as to ensure and expedite their recovery by the best hygienic form of the buildings, I hold that a new Maternity Hospital should be built in connection with the new Medical Hospital. It should certainly not be large; should be built cheaply, and with temporary rooms and wards; and should be a structure, like the Lock, Fever, and Small-pox Hospitals, separated from the other hospital buildings."

GEORGE WATSON'S HOSPITAL.

A correspondent of the *Scotsman* of Thursday reminds the Merchant Company of the price they put upon their property in March, 1867, and observes:—"We have all heard of Midas with his *long* ears, at whose wonderful touch everything became gold. Have the Merchant Company with their *many* ears inherited this wondrous gift of transforming £26,265 in the year 1867 into £45,000 in the year 1868?"

LARBERT.

The Scottish National Institution for the Education of Imbecile Children has at present within its walls fifty-eight children of various ages. Dr. Addison is the Medical Superintendent. It is said that he has a gentle touch and a pleasant word for all, and they brighten up with evident pleasure when he approaches. With increased funds greater good could be done.

DUNDEE.

The spinning and weaving trade is in a depressed state in this town. It was agreed to adopt short time by way of reviving it; and as there was a large amount of distress, it was resolved to establish a soup kitchen for the partial relief of those who required aid.

ST. ANDREW'S.

By the munificent bequest of the late Colonel and Miss Wilson, about ninety tons of coal have been distributed amongst the deserving poor of the parish last week.

SELKIRK.

At the usual monthly meeting of the Town Council, Provost Anderson reported that the committee appointed at last meeting of Council to watch over the St. Mary's Loch Water Scheme had met with the manufacturers and others interested in the matter, and that the feeling of the meeting was decidedly in favour of opposing the measure. To carry the water from St. Mary's Loch to Edinburgh would, he said, be to take away the natural supply of Selkirk, and he recommended that the Council should petition against the bill promoted by the corporations of Edinburgh.

Mr. Bathgate said he disclaimed anything like hostility to the people of Edinburgh, but it seemed to him as if they entirely ignored the wants of this district.

THE WEATHER.

An M.D. in Ross-shire, writing on this subject, says:—

"If the Gulf Stream—a current of the ocean—brings with it not only a warmer water to our shores, but occasionally the products of a tropical climate, why may not a current of the atmosphere do the same? Whence the occasional tropical birds, perhaps also the mosquitoes? And was the bad form of typhus fever, so fatal in some localities, but a modification of *yellow fever?* Who yet knows what fever poisons really are—whence the actual sources of fever—and how to class and even name them?—a question decided only by the Registrar-General for the sake of classification in his returns."

EXPENSE OF THE NEW WATER SCHEME.

This subject was discussed at the last meeting of the Edinburgh Town Council. Several motions were made, but at length the Council was counted out before a division was taken.

It was debated again at the quarterly meeting of the Edinburgh Chamber of Commerce and Manufactures. Plainly it is a subject on which much difference of opinion exists.

The Royal Scottish Society of Arts held its usual meeting on the 11th instant, in the Hall in St. George street, when, at the request of the Council, Professor Fleming Jackson delivered an Address on "Technical Education."

A **banquet** was given on Thursday night by a large and influential company, in the Douglas Hotel, to the Right Hon. the Lord Justice-General, in honour of his election to the Chancellorship of the University of Edinburgh.

◆

GERMANY.

(FROM OUR OWN CORRESPONDENT.)

VIENNA, DECEMBER 31.

There are in Austria a good many physicians who seek their specifics after the Hahnemannian dogma, *Similia similibus curantur.* And the following is the latest application of their practice and teaching:—

1st.—Each new remedy must be examined by many persons, who take it internally.

2nd.—The symptoms which are observed in the majority of the examinations are called *pathogenetical symptoms*, and when they are found in invalids with the same temperament or age, resulting from the same reason, aggravated or ameliorated by the same conditions, then they are also the characteristic symptoms for the remedy, and will cure the patient.

3rd.—The *dose* for the invalid should be always much smaller than the least which produced a pathognomonical symptom. It can vary from the original substance (mother tincture) to the thirtieth dilution or trituration of Hahnemann. Ozanam asserts that spectral analysis can detect the substances in the tenth dilution (!)

4th.—It is not allowed to mingle two remedies in the same prescription.

5th.—When a remedy had produced an effect of the same kind (a violent one is a very good sign of crisis) it must be stopped immediately, and should not be continued until the effect is passed.

6th.—When amelioration takes place the remedy must be administered less frequently.

But the homœopaths of Austria are not yet united. They have, like Protestants, different sects. One follows implicitly the dogmas of Hahnemann, others desire to combine them with the principles of modern science. The homœopaths have a society of which each member is obliged to prove a remedy on his own body. The little societies in the single towns or provinces have their centralisation in a central union, which has its residence at Leipzig.

The homœopaths have three hospitals at Vienna and two clinics; but they have lost in late years their leading men, also in the different provinces of Austria they have hospitals and societies for proving remedies. The president of each society gives to each member a phial full of a substance which is known but by himself. Members do not learn the name before they have all tried the remedy on their own bodies, after having described beforehand the state of their health, temper, occupation, manner of life, and having analysed their urine, which they continue once a week.

At Ling, the capital of Upper Austria, happened the following interesting incident. It must be *unicum in historiâ.* Two of the first physicians called into consultation one of the homœopaths, requested him to continue the treatment of a case of scirrhus of the stomach in a countess, and begged him to allow them to meet him at his visits and to see prescriptions.

The hospitals at Vienna are seldom visited by students of medicine, only by the doctors who have already finished their studies. The Austrian homœopaths have their own journal, as the central union at Leipzig its own. In Austria it is allowed to the homœopathic physicians to *dispense* their remedies themselves; in Bavaria and Saxonia not. At the great congress of German naturalists and physicians held at Carlsbad, Dr. Hoppe (not homœopath) proposed that every physician—to whatever school he may belong—should have the right to dispense himself, if he desire, the remedies he prescribes. In former times that right was possessed by all physicians. The traditional school of medicine at Vienna and in Austria continues in the old paths. Its disciples are very numerous. They mingle the principal remedies—the *adjuvans*, the *excipiens*, the *corrigens*—and sometimes two or three of them (any of which could do good in a doubtful case)—all these in one mixture, or ointment, or plaster, and the higher the dose the greater they think will be the good effect. They bleed by phlebotomy and by natural and artificial leeches; they put on sinapisms and blisters; they use dry and bloody cupping. These and other means they prescribe at the same time, not wasting time by waiting for each of the various remedies to show or develope its own effect, as they do not believe it is destroyed by the dose being repeated too often, nor by remedies given at the same time, as chemical agents, antidotes, &c. For whatever disease, when there is constipation, a purgative is given at the beginning, and this is repeated when needed during the treatment. When there is much pain, opium, or morphine, or cherry laurel is given. Sometimes these palliatives are abused, and this has been the case more since the introduction of the plan of subcutaneous injection. Morphia is constantly used by this method by the first operator and professor of surgical clinic at Pesth, Professor Balassa.

The new physiological school of Vienna, called sceptic, nihilist, or expectant, has separated itself entirely from the good old traditional or palliative school, and is said to sympathise to some extent with the homœopaths. The physiological school condemns (in principle at least) the mingling of many remedies together, and prefers simple prescriptions, many of them being convinced that the "do nothing" is safer than the "do anything" plan. They say globules contain nothing more than sugar, therefore are equal to zero. The expectants avoid pretence, and conscientiously give nothing; but the homœopaths give nothing, and say, notwithstanding, that they have given something. They respect diet and regimen as much as homœopaths, and attribute all the good results of the last to careful regulation of them. Therefore the physiological school says the homœopaths are not stupid, but they are cunning charlatans, whilst the old traditional school says the homœopaths are both imbeciles and charlatans.

In conclusion, the Vienna modern school resembles the state of Spain after the banishment of Isabella. They have pushed down many of the old columns of the temple of Hippocrates; they still try every column which is not thrown over to see whether it is firm or upright. Even one of the greatest friends of the modern school, the poet Frankl (himself a physician) has described the state of anarchy in the medical kingdom. In "The Modern Hippocrates" he castigates with caustic satire the errors of all the different schools, and principally those of the physiological, of which the aim is to verify correct diagnosis by *post-mortem* exploration: treatment is their last care.

They have pushed down the old gods, but do not know what new god they should put on the throne in place of the old. The revolution is not complete.

Now, not to dwell too long on these hostile schools, let me introduce a trifle of a practical kind in regard to diphtheria. This is desirable, because in my next letter I wish to describe another school, and then in another the many specialties that exist in Vienna.

The egg of Columbus in treating diphtheria.—The observations of Hallier, at Jena, teach us that the chief cause of diphtheria and other diseases is attached to a volatile contagium—that is to say, the seeds of a fungus; and Dr. Grauvogel, chief physician of the military hospital at Nuremberg, discovered that they are to be found principally at the union of the posterior part of the nose with the posterior part of the mouth—both passages for the air. He found that touching them with alcohol (spiritus vini rectificatus) is the best remedy; that whenever spirit of camphor did good to anybody, it was not the camphor but the spirit of wine, because every good housekeeper knows that the fungus on the surface of her preserves is destroyed by brandy or any spirit. In order that the alcohol could reach each part of the mouth, and the posterior parts of the nose and pharynx, Dr. Grauvogel advises us to employ the vapour of alcohol by means of atomisers (*pulverisateurs*). Dr. Zwingenberg, in Brandenburg, saw in the epidemic of 1867 that that species of diphtheria which is to be found in low regions, in damp houses, damp seasons of the year, or during heavy rains, was absolutely cured by this plan. He says—"As soon as I remarked diphtheria I gave the advice to touch most of the spots with alcohol by means of a camel-hair brush. This is to be repeated every hour. In individuals who are old enough to be reasonable I order to rinse the mouth with a liquor composed of one spoonful of tepid water and five drops of alcohol. In the very young or the very sick this may not be practicable. Interiorly I give mercury. Subsequently I order for each poor patient a small portion of brandy to take in the mouth after dinner; for the rich I order red wine. Children must rinse the mouth every day several times with tepid water containing some drops of alcohol; or when they are rich, instead of alcohol good *claret* may be used." Under this plan no relapse ever took place.

There are specialists for the diseases of almost every organ at Vienna. First, for the diseases of the skin there is the greatest authority, not only in Vienna, but in the whole of Europe—except England, France, and Italy—Professor Hebra, a fat, short man, with a remarkable boldness and sincerity in speaking. His lectures are visited and diligently followed by all nations, except those of the Latin race; principally by Swedes and Norwegians. He has a great hospital at his disposition for demonstrations, and each man is presented undressed, but the women only expose the affected parts. His work on the diseases of the skin is accompanied by plates most skilfully painted after nature by a physician who was at the same time a great artist. The work was printed at the expense of the Academy of Sciences. I heard him (who does not believe at all in homœopathy, but hates it less than the orthodox school) apostrophise his audience, when speaking of acute exanthems, thus:—"Gentlemen,—I beg you particularly not to treat these diseases by another method than by homœopathy; that is to say, *do nothing!*" And on speaking of chronic skin diseases, especially eczema, he quoted a case which could not be cured by him. The patient did not return for a long time. Finally he met him in the street and found him quite cured, and asked how he was cured. He answered, "*By homœopathy.*" The professor remarked on this—"But do not believe that it was the remedies; not at all—but the regimen, the abstinence from all external treatment, particularly from water and ointments."

Notes on Current Topics.

The Poor-law Board and the New Ministry.

There are few departments of State in which our profession has a livelier interest than in that of the Poor-law Board, and a change of Ministry is to hundreds of hard-toiling medical men a source of hope that their cries for justice may be heard. We have certainly been surprised at the tone adopted by some of our contemporaries respecting the accession of Mr. Goschen to the office of President of the Poor-law Board. The right hon. gentleman is not one who is likely to consent to be a mere puppet in the hands of a permanent secretary. He has proved his capacity to understand and manage a great commercial undertaking, or an important State department, and he certainly contributes to the Cabinet his full share of influence, knowledge, and honesty. Those, then, who were crying out that nothing could be worse than the last President, might well welcome Mr. Goschen, and we are confident he will be found superior to all those who have been tried and found wanting in office, though ready to give promises in opposition. The right hon. member for London will not tolerate such jobbing as disgraced the dying days of the Tories' official career. He is fully sensible of the want of a strong head of this department. He can grasp the figures and the facts with which he will have to deal. This is clearly shown by his sensible speech on his re-election. There he recognised his responsibility in a manner his constituents will appreciate; and we hope the medical profession will find that a Liberal statesman at the head of the Poor-law will lead to some of the results for which we have so long struggled. That he knows what is expected of him, and is not likely to shirk his task, is clearly evinced in the following extract from his speech on returning thanks for re-election :—

> "I have been called to fill an arduous and responsible office. I do not disguise from myself the full weight of that responsibility. Constantly increasing rates, constantly increasing pauperism, millions of money spent, yet without satisfaction, and, infinitely worse, millions of human beings whose very name implies a degradation even in their own eyes, as recipients of parochial relief—such is the subject-matter with which a President of the Poor-law Board is called upon to deal. His sphere is on the dark side of our social system. His province is what I may call the bankruptcy of the million, and it appears to me that the Poor Law, like the Bankruptcy Law, can never give complete satisfaction, because both deal with something deplorable in itself. The utmost we can expect to obtain is to make the best of a bad job. I hope and believe that much may be done to grapple more effectually with that which is a growing evil, for I must speak of a growing evil when we have to face the terrible fact that, in the short space of two years the pauperism of the metropolis has increased twenty per cent., and that not less than 30,000 paupers—a number equal to the population of a good-sized town—have been added to the numbers of those who, I might almost say, are closing in upon the industrious portions of certain districts of London, till the ratepayer of to-day himself becomes the pauper to-morrow. I hope and believe that great improvements, both legislative and administrative, are possible, for public attention has been awakened to these facts, the action of Parliament has been more decided, and the labours of my predecessors have done much to loosen the ground; but those who ask for impossibilities do much to make impossible that which might otherwise be possible. The Poor-law Board always stands between two fires—between the honourable zeal of the philanthropist, on the one hand, and the prudent warnings of the political economist on the other. It was stated, I observe, at a meeting the other day, that we might dispense with the Poor Laws altogether if the Government would but employ all those who wanted employment—if it would take charge of the young, the old, and the infirm. Now, that is what I call asking for impossibilities. (Hear.) Government action can never be substituted for the 'whole duty of man.' You cannot expect Government to take the place of thrift and self-reliance, of family ties and parental care, and doctrines that encourage such views do not point to the cure of pauperism, but pauperize the mind as well as the body; and benevolence may wake up one day to find itself denounced as socialism in disguise by its warmest advocates. The duties of the Poor-law Board are serious enough without this imposition of impossible functions The one practical difficulty with which it has had to contend from the first is not the degree of expenditure, not the degree of sternness, but how to discriminate and classify the classes with which it has to deal,—to discriminate between the innocent, the helpless, and the temporary pauper, and the confirmed vagrant, and the hopeless idler. (Hear, hear.) Directing itself chiefly to this, I believe much may be done to discriminate between the class to whom charity is a blessing, and the class to whom charity is a curse. (Cheers). Till that is accomplished we shall pass through a cycle of reactions—cries for more humanity and more expenditure at one time, and cries for a more stringent and deterrent system at another. As long as the gigantic machinery which is employed is so coarse that it cannot discriminate, so long will this state of things last; but it takes time to adapt such machinery and make it sufficiently delicate to sift the materials with which it has to deal. Other difficulties ought not to be so serious. The ratepayers from whom so many millions are exacted, have a right to demand that the mode in which those millions are raised and distributed should secure as great attention and care as a system of imperial finance. I have on several occasions spoken on this subject of local taxation, and I do not wish to rebut a single word. I know that impediments are in the road at every turn, and that we have much uphill work before us. It sometimes happens, however, that the traveller who looks along a straight road sees so steep an incline at the end that he thinks the coach will never be pulled up, but when he comes to the foot he finds it a gradual ascent which a strong pull can conquer. What may be my fate in this respect I do not know, but one thing I can promise you while thanking you for my re-election—it is that I will not shrink from the collar."

Hair Dyes and Cosmetics.

Some hair dyes are innocent enough, and do not require any warning on the part of the medical man; others are dangerous, and the use of both kinds requires tiresome manipulations. Among the innocent kinds we may mention infusion of beans, and cypress cones, of willow bark, and ivory black. Among the second kind may be enumerated sulphate of lead, mingled with hydrate of lime and water; carbonate, acetate, and sub-acetate of lead in solution, to which dilute sulphuric acid is added, and which dyes the hair a dark brown. The salts of silver, too, are much used to blacken the hair, but they make the scalp irritable, and burn the skin and the hair follicles, and tend to produce baldness. Among the formulas mentioned are (1) acetate of lead, gr. xxx.; carbonate of lime, gr. xlv.; quick-lime slaked, gr. xl.; or (2) oxide of lead, two drs.; slaked lime, one ounce; starch, one ounce; and solution of potash, two drs.; (3) nitrate of silver, two drs.; bitartrate of potash, two drs.; feeble ammonia, four drs.; and lead four drs.; (4) nitrate of silver and photo-nitrate of mercury, of each four drs., to four ounces of distilled water.

Such are the recipes most used by the hair-dyers of Paris and elsewhere; and it is evident that lead poisoning might easily be contracted by the use of those which contain the oxide of lead, and, as before remarked, that baldness would be likely to be favoured by the use of those containing nitrate of silver. Certain substances are used for changing the colour of the skin; for example, the white cosmetics, bismuth, or pearl white, is sometimes mixed with a notable quantity of arsenious acid, when it is dangerous; but when this substance is purified, it is innocent. A cosmetic, named Thénard's "fard," is composed of zinc flowers and talc in equal proportions, and is the best and most innocent cosmetic. The common white "fard" of the theatres is dangerous, containing as it does carbonate of lead. With regard to red colours or cosmetics, Brazil wood and cochineal may both be employed without danger. The carmine of Germany or China, too, is innocent, whilst rouge containing mercury is much to be avoided.

A great deal of interest has of late been attached to the subject of cosmetics, probably through the trial of a well-known "artiste" in this department. A correspondent of the *Times*, for instance, had one of the hair dyes analysed, and found it to be composed of rose-water, sulphur, and acetate of lead; the latter in sufficient quantities to cause painter's colic or paralysis. The subject requires investigation, and if possible a harmless hair dye should be constructed to satisfy the demands of the fair sex, to whom, in the present state of human progress, the possession of grey hair is often a great misery.

Stimulant Extras in English Workhouses.

It would appear that the English Poor-law Board recognise in the relieving officer the capability to decide on the propriety of granting extras for patients who are in want of stimulation or support, for they have decided that he is empowered to refuse the "extras" ordered by the medical officer on his own judgment. Dr. Fitzpatrick, of the West Derby Union, it appears, recommended additional nourishment to patients whom he considered in want of them, and the relieving officer refused to carry out the order. The Poor-law Board have decided that the relieving officer may so refuse, but that "the recommendation of a medical officer as regards the supply of 'extras' is entitled to great weight, and it is not expedient it should be disregarded by the guardians, unless it appear that what is ordered is improper in its nature or excessive in quantity, or that the person on whose account it is ordered is in a position to provide it at his own cost."

It is difficult to suppose that any non-professional person can be competent to say when the time for stimulation in disease has been reached; and as long as it depends on a harmony of opinion between the medical officer and the relieving officer, without doubt cases must arise when the patient will be the sufferer from a disagreement.

The Value of a Parish Doctor.

A DECISION, which savours very strongly of Irish Poor-law generosity, has been arrived at in the case of Kennedy v. Ness, lately heard, on appeal, before the Lord President. Dr. Kennedy had been engaged by the guardians of the East Wemyss Union to discharge extra services during the cholera epidemic. To the death he kept to his bargain, for he took cholera in the discharge of his duties and died. His executors furnished thereupon an account to the guardians for £130, being at the rate of £3 per day, which demand the guardians of course disputed. Last year the case was tried by the Lord Ordinary, Lord Jerviswoode, who thought the demand was not excessive, and scouted the suggestion that the inability of the poor to pay, or the number of the patients visited were relevant to the matter. We observe with great regret that this decision has been reversed.

The Lord President has awarded £65 as payment in full for labour, hardship, disease and death! If so, what should be paid for the reading a brief in a comfortable easy chair? About threepence. And yet Lord Jerviswoode has often got a hundred guineas and indefinite "refreshers" for the work—just the value of two parish doctors.

The Prevention of Syphilis.

THE report of Dr. Barr, the Medical Officer for Aldershot, to the War Office on this subject has lately appeared, and it informs us that the working of the act at the camp continues to prove most satisfactory. Out of 1,147 periodical examinations of women, a larger number than that of the previous quarter, 209, or about one in every five, were found to be diseased and sent to hospital. The propriety of intercepting so large a proportion of disease as that which exists in one-fifth of the entire number of women needs no argument or proof. These 209 *foci* of disease would, in every probability, have extended the contamination to 2,000 before many days were over, and in process of time the appalling proportion would be reached which has at length compelled action in the matter.

Medical Brummagem.

WITH the trifling exception that the medical profession on the other side of the Atlantic does not pay for the perpetuation of abuses by a do-nothing Council, they appear to differ little from ourselves in the diploma traffic. To found a University and confer licenses to practise seems with Brother Jonathan to be as easy as the opening of a goods store, and the wares which mock Licensing Corporations are as ready to a purchaser as a dollars worth of any article of trade. Mr. Henry Ward Beecher, in a recent address, brought these facts into a most desirable condition of notoriety by reading the following letter addressed to him by one of his flock :—

> "DEAR SIR,—I take the liberty of writing to you to inquire if you know anything of Professor ——, and of the —— Medical University. I wrote to Professor —— asking him his terms, and he has replied, telling me that he can fit me for the practice of medicine in three months, charge $200. I desire to study medicine that I may be enabled to lessen some of the sufferings that I see about me, and as there is no one in New York whom I know personally, I thought I would write and ask you whether I can depend upon what Mr. —— has written me, and if the graduates of the —— Medical University are able successfully to practice the profession of medicine. I will feel deeply indebted to you for any information relative to the above."

Our virtuous indignation at the existence of this abuse is by no means untempered with a feeling that we are not separated by 15,000 miles of sea from such practices. We are not so far away as we imagine from licensing bodies whose diplomas can be earned by three months "grinding" on the part of any person of reasonable smartness, nor from enterprising crammers who will undertake to squeeze a student through the pseudo examination for even less money than the 200 dollars, or in even less time than the three months. Let us not satisfy ourselves with the consideration that the "vile bodies" on which persons thus washed in the medical gilding bath are to work out their subsequent education are far away from ourselves. They are not so, for we have in Great Britain the brazen alloy of which such practitioners are made—gilders who can give the gloss without wasting the millioneth of a grain of real metal, and the corporate assayers who are ready to give the hall mark without too rigid a test.

English Medical Assistants.

MR. BAXTER LANGLEY, in a communication to a contemporary, furnishes us with some figures which are very instructive as evidencing the attitude of the profession on matters of qualification. During the year 1868 Mr. Langley had 956 applications from medical practitioners for assistants, of whom 516 wished for qualified, and 440 for unqualified pupils.

Mr. Langley says :—

> By comparison with three previous years, it would appear that the demand for qualified assistants had increased, and that for unqualified ones had decreased. In the meantime, salaries have greatly advanced, the position of the medical assistant has been improved, and the demand for English qualified in-door assistants now largely exceeds the supply. To illustrate this fact, I may state that I have on my books 42 vacancies for qualified assistants, and 32 for unqualified. In general terms, the demand for unqualified assistants (except in large towns) is dying out.
>
> The state of affairs in some colliery and mining districts is quite exceptional, and I could produce overwhelming evidence to show that the tendency is general to employ qualified men only. But then arises the question. Where are they to be got? As a rule, the Englishmen now entering the profession have either money or prospects, and do not enter upon the duties of assistantship, and the chief supply is from Ireland and Scotland. The former constitute by far the larger number, and are found to make good assistants when they have mastered the details of that apothecary's work which is performed by the majority of English practitioners.

The London Hospital.

The total number of in and out-door patients treated at this hospital during the past year was 45,636, of which 4,932 were in-patients. The free out-patients who required continuous treatment amounted to 18,491; these included accidents, renewals, and maternity cases. There were 3,831 not generally requiring continuous treatment, besides numbers in the "special department," comprising skin diseases, and dental and ophthalmic cases. During the prevalence of diarrhœa, the number of applicants for medicine—not included in the above return—amounted to 15,682. From these figures it will be seen what an amount of unpaid work is done by the principal medical staff in only one of these valuable and benevolent institutions. If, however, we glance over the area of the metropolis, and think of the various hospitals and dispensaries--in some of which quite as large an amount of assistance is rendered as in the one to which we have referred—it will be seen that, as a class, the medical profession is far in advance of all others in the gratuitous disposal of its efforts for the benefit of the sick poor. Others give the money for the support of these institutions; but it is their skill, their time, their energy—without which the money would be valueless—which these men devote to the relief of the needy and otherwise helpless members of the community. It is easy for those who have plenty to put their hand into their pocket and present the guinea, or even the five guineas, to the collector when he calls; but it involves a large sacrifice of time and self-interest to attend the hospital day after day, to watch through the wards and prescribe for the patients who lie suffering there, or attend them at their own miserable abodes.

The Vaccination Act.

The difficulties that attend public vaccination have given rise to many proposals for legislative action. Amongst these should be noticed a plan recently put forth of confiding this operation entirely to public officials. This would take the operation out of the hands of the professional men of the kingdom. As the public vaccinator would be prohibited from private practice, many disagreeable circumstances would thus be got rid of. There are, however, a good many general practitioners who derive a considerable proportion of their income from vaccination, and who would not like to be called upon to relinquish either that or their private practice. They would, therefore, as a matter of justice, have to be compensated. Many of them would, we have no doubt, accept the new appointments were the salary made such as a medical man has a right to expect. There is still another question. Amongst the many, especially physicians and accoucheurs, who would gladly be relieved from the duty of occasionally vaccinating the child of an intimate friend or particular patient, there are some who feel the necessity of doing so. Certain people would strongly object to any but their own attendant performing this slight operation, and they have a right thus to object. So long as the operation is properly performed the State has no right to dictate further. At this moment every qualified practitioner is entitled to vaccinate as a professional act, and we cannot think Parliament will abridge his rights. The certificate of any registered practitioner ought to be conclusive evidence that a child has been properly vaccinated. The public vaccinator might have this sent to him in such cases, and from it he could fill up the other required forms as if he had himself performed the operation. We doubt, however, whether either the public or the profession would like to see the scheme tried at all.

The Repetition of Prescriptions.

The following resolutions from the American Pharmaceutical Association relative to this question were presented and read before the East River Medical Association of New York:—

"Resolved—That this Association regards the pharmacist as the proper custodian and owner of the physician's prescription once dispensed.

"Resolved—That however desirous we may be to accede to the request of the East River Medical Association, the restriction of the pharmacist to a single dispensing of the prescription, without the written authority of the prescribing physician for its renewal, is neither practicable, nor within the province of this Association. Nevertheless, we regard the *indiscriminate* renewal of prescriptions, especially when intended for the use of others than those for whom they were prescribed, as neither just to the physician nor to the patient, between whom we stand as conservators of the interests of both, and that such abuses should be discouraged by all proper means."

In response to which the following resolutions were unanimously adopted:—

"Whereas—The Pharmaceutical Association, after acknowledging that the renewal of prescriptions is unjust both to the physician and the patient, declares that it is not within its province to prevent such renewal; therefore

"Resolved—That the State Medical Society be requested to ask the next Legislature to pass an Act making it a misdemeanour to renew or use a prescription without the authority of the prescribing physician."

A contest between the physician and the apothecary as to the possession of a prescription to which neither of them have the remotest title, will, no doubt, be amusing to our readers. That the physician should invoke legislative aid to prevent his customer from using that which he has sold to him, is almost as ridiculous as the pretension of the apothecary to make a general use of the recipe which is the purchased property of his customer. Such disputes are unseemly, and suggestive of a voracious appetite on both sides for money value of a prescription.

It is apparent that the medical adviser, having received his fee, has no right whatever to dictate to his patient how often he shall avail himself of the advice he has purchased; and it is equally patent that for the apothecary to use a customer's recipe for any other purpose than the dispensing of it in that individual case is a deliberate fraud. The patient alone has any title in the prescription.

Pauperism and its Causes.

We have been informed that, at a late meeting of the Dialectical Society of London, a Committee has been formed, consisting of several well-known names, among whom are several gentlemen of the medical profession, for the purpose of discussing the causes of the distressing pauperism so common at this juncture, and endeavouring to suggest remedies both for alleviating the present misery, and for preventing the chronic distress and degradation from being of such constant recurrence. We have no doubt that this Society will attack the subject fearlessly, and that all sides of this important, nay, vital question, will be heard by this Committee before coming to a conclusion.

Royal South Hants Infirmary.

LADY PALMERSTON, accompanied by the Viscountess Jocelyn and the Viscountess Sudley, visited the Royal South Hants Infirmary last week, and expressed themselves highly pleased with the great neatness and order which prevailed throughout the Institution.

ON Wednesday last a General Court of the Royal Humane Society was held at the offices, Trafalgar square. It was stated that sixty-five persons were taken from the water in Hyde Park during the year, forty-nine of whom were successfully treated. In general cases, out of 363 persons taken from the waters, 337 had been restored to life.

DR. WINTERBOTTOM, a venerable medical man belonging to the seaport of South Shields, left a sum of £27,000 for the purpose of erecting a College for Seamen. The building, which is a very noble one, was opened on the 12th inst., and dedicated as a free college for the education of seamen in navigation, and all the branches of scientific knowledge useful in their calling.

IN London alone scarlet fever has destroyed fifteen lives, of children chiefly, every day for the last thirteen weeks, or 1,324 lives in the aggregate.

MEDICAL inspection of artisans' dwellings in various parts of London shows that they are dangerous to health and unfit for human habitation.

THE estates belonging to Browne's Hospital, Stamford, have increased from £800 to £1,700 a year, besides 850 acres of land and twenty-five or thirty houses, of which the leases have not expired. It is thought the trust will shortly be worth £4,000 a year.

IT is a somewhat singular fact which appears from a Parliamentary return just issued, that the consumption of spirits per head in the United Kingdom is the same now as at the commencement of the century. We are not, therefore, as a nation more intemperate now than then.

LUNACY appears to be slowly increasing in Essex. The number of inmates in the County Asylum at Christmas, 1862, was 498, while at the same period in 1868 it had reached 599, by regular gradation through the intervening years.

A MEDICAL friend informs us that variola is very prevalent in Manchester at the present time in the Bacup district, and that it is of a very severe type.

Le Figaro says that Prince Napoleon's condition is becoming more serious. He has had a return of the fever. For forty-eight hours the Prince was delirious.

SEVERAL legacies have been received during the past year by the Committee of the Devonshire Hospital:—£261 5s. 10d. from the late Mr. Sharman; £45 from Mr. A. Greenwood; and £250 from W. Gibson, Esq.

MEDICO-SOCIAL PENCILLINGS OF LONDON LIFE AND PRACTICE.

No. VIII.

I WAS "at home" at last—from nine to eleven a.m., and from seven to ten p.m., daily; unfortunately, too, I was "at home," as a rule, from eleven a.m. to seven p.m., for, alas! I had no out-door patients to visit.

Sanguine as my expectations were, and brilliant as my prospects appeared, still I possessed sufficient *mens sana in corpore sano*, to enable me to deduce, from a limited experience of the "world" and of its ways, that a very large share of the section of it, the district wherein I "settled down," formed, had to discover, if not my very existence, the meteoric properties I possessed; and, until the time of such discovery, professional visits to or by me perhaps would be limited in number—a circumstance that I considered more advantageous than otherwise, as it would afford me some time from professional pursuits, in order to trim and to decorate, in first-class clipper fashion, my establishment.

'Tis true, however, that I was prepared to receive and to be satisfied with limited patronage, so as to "open the ball," allegorically speaking; but I was not prepared to experience the disheartening, if not the disastrously disappointing, feature my affairs put on, just at the time I presumed that I was about to mount the glittering chariot of fame, and to whirl along in spanker fashion (destination not known) over the magnetic road of fortune, regardless, 'tis true, of beacons, lights, and signals—regardless, too, of the machines my impetuosity might tilt or turn over. Alas! many weeks elapsed from the commencement of my occupancy, and of the issue of my professional programme, and I neither received nor was I solicited to pay a solitary professional visit.

To what stage of hopeless despondency and physical desperation I should have ultimately drifted, only the gods know, but for the timely arrival of Mrs. McPherson. Mrs McPherson was my first patient. She suffered from cough, night sweats, thoracic pains, loss of appetite, loss of flesh and considerable amount of prostration. Mrs. McP. on several occasions coughed up blood. Poor lady! her husband, after an illness of many months, died of phthisis, and left her without means, but with four children. I prescribed for, and impressed on her the necessity of at once recrossing the Tweed, if she had any relatives beyond it, gave her a note which she desired, in order to present it with others to that society of benevolent and humane Scotsmen which (I *now* know) meet occasionally in one of the wonderful sinuses that anastomose with Fleet street,—namely, Crane court. Mrs. McP. was assisted by the society of benevolent and humane Scotsmen, and by others too, and recrossed the Tweed, accompanied by her children, in order to complete preparations for a prosperous and, let us hope, a happy journey.

Mrs. McP. lingered for a long time, and, notwithstanding great sufferings, availed herself of many opportunities to write and to express her gratitude for the interest I took in her case—an example worthy of imitation this side the border.

The second visit paid to me was by a police constable. He complained of headache, pains in back, vomiting, quick pulse, and foul tongue, and questioned the opinion of the Divisional Surgeon, who declined to certify that the constable was unfit for duty. Need I state that he was in the incipient stage of variola, from which dire and treacherous disease he only scrambled through, but not with a *whole* skin ?

It is necessary to note that the Divisional Surgeon did not examine this constable, he merely looked at him ; and as malingring was at that time a prevalent complaint in the force, the surgeon, let us say, thoughtlessly, assumed the constable's illness to be of that type.

The third visit paid to me was by the pot-boy from a neighbouring public house. He submitted a "bad" finger for my opinion from himself, and a list of empty pots, with an account current for sundry full ones sent to *the* premises since I became "man in possession." Being strictly temperate myself, the very sight of this account caused me to become highly indignant. I repaired his finger, however, and referred him to "one storey up" for pots and for payment ; the former he received, the latter he did not, then, nor since.

The first visit I paid was to a "wise woman," of the type "fortune teller." "She were took in a fit frightful, and we sent for you leastways she might go off in it, Sir, being neighbours like," as a rotundo-shaped woman, garbed in a rusty-coloured material, and emitting the odour alcoholic as she spoke, informed me. I found the "wise woman" doubled up on her parlour hearthrug, drunk as Chloe ; even in liquor she displayed wisdom, for she was silent, or nearly so. Some playing cards, a writing slate, a pencil, a brandy bottle, and two seriously damaged tea-cups were in a cluster on the small deal-topped table that stood in the centre of the apartment ; this table, together with three or four very dilapidated cane-bottomed chairs, and a couch down at two legs, and with the "alva" protruding through many portions of it, not unlike so many "frizzettes," now so numerously displayed in the windows of our fashionable coiffeurs, and which the ladies of our period avail themselves—constituted the room's furniture and her stock in hand of "household gods." It was highly essential that I should pay some visits to this wise woman, and by proper treatment improve her bodily condition, for it was poor, indeed.

Stretched along the hall passage of the house whereat the "wise woman" resided was a seat of many feet in length, and I never beheld that seat unoccupied. I had no idea *then* of the vile traffic in which my patient engaged. Subsequently I learned that her daily receipts, principally in small sums, varied from five to *twenty* shillings, and her daily expenditure for drink and "living" fully equalled it, so that she was always in debt. I sent my bill in due time ; the wise woman denied her responsibility for the debt, as *she* did not send for me, nor "did she think it would be near so much." My boy, Limbo Pod, or Boey, pertly replied that if she "wor a complete fortune-teller" she should have known beforehand what sum the doctor would charge, on hearing which decidedly bold expressions to her professional disparagement, the wise woman seized Boey by the collar and by the breech, and, having "show'd him London," shook him up like a bag of bones as he was, led him by the ears to the entrance door and propelled him down its steps (to sprawl on the foot-path), by means of an elevated foot and slipper. That "wise woman" is dead. There is *now* another "wise woman" in the same neighbourhood, professionally fearless of police and the penalty consequent on detection. She reads, by means of knaves, fives, kings, queens, and aces, the human destiny. She is little over forty years of age, good-looking, inclined to be *embonpoint*, temperate, and frugal. She is paid by her clients on the voluntary principle.

Quid Nunc.

Summary of Science.

PHARMACY.

CARBOLATE OF QUINIA.

Professor Wenzel proposed to use a mixture of carbolic acid and quinia. However useful this may be from a therapeutical point of view, there can be no doubt that it is an unchemical mixture. He says that with bases, even weak ones, such as quinia, carbolic acid loses its irritating properties. This compound is prepared by dissolving 60 parts of carbolic acid with 100 quinia, in 300 of rectified spirit, filter the solution, distil, and evaporate to the consistency of turpentine. Make into pills with cassia.

ADULTERATION OF MEDICINES IN AMERICA.

The *Pharmaceutist*, an excellent paper, and the organ of the Chicago College of Pharmacy, contains the first of a series of articles upon the above subject, by which it is evident that they are even worse off in America in respect of this crying abuse than we are. The following are the articles examined :

Epsom Salts.—Spurious article, consisting of finely crystallized Glauber's salt.

Sal Rochelle.—Specimens contained 25 per cent. of sulphate of soda.

Glycerine.—Impure, and adulterated with sugar.

Black Sulphuret of Antimony consisted mainly of galena (sulphuret of lead). These are now old-fashioned adulterations, which would not pass muster in this country now. There is even a refinement in roguery.

Lemon Juice.—This substance, which has been especially brought before the public by the regulations of the Board of Trade, has been carefully examined by Mr. W. Stoddart. His paper is certainly the best that has appeared upon this subject.

The specific gravity and percentage of citric acid differs according to different authorities :—

	Specific gravity.	Grs. per oz. of citric acid.	
Pereira	1·77	 10	
British Pharmacopœia	1·039	.... 32·5	
Muspratt's Dict.. ...		.... 31·	(very superior)
Watts' Dictionary...		.... 20½	
Board of Trade, not less than	1·030	 30	(not less than)
Lemon-juice, fresh, Feb. 26, Stoddart	1·040	.... 40 to 46	
Same fruit, after six months	1·027	.... none	

Analysis showed that the citric acid had all split up into glucose and carbonic acid. Afterwards, the nitrogenous matter in the juice having set the whole into fermentation, the glucose produced alcohol and acetic acid. Freshly prepared lemon-juice is an aromatic, thin, milky, slightly yellowish liquid. When it is kept for a few days, it acquires the mouldy flavour, which the commercial juice usually possesses. Trummer's test gives a decided indication of glucose. With polarised light, the ray is turned to the right. Acetate of lead gives a muddy precipitate (gummate of lead). Chloride of barium, acetate of potassium, or chloride of calcium, should give no precipitates indicating the absence of sulphuric, tartaric, or oxalic acids. The aroma from the pure juice is very peculiar, and differs as much from any artificial compound as rose-water distilled from the petals does from otto.

"All chemists are aware," says Mr. Stoddart, "that when citric acid is fused with potassa, it is decomposed in oxalic and acetic acids :—

$$\underset{\text{Citric acid.}}{C^6 H^8 O^7} + H^2 O = \underset{\text{Oxalic acid.}}{Ca^2 H^2 O^4} + \underset{\text{Acetic acid.}}{C^2 H^4 O^2}$$

But when liquor potassæ is mixed with common lemon-juice, in the cold, oxalic acid may be detected in a few days."

The analysis of many specimens of ash shows only 3-10th grain of potash per ounce. Those who advocate Dr. Garrod's view, that it resides in the potash, must have a homœopathic idea of value, and plenty of faith.

THE FIELD WORK OF WOMEN AND CHILDREN.

We have before us the "First Report of the Commissioners on the Employment of Children, Young Persons, and Women in Agriculture, presented to Parliament by command of Her Majesty." We venture to predict that the labours of this Commission will falsify many of the anticipations of those who have thought upon the subject, but have not a practical experience of it. Even this first instalment contains passages which refute much that has been written about the unhealthiness or injuriousness of out-door occupations. We, of course, should be the last to deny the evils of the system. At the same time we have no desire to magnify them, nor can we wish to be blind to what may be said in its defence. The writer of these lines has had himself large opportunities of noticing the effects of field labour on women and children, and is convinced that the difficulties of dealing with the system have never yet been thoroughly grasped. It is therefore to be hoped that, as they appear, the reports of the Commission will obtain the attention they deserve.

The Rev. J. Fraser, to whom was entrusted the duty of inspecting portions of Gloucestershire, gives a rather sombre report. In one part he met with a class of people physically and socially a disgrace to that bright county—without schools, in cottages unfit for human habitations, leading almost a wild and savage life, seeming "to lie entirely out of the pale of civilisation." He had never felt so depressed as by seeing on this occasion "type after type of social life almost degraded to the level of barbarism."

The same gentleman, whose report is exceedingly interesting, found, in the course of an extensive inquiry, a general impression against field labour; and that not so much on account of the labour itself as the circumstances that surround such a life.

> "Not only does it almost unsex a woman, in dress, gait, manners, character, making her rough, coarse, clumsy, masculine, but it generates a further very pregnant social mischief, by unfitting or indisposing her for a woman's proper duties at home. Some of the work on which women are frequently employed, such as serving the threshing machine, weeding high wet corn, drawing turnips or mangolds, is work to which, on physical grounds, they never ought to be put at all. Exposure to wet or cold, from which no farm labourer can claim exemption, is likely, owing to the greater susceptibility of the female constitution, to be specially injurious to them."

This is a dark picture, but, we fear, it is too faithful; and it relates not only to the district above alluded to, near Gloucester, but also to parts of Essex, Norfolk, and Suffolk. In Essex and Suffolk we can bear witness, from our own inquiries, to the accuracy of the description.

Fortunately the reports of the Commissioners also reveal a brighter side to the picture. For this we must turn to the North of England, where, also, we have made personal observations that support the more satisfactory report.

Mr. Henley reports on Durham and Northumberland, and his statements are very encouraging. Speaking of certain kinds of work that have been most condemned as unfit for women, he thus writes:—

> "I have always found that such work was not forced upon the women. Their own words are, 'We fight to drive the carts; it is easier work than loading.' They are undoubtedly as fit to be trusted as those of the same sex, in a higher social position and of greater rank, who drive horses in the highest condition in every description of carriage; and with regard to the latter, few would be bold enough to suggest that they do not show as much science and nerve as many men, or to propose legislative interference. It has also been represented to me that such work as turning manure-heaps, filling dung-carts, &c., is unsuitable for women, and the first feeling may be that it is so; but it must be borne in mind that if such labour were not desired by the women and tendered by the farmers, these women would for many weeks be compelled to remain idle in their cottages for want of occupation, to their own and the hinds' loss. There are many who hold the opinion that field work is degrading; but I should be glad if they would visit these women in their own homes after they become wives and mothers. They would be received with a natural courtesy and good manners which would astonish them. Let the visitor ask to see the house; he will be 'taken over' it, with many apologies that he should have seen it not 'redd up.' He will then be offered a chair in front of a large fire, with the never-absent pot and oven, the mistress meanwhile continuing her unceasing family duties, baking, cooking, cleaning, &c. Not one word of complaint will he hear; but he will be told that, though 'working people,' they are not poor; and a glance at the substantial furniture, the ample supply of bacon over his head, the variety of cakes and bread on the board, and the stores of butter, cheese, and meal in the house, will convince him of the fact. When he inquires about the children he will hear that, though they have not much to give them, the parents feel it to be their sacred duty to secure them the best instruction in their power, and '*that* they are determined they shall have.' The visitor will leave that cottage with the conviction that field work has had no degrading effect, but that he has been in the presence of a thoughtful, contented, and unselfish woman. The dress of these north-country women is admirably adapted for their work; being made to fit easily, it does not encumber them, and being of strong materials it defies all weathers. Generally it consists of a pair of stout boots, a very short thick woollen petticoat, warm stockings, a jacket, &c.; over all a washing pinafore with sleeves (called a slip), which preserves their dress from the dirt. Their faces are protected by a shade or 'ugly' of divers colours. Thus equipped they present a great contrast to the draggled appearance of the women who only work in the fields occasionally, wearing some thin gown, with, perhaps, the addition of the husband's coat and boots. Nor is the difference less striking in the results. The occasional worker, not being inured to field labour, frequently suffers from exposure to weather, while the very appearance of the habitual workers is sufficient to prove the healthiness of their mode of life; and the medical evidence is overwhelming as to the absence of disease and of the usual complaints attendant on debility. Dr. Cahill, of Berwick-on-Tweed, states 'from his knowledge of the town and country population' that 'the women of the latter are far more healthy than the women of the former, and tenfold less affected by female complaints.' He considers that their field work fits them to be good bearers of children, and the strength of the population is kept up by them; and that the surplus of the agricultural population that enters the large towns maintains the standard of health and strength by marriage with the inhabitants of towns."

It is further exceedingly gratifying to be told that people thus engaged in toiling in the fields do not neglect the education of their children. Mr. Henley found that these Northumbrian peasants looked upon the education of their children as a sacred duty; that they paid rather high fees for the schools; that the boys and girls, almost without exception, could read and write and do plain figures well enough for their position, and many had an elementary groundwork in geography. Moreover, looking upon education in a wider sense, they had been trained in industry, sobriety, and fidelity, and would therefore, probably, make faithful servants.

This district, too, stands very high for its freedom from crime. Yet there is children's work in these parts, as may be seen from the following extract:—

> "Children seldom, if ever, go to work in the Glendale Union before eleven or twelve years of age, and then merely for summer work. Their employment is herding potatoes and corn, turnip hoeing (two being put to the work of one woman), haymaking, assisting at harvest by making bands, &c., weeding and picking up stones, getting up potatoes, and making straw ropes for thatching. Both boys and girls begin work at the same age, their physical strength at that time being about equal. Horses are never intrusted to the care of boys before the age of fourteen; consequently till that time it is only summer work for which they are required, so that they are able to continue their school attendance during the winter. As the farms are generally provided with cottages for their cultivation, women and children employed upon them have no great distance to go to work, although in exceptional cases when the work lies at the extreme boundary of a large farm, their walk may be somewhat extended. The hours of labour for women and children are nine and a-half hours in summer—viz., from six to six, with two hours and a-half for meals; that is, two hours for dinner, and a short break at nine and at four. In winter the hours are regulated by the light. These hours of work are earlier and longer than in the South. On the

other hand, the women and children are able to return home for a long rest in the hottest time of a summer's day, when they find their dinner cooked for them; and as the majority are single women, the early start from home cannot be prejudicial. I am persuaded that any restriction or interference in the present system of employment of women and children would be detrimental to the social condition of the district, and destructive to the turnip husbandry of Glendale Ward."

Gleanings in Medicine, Surgery, and the Allied Sciences.

MEDICINE.

PYRETHRUM FOR SCABIES.

The *Pacific Med. and Surg. Journal* says:—"Flea Powder" is composed of the flowers and leaves of *Pyrethrum Roseum* and probably of *P. Carnosum*, very finely powdered. It is not commonly fatal to insects, but appears to annoy and stupefy them. If the article be recent and properly prepared, it is decidedly efficacious. When scattered in the track of ants, it is said to drive them away with certainty. A druggist of this city informs us that he keeps his store almost entirely free from flies by dusting it occasionally on the wall and windows, in places where they are accustomed to alight. The insects disappear when they get the powder in contact with their bodies. It is said that when burnt in small quantities in a chamber infected with mosquitoes, it destroys them or drives them away. A tincture of the plant, made with dilute alcohol, is recommended as a cure for scabies. The application is said to give prompt relief from itching.

A NEW TEST IN ALBUMINURIA.

M. Hæbler (*Inaug. Dissert.*, Berlin, 1868) describes a new method for finding the proportion of albumen in urine.

The suspected urine, after having its specific gravity taken, is boiled together with infusion of sugar-cane in a test tube, and then treated with enough acetic acid to precipitate the albumen. The liquid is then filtered, and its specific gravity is again taken when it has reached the same temperature at which it was first taken. Multiply the difference between the two specific gravities (water = 1) by 210 and we have the percentage of albumen present, In thirteen such examinations the average error was only 0·023 per cent., while in Vogel's optical test the average error is 0·046. (*Central blatt für die Medical Wissensch.*, No. 33, 1868.)

SURGERY.

HYPODERMIC MEDICATION IN GOITRE.

Prof. A. Lücke, of Berne, reports in the *Berliner Klin. Wochenschrift*, No. 25, 1868, a very interesting case of this disease cured by the subcutaneous injection of tinct. iodinii fort. (1 : 8). He made the injections at several spots, and at intervals of eight days. He began with four to five drops, and at last got up to two Paraz's syringes full. Until the larger quantities were used, no local or general reaction followed; and only then could iodine be detected in the urine. After four months' treatment, the patient was so far improved that only a few very hard small knots could be felt where the tumours had been.

In the October number for 1867 of the *Archives Générales*, Dr. A. Luton de Oviens publishes the results of a similar treatment; he gives the account of eight cases which were more or less perfectly cured; in one case suppuration occurred.

Luton and Lücke mention two successful cases in which the same treatment was applied for the cure of chronic enlargement of the lymphatic glands.

A NOVEL PRESCRIPTION FOR GUN-SHOT WOUNDS.

About the years 1665 and 1666, Richard Wiseman, who had served in the armies of James I. and Charles II. as surgeon, advocated the following formula for gun-shot injuries: "Boil in two pounds of oil of lilies two new whelped puppies till the flesh fall from their bones; add some earthworms in wine. Then strain, and to the strained liquor add ℥ij. of turpentine, and an ounce of spirit of wine." (*Medical Record.*)

CATHETERIZATION OF THE AIR-PASSAGES IN ASPHYXIA NEONATORUM.

It has often been urged that expiration of mucus and other matters, and the general opening from within outward, or below upward, of the respiratory tract, is the one thing needful in asphyxia of the new born before regular and natural inspiratory movements can go on. On this account, catheterization combined with suction rather than insufflation has often been relied upon in such cases. Dr. Billmann, of Neustadt, relates, in the *Aerztl. Intelligenzblatt*, the case of a new born apparently dead, in which he introduced a thin catheter into the larynx and made forcible suctions. A thick, tenacious, somewhat bloody phlegm passed into the catheter, and immediately a short, deep inspiration took place. After four or five repetitions breathing became gradually established. Aspiration had to be repeated, because phlegm from the smaller and smallest ramifications followed into the larger branches and larynx after the first removal from these. Dr. Billmann admits that electricity may be the most certain means of exciting the contraction of the inspiratory muscles, but urgency and other circumstances of the case often prevent its application. The introduction of the catheter is, however, he says, in itself also a powerful excitant to respiratory movements, and the aspiration of the phlegm and the entrance of the air into the emptied organ are acts so directly stimulating, that it can hardly fail where there is any chance of life left. He strongly condemns the insufflation of air into the mouth; firstly, because the air hardly ever gets into the lungs, and only presses the epiglottis more firmly over the aperture of the larynx; and secondly, because so much air as does get into the lungs only blows the obstructing mucus more firmly into them. In conclusion he warmly recommends the thin elastic catheter not only in cases of foreign bodies in the larynx and bronchial tubes, but as an important means of resuscitation from apparent death generally.

OBSTETRICS.

CASE OF EARLY PREGNANCY.

Dr. Horwitz was called to a pregnant girl who had scarcely reached her twelfth year, and of whose age there could be no doubt. The menses first appeared during her tenth year, and continued regularly. She went through her pregnancy very comfortably. The pelvis was well formed and capacious.

The labour proceeded very favourably, and terminated in ten hours with the birth of a strong living male child. She went on very well, and had a plentiful secretion of milk. References are given to other remarkable cases of the kind on record, (*St. Petersburg Med. Zeitschrift*, 1867. No. 9.)

CONTRIBUTION TO THE ÆTIOLOGY OF VAGINISMUS. BY W. NEFTEL, M.D., NEW YORK.

During the last two years I have had the opportunity of observing three cases of lead-poisoning, particularly interesting by their combination with vaginismus. All three were young women of good social standing, and one of them had been married several years. In all these cases the phenomena of lead-poisoning were so characteristic that I was able to make a correct diagnosis. The patients were unable to lift the hands and fingers, or to abduct the thumb. There was complete paralysis, with atrophy, of the extensor digitorum communis, extensor carpi ulnaris, radialis, pollicis longus, and abductor pollicis; but the supinator muscles, as well as the deltoid, biceps, triceps, and others were normal. The electro-muscular contractility and sensibility were much diminished or entirely lost. The cause of the lead-poisoning in all these cases could be attributed only to the long continued use of a cosmetic containing lead.

But the most remarkable feature in these three cases was the combination of lead-poisoning with vaginismus in its intensest degree; and in consequence of the latter the married lady was sterile, as sexual intercourse was quite impossible. In none of these cases could any particular cause of this hyperæsthesia be detected.

My first two patients were entirely cured by electricity (faradaic and galvanic currents), together with the use of medicines (iodide of potassium sulphur), not only of the paralysis but also of the vaginismus—against which, however, no particular treatment had been directed—and the married lady has since borne a child. I will add, that in the married patient the vaginismus was already developed to the highest degree, while the extensor muscles of the hands were not yet completely paralyzed, but only weakened, and the fore-arms painful.

Accordingly the greatest attention was paid to the condition of the sexual apparatus, which was considered by the attending physicians as the source of the supposed hysterical paralysis. With my present experience, I am inclined to adopt quite a different opinion. I would consider the lead-poisoning as the cause of vaginismus, and the treatment of lead-poisoning sufficient to cure vaginismus, in the same way as it does an analogous condition—saturnine colic.

The third case mentioned was a patient of Dr. Sayre. On the 28th of September last, he kindly invited me, together with Dr. Marion Sims, to see a young lady suffering, as was thought, from obscure disease of the spine, for which she had worn a brace for two years. On hearing the account of the symptoms, I at once stated my conviction that the case was one of lead-palsy, which, on the subsequent examination, was fully confirmed. Here, too, vaginismus accompanied the paralysis of the extensor muscles of the hands.

I bring these few instances before the profession in order that more numerous observations should either confirm my idea of the ætiology of vaginismus, or prove that in my cases the lead-poisoning was an accidental complication. (*Medical Record.*)

ANATOMY AND PHYSIOLOGY.

HYPERTROPHY OF RIGHT HALF OF THE BODY IN A CHILD AGED FOUR YEARS, FIRST NOTICED SHORTLY AFTER BIRTH.

O. B., daughter of Mr. T. B., at present a resident of Brashaw City, aged four years; well grown for age—parents, as well as self, natives of Louisiana; has seven brothers and sisters, all of whom are healthy. The parents are both healthy in every respect; the mother has borne twins three times, the child who is the subject of these notes not being, however, one of the twins.

About ten days after birth, the right half of the person of the infant was found to be larger than the other, and since that time the disproportion has seemed steadily to increase. She is now a strong hearty child; but the disproportion is marked in every particular, more so, however, when the opposite extremities are compared. One leg is about an inch larger than the other, causing a peculiar gait, and the foot requires a shoe of at least one and a half or two sizes larger, and the two arms and hands show a corresponding disproportion. The difference is, of course, not so marked, but can be readily seen, in the head, the eyes, the nose, the tongue, and the trunk all the way down. The only very serious attack of sickness from which the child has ever suffered she experienced in September, 1867, when she was very ill with yellow fever, having had black hæmorrhage by the bowels. I am informed that her recovery from this attack was tedious, and that about ten days after convalescence was considered established, a portion of the alveolar process of the lower left maxillary containing one incisor and a canine tooth, the latter embyonic, sloughed off. Since this she has been restored to her usual good health. Deeming the case a remarkable one, never in fact having heard of a similar, I took a few notes embodying the above facts, and beg leave to report them without comments to the Association. (*New Orleans Journal of Medicine.*)

MAN'S ANTIQUITY IN AMERICA.

At the meeting of the American Association for the Advancement of Science, recently held in the city of Chicago, Colonel Whittlesey maintained that four American races preceded the red man. First, the mound-builders; second, a race in the territory now called Wisconsin; third, a warlike race in the region south of Lake Ontario and Erie; and fourth, a religous people in Mexico. Pottery, arrow-heads, &c., have been found in conjunction with, and beneath, the mastodon and megatherium. A jaw and a tooth were pronounced by Agassiz 10,000 years old. Mr. Foster gave an account of the discovery in a deep gold drift of California of a skeleton covered by five deposits of lava. He exhibited an arrow-head found in the valley at San Joaquin thirty feet below the surface. Human remains have also been found during excavations at New Orleans at a depth of sixteen feet. Mr. Foster exhibited a copper knife found in New Orleans, which he believed was a relict of the mound-builders, and a water jug surmounted by a human head and a statuette of a captive with his hands bound behind him, both from Peru, and evidently of extreme antiquity. The recent explorations of Mr. E. G. Squiers have renewed some old theories as to a connection in origin between the earliest inhabitants of America and those of the Oriental countries. These statements remain, however, as theories only, and do not deserve to be classed with ascertained scientific facts. (*Med. and Surg. Reporter.*)

CASE OF HERMAPHRODISM.

Catherina Hohmann, who presents in her (his ?) own person a remarkable case of hermaphrodisia vera lateralis, which has been described by Prof. Rokitansky and others, is on her travels in Germany exhibiting her unique malformation. She complains, however, that in Vienna the authorities put a stop to her turning an honest penny in this way. So she advertises in the *Wiener Medicinische Wochenschrift* that she can be examined at her own rooms by those interested in her case.

A journalist who saw her, writes to the Vienna *Presse*: "She loved a man for twelve years; he loved her, too, and even proposed to her to go with him to America, where nobody would know of her misfortune; he would live with her and be happy with her. But she refused to accept his generous offer, saying she would not make him unhappy. And then she loved, dreadful to say, for seven months—a young girl. She feels love for both sexes, and does not belong to either. 'What shall I do here on earth?' she exclaimed. 'What am I? In my life an object of scientific experiment, and after my death, an anatomical curiosity!'"

HOW TO PREPARE SECTIONS OF THE BRAIN FOR THE MICROSCOPE.

At the meeting of the Royal Microscopical Society held on the 13th at Kings College, Dr. H. Charlton Bastin read a paper on this subject. Dr. Bastin, who is well known both abroad and at home for his fine researches on the histology of the nervous system, has, we believe, hit upon a method of mounting nerve tissues, which not only occupies but a few moments of time, but is readily adopted by the worker. If this be so, we may soon hope to see a large field of investigation in this hitherto difficult line of histological inquiry. At all events, those who can spare time should attend this meeting and hear the paper. (*Scientific Opinion.*)

Correspondence.

ARMY MEDICAL SCHOOL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Our attention has been called to an article in your impression of the 5th inst., entitled, "Netley and its Expenses."

It is no part of our duty to notice misrepresentations of the kind put forth in that article, but we are unwilling to allow the press to be made the channel for the circulation of statements calculated to mislead the unwary.

A probationary course before entering the service is no novelty in the Medical Department. Before the establishment of the Army Medical School, candidates for Army Medical Service were obliged to do duty at Fort Pitt for a period of time ranging from some weeks to eighteen months, and this, up to the year 1855, *without pay, without quarters, or allowance in lieu of quarters, and this time did not count for service.*

Under the present system at Netley, the probationary course is limited to four months, candidates are supplied with furnished quarters, with fire and light, the attendance of a servant, and five shillings a day. They are made extra members of the Medical Staff Mess, where, we may remark in passing, they learn much that will be of service to them in after years, and their commissions, when they pass into the service, are ante-dated to the time of entering Netley.

In addition to the above, Government provides instruction for them in the specialities of Military Medical Service, which are not, and cannot, be taught in civil schools, and, without a knowledge of which, constituted as the service now is, they cannot perform the duties the State requires at their hands.

All this, you will observe, is very different from the statements made in your article under reply.

We have the honour to be, Sir,
Your obedient servants,
W. C. Maclean, M.D., Deputy Inspector General, Professor of Military Medicine.
Ed. Parkes, M.D., F.R.S., Professor of Hygiene.
William Aitken, M.D. Professor of Pathology.

Royal Victoria Hospital, Netley,
January 12, 1869.

[With every respect to the gentlemen whose names are attached to the foregoing letter, we venture to observe that they have made very small progress towards the correction of the "misrepresentations" of which they complain. We simply expressed our opinion that the medical cadet learned nothing at Netley, which he might not learn with perfect ease and effect after he had joined his regiment, or before he received his gazette, and that it is therefore inexpedient to put him through a medical drill for several months and to keep him on half-pay, which does not nearly meet his daily expenses. Surely, to say that this was done before Netley existed, is no answer to our allegation. *Tant pis*—it only makes Fort Pitt worse, without improving the position of Netley. On one point we accept the connection, and apologise for the error—that the Medical Officer's commission is ante-dated to the period of his passing, and therefore his time at Netley counts as service. We are well aware of the importance of a knowledge of the specialities of Military Medical Service, which, however, would be learned with much better effect in the discharge of regimental duties than in playing at soldiers or learning mess manners at Netley. If Professors Maclean, Parkes, and Aitken desire that we should amend our "misrepresentations," perhaps they will kindly point them out, or, if not, revise their phraseology in favour of a more suitable word.]

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The accompanying case, taken from my jottings in private practice, may not be uninteresting to the professional readers of your valuable periodical, showing forth the value of the late Dr. O'Farrell's treatment of anthrax, and now offered to the profession:—

Successful Treatment of Anthrax by Strapping.

E. O'M., æt. 40, a driver on the Sligo and Ballina car, applied to me, after his morning drive, with an anthrax on nape of neck about six inches in diameter.

He had been complaining a few days, and no breach being effected, I immediately strapped it from base to apex, leaving about the size of half-a-crown uncovered.

I begged of him to remain under my care in Sligo, but he could not, having no substitute to provide.

He drove thirty Irish miles that day, and during the night tore off the strapping as intolerable, and applied a smoking hot poultice of stirabout, which he repeated several times, until all trace of the anthrax had totally disappeared.

He then went to seaside at Enniscone for a few days and returned to his work, exhibiting himself as having escaped the knife of the surgeon.

About the time of occurrence, I wrote to my son, Mr. James Wm. Johnston, Licentiate of the Royal College of Surgeons in Ireland, with a request that his eminent teacher, Dr. Mapother, would communicate the case with its results.

Now, I am again reminded of the value of the case being made public by my youthful friend and student, Mr. Abm. P. St. Lawrence, whose zeal in the course of science has been meanly instrumental in drawing this out.

James John Johnston, M.R.C.S. England.
Jan., 1869.

THE INTERNAL CAROTID ARTERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Some days ago I had an opportunity of witnessing a very strange anomaly in the course of the internal carotid artery at the dissecting rooms of the Catholic University. It was given off in its usual position from the common trunk about twice its natural size, and arriving within about half an inch of the cranium, it suddenly took a course downwards and forwards for about an inch, and then at an acute angle upwards and inwards assumed its natural course; by this means the external carotid was pushed so far forwards as to obliterate Butcher's space and jeopardise any operation there. The artery on the left side was normal.

Yours faithfully,
J. C. P. Widdup.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Amidst the recent depressing revelations about pauperism, and the clamour of the numerous charities for help, it is pleasant to come across so encouraging a statement as that made by the Melbourne correspondent of the *Times*. From his letter it would seem clear that every able-bodied man might in the colony not only support his family, but put by some of his wages, and thus rapidly rise to a better position.

This is no new statement. It has been made over and over again, and the colonies will continue to cry out for some of our superfluous population. Would not those who have been addicted to impulsive and indiscriminate alms-giving do well to organise some plan by which to send our superfluous labourers where they can command a living? Such an enterprise cannot be more difficult than many that have been undertaken with enthusiasm and the limit of its work would not soon be reached. I am, yours &c.,

Medicus.

THE PROFESSION AND THE PROPOSED REPEAL CLAUSE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—A copy of the annexed letter was posted by myself on the 16th ult. to G. H. Whalley, Esq., M.P. for the City of Peterboro', and which originated from a notice which appeared in the *Morning Star* of December 15, 1868. No reply has hitherto been forwarded to me in behalf of the 20,000 medical practitioners in this country.

I remain, Sir,
Yours faithfully,
M. Redman, M.R.C.S., &c.
Lincoln, Jan. 19, 1869.

Dear Sir,—In to-day's *Star* I observe that you have given notice of a motion to the effect that the House will deem it expedient to repeal the income-tax on trade profit, and the deficiency to be made up by an increase on the property tax.

Am I to understand that this motion is confined to trades, and will not affect professions? If so, I trust you will favourably reconsider your motion, as no profession is more precarious than the medical.

I remember one of our late City members, then a Liberal in politics, Sir Henry (now Lord) Lytton, who advocated a reduction of one-half on incomes derived from professional services. I do not make this communication on behalf of myself, as it is only a secondary consideration with me after a period of twenty-eight years in practice; but for the profession at large I think it is a very important question and an abuse, the repeal of which, like many others, should receive the unanimous assent of both Houses of Parliament.

I remain,
Dear Sir,
Yours faithfully,
G. H. Walley, Esq., M.P. M. Redman.
Lincoln, Dec. 16, 1868.

PEROXIDE OF NITROGEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I observe the following passage in your paper of Dec. 30, 1868:—"Peroxide of Nitrogen.—M. Wurtz supposed that the molecule of peroxide of nitrogen at a low temperature contains $N_2O_4 = 2$ vols., and that it dissociated on heating in two molecules of the body NO_2, occupying 2 vols."

I beg to state that both the discovery that the vapour density of peroxide of nitrogen is about double as great at low temperatures as at high temperatures; and the explanation that there are the two compounds, N_2O_4 and NO_2, are due to Dr. Lyon Playfair and myself. I would refer you to our paper of the year 1861, in the "Transactions of the Royal Society of Edinburgh," and to the "Jahnsbericht" of 1861, p. 25, where you may read what we have done. Our work on this subject has been confirmed by subsequent observers.

Yours, &c.,
J. Alfred Wanklyn, Professor of Chemistry in the London Institution.

NOTICES TO CORRESPONDENTS.

To Correspondents.—We would impress upon our numerous correspondents the necessity of making their lectures, Original Communications' or letters intended for insertion, as short as is consistent with the subject on which they treat. We find it necessary to intimate this to our many friends, in consequence of complaints continually reaching us from contributors, who are anxious to obtain an early publication for their papers.

In deference to the wishes of a large number of our readers, we intend forthwith to devote several columns weekly to *excerpta* from the best British and Foreign journals, in order to keep our subscribers *au courant* with the progress of medicine and surgery in all parts of the world.

Dr. Jacob's "Lecture on the Eye," with illustrations in six colours, is again unavoidably held over till our next.

Dr J. Renton (Gateshead).—Your letter is exceedingly gratifying.

Mater.—The lectures commenced on Wednesday last, at 2·45 p.m. We believe admission can only be obtained by subscription to the course. Annual donations for the support of the College, appear not to entitle the donors to the lecture room.

Dr. Sharkey.—"Dropsy and its Pathology," shall appear as early as possible.

"Chronic Genital Sore," with illustrations, by J. Morgan, F.R.C.S., is unavoidably postponed.

X.—Letter received Its length precludes the possibility of insertion in our present number.

Dr. Edmunds (Female Medical Society).—The matter sent for insertion in our editorial columns cannot possibly appear, *except* in that portion devoted to advertisements.

Dr. Lamprey (Portsmouth)—We will print the two illustrations, omitting the others for the reasons assigned in private note.

Professor Wanklyn.—Your letter in our present issue was unfortunately mislaid by the printer, otherwise it would have appeared on the 6th inst.

Vinctus.—We cannot think that your legal obligation is invalidated by the bad character of your employer. If he had induced you to engage with him under a false representation it would be a different matter, but the law would, we think, hold that you should have satisfied yourself that his professional character was sound before engaging yourself.

J. Duggan, M.D.—"On the Diagnosis of Scarlet Fever;" in an early number.

Dr. J. Luce (Glastonbury).—Will please receive our thanks. The back numbers shall be forwarded as requested. We sincerely hope the interest you appear to take to introduce the journal to your friends will be successful. Prospectuses have been sent.

◆

Marriage.

Joy.—On Nov. 4th, 1868, in the Protestant Episcopal Church Valparaiso, by the Rev. Richard Dennett, D.D., John Holmes Joy, A.M., M.Ch., M.D., youngest son of Henry H. Joy, Esq., E.C.L.L.D., Dublin, to Anita Mary, second daughter of John Mackay, Esq, M.D., of L bu, Chili, S. A., and formerly of Fortwilliam, Invernesshire, Scotland.

Advertisements.

FILMER'S CONVERTIBLE OTTOMANS

FOR CENTRE OF ROOMS,

To form two Settees and two Easy Chairs, a great improvement on the ordinary Ottoman. Only of

FILMER AND SON,

UPHOLSTERERS,

31 & 32, Berners street, Oxford street, London, W.

Factory—34 & 35, Charles street.

An Illustrated Catalogue post free.

SHELLEY'S MUSTARD.

(Formerly O'REILLY'S.)

ANDREW H. SHELLEY AND CO., beg to call the attention of the trade and public to this celebrated Brand of Mustard, now being manufactured from this season's superior quality seed. Special attention is devoted to the production of "Best Irish Brown" for blistering and general medical purposes.

Orders Respectfully Solicited.

ANDREW H. SHELLEY AND CO., 55, and 56, Cork-street, Dublin.

MR. HOWARD, Surgeon-Dentist, 52, Fleet-street, has introduced an entirely NEW DESCRIPTION OF ARTIFICIAL TEETH, fixed without springs, wires, or ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer; they will never change colour or decay, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed teeth stopped and rendered sound and useful in mastication. —52 Fleet street. At home from 10 till 5.

Fraud. — Caution. — Order BRYANT & MAY'S Patent SAFETY MATCHES, Trade Mark an Ark, and insist upon having them, as imitations are sometimes offered that do not afford PROTECTION FROM FIRE.

PROTECTION FROM FIRE.

BRYANT & MAY'S

PATENT SAFETY MATCHES,

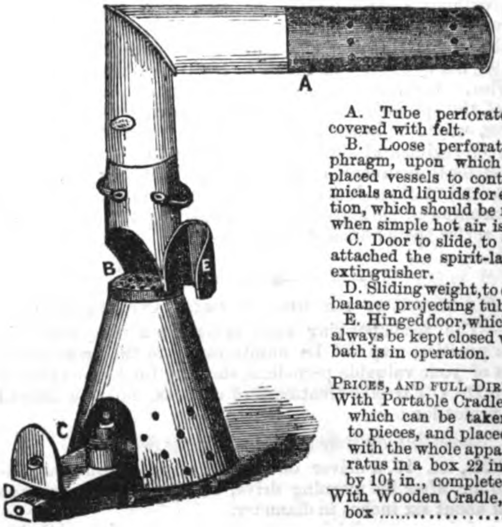
LIGHT ONLY ON THE BOX.

Sold Everywhere.

SURGEON-MAJOR WYATT'S

PORTABLE

HOT AIR AND MEDICATED VAPOUR BATH.



A. Tube perforated, and covered with felt.

B. Loose perforated diaphragm, upon which can be placed vessels to contain chemicals and liquids for evaporation, which should be removed when simple hot air is used.

C. Door to slide, to which is attached the spirit-lamp and extinguisher.

D. Sliding weight, to counterbalance projecting tube A.

E. Hinged door, which should always be kept closed while the bath is in operation.

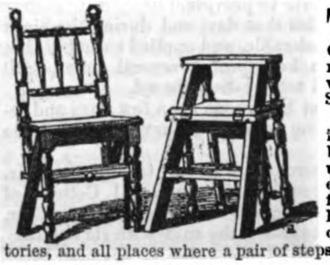
Prices, and full Directions.

With Portable Cradle, which can be taken to pieces, and placed with the whole apparatus in a box 22 in. by 10½ in., complete. £3 5 0

With Wooden Cradle, without box 2 12 6

NETTLETON & CO., Patentees, 4 Sloane square, Chelsea.

Novel Invention.—Two Articles in One.



THIS INVENTION consists in so arranging a CHAIR that by a simple movement it is instantaneously converted into a pair of useful STEPS.

A pair of steps are always in the way, but these that can be instantly converted into a useful Chair, very suitable for entrance-halls as a chair, and for lighting the lamp, also for libraries, bars of hotels, shops offices, greenhouses, conservatories, and all places where a pair of steps are sometimes required.

No. 1. MADE OF DEAL, nicely varnished on the bare wood 11s. 6d. each.

No. 2. BEST SELECTED OAK, and French polished, 21s.

All orders should be accompanied with stamps or Post-office order, when a Chair will be immediately sent per passenger train. The name of the nearest station should be given.—Address, JOSIAH LE BUTT, Manufacturer, Bury St. Edmunds, Suffolk.

Sir J. MURRAY'S Pure Fluid Magnesia is recommended by Physicians since 1807 for Bile, Acidities, and Indigestion. They also order his CORDIAL CAMPHOR (3 grs. per ounce) as the best restorative for weak nerves or low fevers. His LEMON SYRUP, mixed with either Fluid, forms a brisk Aperient for any age—bottles 1s. and 2s. 6d. To guard against false liquids the Patentee's labels are subscribed "Sir J. MURRAY, Physician to the Lord Lieut."

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 27, 1869.

CONTENTS.

LECTURE.

A Lecture on Health and Disease By C. Shinkwin, M.D., &c. 67

ORIGINAL COMMUNICATIONS.

On Abscess near the Rectum and Fistula in Ano. By Holmes Coote, Surgeon to St. Bartholomew's Hospital, &c. 68
A Case of Enchondroma in a Chinaman Cured by Operation. (*Illust.*) By J. Lamprey, M.B, &c. 69

HOSPITAL REPORTS.

St. George's Hospital—
Report of Clinical Lectures. By Mr. Hy. Lee 70

TRANSACTIONS OF SOCIETIES.

Surgical Society of Ireland.—Traumatic Fractures of the Larynx. By Mr. Wm. Stokes 73
Pathological Society of Dublin 75

LEADING ARTICLES.

Educational Reform.—No. VIII 76
Cholera in India 78

SCOTLAND.

Edinburgh.—Association for Improving the Condition of the Poor 79
Edinburgh Hospital for Sick Children 79
Glasgow.—University 79
Royal Lunatic Asylum 79
Convalescent Home 79
Aberdeen.—Funeral of the late Dr. Dyce 79

FRANCE.

Homœopathy.—The Academy Prizes 79

NOTES ON CURRENT TOPICS.

Physicians Wanted 81
Mortality in the Hotel Dieu 81
The Darien Canal 81
Fever at Naples 82
Milk Nourishment 83
Forensic Medicine 82
The Physiciancy to the Irish Viceroy 82
Putrid Sausages 82
Prevention of Syphilis 82
Retirement of the Director-General of the Naval Medical Department 82
One-Sided Retrenchment 88
Devonshire Hospital 83
Pauperism and Charity 83
Important Medical Trial.—Is the L.F.P.S. Glasgow a Medical Qualification? 85
Parliamentary Candidature for Sir D. Corrigan 85
Objection to a District Infirmary 85

Medico-Social Pencillings of London Life and Practice. No. IX 85

GLEANINGS IN MEDICINE, SURGERY, AND THE ALLIED SCIENCES.

Operation for Stricture of the Urethra 87
Acute Abscess of Tibia 87
Destruction of Great Sympathetic and Phrenic Branches in Removal of a Tumour in the Neck 87
Cretinism 87

Notices to Correspondents, &c. 87

Lecture.

A LECTURE ON HEALTH AND DISEASE.

By Thos. C. Shinkwin, M.D.,

Surgeon North Charitable Infirmary, Demonstrator of Anatomy Queen's College, Cork, and Vice-President of the Cork Medical and Chirurgical Society.

Gentlemen,—The older physicians, says a certain author, divided, what is generally understood by the term "Art and Science of Medicine" into three sections; the first comprehended the knowledge of the functions of the body and the organs subservient to those functions; the second embraced those things which, though not part of the living body, are yet essential to its existence; and the third division consisted of an acquaintance with the agents that exercise an influence on disease and health.

It will not be essential for our present purpose to follow out minutely either of these three sections, but where obliged to refer to any function or organ of the living body, we will try and explain its action on the animal economy.

It may appear strange to many when I say that, a departure from a due balance between any of the necessary agencies for our existence will produce disease. Thus, bad cooking will give rise to stomach complaints; inhalation of noxious or foul air will induce diseases of the chest, and frequently of the heart. Unless, therefore, we are acquainted with the action of certain domestic arrangements on the system, some of them producing good, others evil effects, we may give up all hope of leading anything like a healthy life, or, when we become unhealthy of regaining health and strength.

It has often appeared to me strange that though men are so conversant and familiar with nearly all the subjects of what we may call every-day knowledge, that they are so totally ignorant on this subject, which in reality is most essential to the happiness not only of themselves, but of their families and dependents. I hope, however, briefly to clear away some of the difficulties that may lie scattered about the road to sanatory science, and convince you that by carrying out some simple arrangements to which I shall call attention you will confer a great benefit on society at large.

This class of knowledge is undoubtedly much required; for though we have Boards of Health and Sanatory Commissioners to ostensibly see after the health of the people, sad experience tells us that in too many instances their efforts to stir up the community to a right sense of their responsibility have been a failure. It is not my province to discuss the why or the wherefore of this failure on the part of our Boards and Commissioners, but I cannot refrain from expressing it as my belief that were the people given clear and distinct reasons why it was essential to their health to keep their back yards clean, their windows open, and their rooms free from dirt, that we should very soon see a change in their habitations. Tell them the reason one house has fever in it whilst the house a few doors above it has escaped. Try to make them understand that the causes of disease can, by due attention to cleanliness, be held in check. But such a course as this I am advising has never been adopted. An official goes into a man's house and inspects his premises: he there sees filth of the most loathsome description. What has the corporate officer to do? He sends the man in a few days a note to say that unless the state of things be remedied he will be summoned and fined. That moment the man's ideas become antagonistic to cleanliness, and by false reasoning that he will not be deprived of his means of living, he allows himself to be brought before the magistrate for an offence he does not understand; whereas, if he were told quietly that such and such would produce fever, and had explained to him the reason of it, I am almost certain at least comparative cleanliness would be the result. Mind, I am not for one moment laying blame on the corporate officers; they have a most difficult and onerous duty to perform, and they do it to the best of their abilities; but I think if the terrors of the law were withheld, and a milder course adopted, a great deal more good would be the result. Again, we must remember that the dung heap and the filthy yard are not the only causes of disease. How often can we trace some of the severest forms of sickness amongst the poor to want of the essentials of life, want of clothing, want of warmth, and, amongst their children, to the means of caring for their little delicate frames!

The hints that I am about to offer with regard to the preservation of health, and the general sanatory economy of houses must not be by any means looked upon as original. I have consulted many authors on the subject, and though not able to point out what has exactly been taken from each, yet I must candidly acknowledge that their ideas will be pretty freely used in these remarks.

We may lay it down as a truism that there are a great many agencies which cannot only be made subservient to keeping man healthy, but when he becomes ill, can be used as so many remedies to restore him to health. For instance, if a man be a great glutton we can curtail his food; if he takes no exercise we can insist on his doing so; if we are called to see a person with disease of the chest and we find him breathing an impure atmosphere, we can recommend him to try another residence.

Thus, we can use the one agent as a correction of the other. As far back as the days of Hippocrates this system was followed, and with great success, but nowadays, such things will not suit. We are now such a go ahead race, that unless we keep pace with the times, give lots of physic, order our patients a pill every quarter of an hour, and a draught every twenty minutes after; a blister to his chest, and ice to his spine, we shall have the patient's friends deluging him with twenty-four Holloway's pills as a dose, and rubbing three or four pounds of the same gentleman's ointment over his unfortunate body. There are few of us who have not been tired out in watching and waiting for the accomplishment of the process of restoration of the balance of health and strength. We may try many remedial agents, thinking to hasten the cure; each agent tried has in its turn disappointed us; but in that disappointment Nature has often taught its most important lesson, for by the delay we discover how great an ally Nature is and that her laws and her great and varied resources are not to be despised

During sickness, food is too much ignored—and why? Because its value as a therapeutical agent is not properly appreciated by either physician or patient. You may say a certain regimen will not cure disease. I agree with you. Neither will medicine, no matter how skilfully used, but certain condiments will annoy and disturb existing diseases, and then we require medicine to soothe and keep them in check. Would it not be, therefore, much the wisest and more sensible course to adopt in the first instance, to give up the cause and the result will follow? We may, therefore, say that the science of hygienic medicine or sanatory economy is to try and keep the health, and to see that by judicious attention to, and the regulation of, the diet, dress, exercise, atmosphere of dwellings, water-supply, and so on, the working classes are protected from those things that may produce disease. The question might here be asked, Ought the State to interfere in the enforcing compliance with sanatory rules? We say it ought. But in too many instances the State will not interfere, unless disease presents itself in some of its most dangerous and virulent forms; so long as it lurks in holes and corners there will be no notice taken of it, but when it begins to depopulate our country, then—too late to check it—our rulers begin to stir themselves; this is the brief history of all our epidemics.

I have heard it said, "Shame on the men who gave utterance to the sentiment that it was well for a country to be occasionally visited by an epidemic, as by that means the old, the weakly and the decrepid, were carried off from being a burthen on the community!"

It is the principle of life itself, says an author, *which is the care of the State, and that life is as much protected when tenanting a weak and deformed body as when encased in the most herculean figure frame.* As we advance in civilisation, the above sentence becomes more truthful. The existence of a hard and vigorous race in the olden times was absolutely essential to the well-being of the State; but now mere brute force avails but little, the pen wielded by the hand of the puniest body that God ever breathed the breath of life into may change the destiny of a nation, whilst the towering giant rejoicing in his strength and stature may be laid low by the simple sling and stone of the boy David.

As long as people flock together in large numbers in our manufacturing towns, there most surely will disease first make its appearance, and that too amongst the old and worn-out members. In order, therefore, to carry out the principles of sanatory economy or hygienic medicine, you must raise the moral condition of the people, for by so doing you help to dispel many injurious habits of idleness, and dissipate those feelings of sloth which, when left to themselves, engender but too rapidly the many contagious diseases we are called upon to combat.

◆

Original Communications.

ON ABSCESS NEAR THE RECTUM AND FISTULA IN ANO.

By Holmes Coote,
Surgeon to St. Bartholomew's Hospital, &c.

Mr. Samuel Cooper correctly observed that the custom of giving the appellation of fistula to every collection of matter formed near the anus has, by conveying a false notion of them, been productive of bad methods of treatment. To this we may add that to explain away the formation of all abscesses near the rectum on one supposition only, namely, the previous perforation by ulceration of the walls of the bowels, is equally productive of error. Fistulous passages may or may not communicate with the cavity of the intestine, and in the former case the opening may be single, or there may be numerous ulcerated apertures. The fistulous aperture may open externally, or terminate in the areolar tissue around the rectum; the walls of the rectum finally may be in other respects healthy, or be thickened, indurated, and matted together. These points are illustrated in the museum of the hospital (Ser. xvi.). In one specimen we find the fistula extending for two inches upwards on the exterior of the rectum, and then suddenly opening into its cavity. The passage is lined by a smooth membrane, like the mucous membrane of the rectum itself. This is the form of fistula which imperatively demands before operation that the surgeon should find the internal opening, and not force the director through the mucous membrane, be it ever so thin.

In other instances, however, the apertures are numerous. One specimen exhibits a portion of the rectum of which the coats are generally and greatly thickened, indurated, and consolidated with each other and the surrounding parts. Just above the anus there are numerous ulcerated apertures with smooth edges, which lead through the walls of the rectum into short fistulous canals in the surrounding indurated tissue. One canal extends beyond the tissue, through the coats of the bladder, into its cavity. Cases so different are obviously not amenable to the same treatment. A single fistula may extend from the anus upwards, between the fibres of the levator ani muscle, and the longitudinal muscular fibres of the intestines, and not open into the rectum at all, or the fistulæ may be branched. No. 46 exhibits portions of a rectum and the anus; there are irregular and branched fistulous passages, which extend in various directions around the exterior of the rectum, but none of them open into it. They too are lined by soft and smooth membrane.

In a very great number of cases the cause of the disease may be traced to a penetrating ulcer of the rectum, most probably of tuberculous origin. Through this some fæcal matter or gas escapes which excites inflammation, terminating in an abscess. But inattention to the daily evacuation of the bowels, the impaction of hardened fæces and other similar causes, often lead to long continued inflammation, which spreads from the rectum itself to the tissues around. Then the whole mucous membrane may be removed for several inches by ulceration, leaving exposed an irregular shreddy surface, and finally apertures may form leading to short sinuses in the diseased tissues.

In one case the patient, a middle-aged woman, who had long suffered with symptoms of disease of the rectum, suddenly experienced severe pain in the act of defæcation. Death rapidly ensued, when it was found that upon the anterior aspect of the rectum there was an aperture higher up than the rest, which passed through the walls of the rectum, and opened directly into the peritoneal cavity.

In a case under my care, a large collection of matter formed by the side of the rectum after the application of the ligature to a mass of hæmorrhoids. So severe were the symptoms, that the case was considered hopeless by some who saw him. A free incision, however, gave issue to a large quantity of stinking pus, after which the patient slowly recovered.

When the abscess is circumscribed, and does not open by a fistulous passage into the rectum, the pain which it causes is almost unendurable. I lately saw a young married woman the subject of this affection. There was no very visible swelling by the side of the anus, but in one spot the skin was somewhat redder than natural, and a fluctuating swelling could be distinctly felt in the interior of the bowel. A free incision allowed the escape of several ounces of badly smelling pus, and the patient recovered without further symptoms.

It is said that these abscesses present themselves in different forms; thus, one form of abscess, attended by great pain and high fever, is characterised by swelling and induration of the buttock, followed by suppuration in the centre; or, if the redness is more diffused, the inflammation is more superficial, and there is little or no hardness. In other cases the inflammation is of "carbuncular" character, and there is often found a slough of areolar tissue. Sometimes the disease makes its appearance as an induration, close to the verge of the anus. The quantity of matter varies considerably, but the odour is almost always offensive.

In all cases the matter should be evacuated as speedily as possible, the best instrument being a broad double-edged scalpel. The fœtor of the discharge may be corrected by the addition of charcoal to the poultice, or the free use of Condy's fluid. The surgeon has then to wait until the course of events prove whether a fistulous passage will remain after the emptying of the abscess and contraction of the sac.

How should we treat the fistula? In cases where there is no external aperture an operation is rarely required. When the fistula is of the usual length and direction, and the patient's health fair, the employment of the director and the curved bistoury is indicated; but in cases where the patients are delicate and tuberculous disease of the lungs is suspected, I very much prefer the use of the ligature. A long steel probe (armed with a silken thread attached to the side of the probe, which is removable) is introduced into the rectum along the fistula; the point of the probe is then seized by an instrument introduced with the forefinger per anum, and withdrawn, carrying with it one end of the ligature. The two ends of the silk, including the soft parts between the fistula and the anus, are finally tied, but loosely so as to exert no pressure. In three to six weeks the ligature cuts its way out, the wound healing from the bottom. In this operation there is no pain.

In the remaining class of cases, where the rectum is thickened, &c., the use of the bougie is sometimes needed. The bowels should be kept gently loose; and opium in the form of enemata or suppositories to allay pain, and give rest to the diseased parts. But the daily functions of the rectum interfere with the rest necessary for repair, and hence the patient is at a great disadvantage. That this state of things is not free from danger to life, the case reported above will illustrate. No opportunity, therefore, should be lost in impressing on those prone to such disorders the risk which they run, by allowing any false delicacy to interfere with the performance of functions on which the whole bodily health mainly depends.

◆

A CASE OF ENCHONDROMA IN A CHINAMAN CURED BY OPERATION.

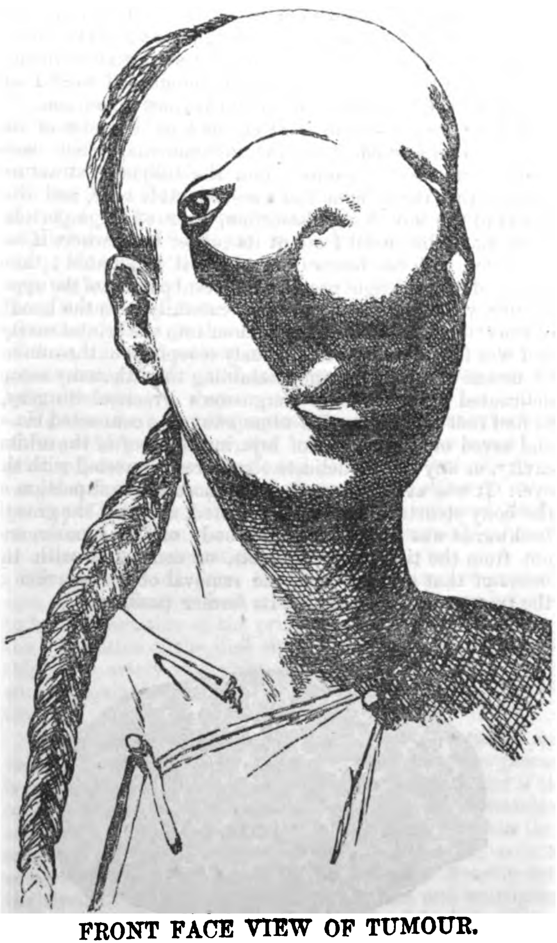
(*Illustrated.*)

By J. Lamprey, M.B.,

Surgeon 67th Regiment.

Among the great variety of cases that came under my notice while in charge of the hospital for native Chinese, instituted by the British Army when in occupation of Tien Tsin, there was none of greater interest, or more satisfactorily showed the utility of the institution, than the case of which the following is a brief record:—

In the month of June, 1861, a Chinaman from the northern part of the province of Chili, entered the hospital, and astonished us not a little by the remarkable size of what at first appeared to be his nose, but which afterwards proved to be an enchondromatous tumour. The subject of it was a tall, healthy-looking young man of the labouring class of the population. His face presented the appearance



FRONT FACE VIEW OF TUMOUR.
(Graphotyped from a photograph.)

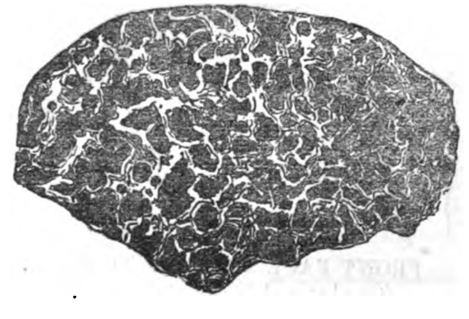
seen in the illustration representing the front view. It was drawn from a photograph done by the photographer attached to the Prussian Embassy, then waiting at Tien Tsin for permission to visit the Imperial Court at Pekin. Through the request of Dr. Lusius, of the Embassy, His Excellency Count Eulenberg kindly gave permission to have the photographs taken, and thus a good illustration of the case has been preserved.

The patient stated that the tumour had commenced to grow about eighteen months previously, and that he did not recollect receiving any hurt to occasion it; that it commenced at the right side of the nose near the inner angle of the eye; that he had no pain in it, and suffered no inconvenience from it beyond its size, which he feared would grow to still greater dimensions and completely obscure his left eye also, as it did do so to some extent. He was willing to submit to any operation for its removal, if this could not be accomplished by medicine. An old cicatrix in the front part of the tumour showed that it had been the subject of medical treatment by Chinese doctors, who had applied some of their escarotics to it. The tumour was globular in form, of irregular outline, and had a firm resisting feel. It was situated between the orbits and in front of the nose, which it concealed and compressed so as almost to close the nares. It extended to the right and left so as to partially overlap the left eye, and to displace the right eye, which projected in front and to the right side fully two inches from its normal position. The eye was quite healthy, and had not lost its power of vision. The eyelids opened and closed at command, and there was considerable mobility of the eyeball. This protrusion of the eye-ball was found to be occasioned by the growth of the tumour into the cavity of the orbit so as to occupy its place.

Seeing how well Chinamen, when in good health, bore surgical operations, it was determined to accede to the man's request to have the tumour removed; accordingly, though the weather was exceedingly hot, I commenced what I anticipated would be a hazardous and tedious operation.

Making an incision in front of the long diameter of the tumour, I dissected back the integuments, which were healthy and easily separated from the subjacent structure. Finding that the tumour had a considerable base, and that it was in the way of my dissection, I cut off large portions of it, bit by bit, until I got at its proper base, where it was connected with the bones from which it originated; these appeared to be the right nasal and adjacent portion of the upper maxillary bones. Feeling my way carefully with the handle of the scalpel, I followed the tumour into the orbital cavity, and was fortunate, while cautiously scooping out the tumour by means of an instrument resembling the lithotomy scoop, delineated by fig. 274 in "Fergusson's Practical Surgery," to find that a large portion came away in a connected mass, and saved me the danger of injuring the roof of the orbital cavity, or any of the delicate structures connected with the eye. It was at once seen that the more internal portion of the bony structure was not implicated, and that the growth backwards was derived from the body of the tumour, and not from the tissues of the orbit, or connected with the bones of that cavity. On the removal of this portion of the tumour the eye resumed its former position.

FIG. 2.



The bones (right nasal and adjacent portion of the upper maxilla) forming the base of attachment of the tumour, were softened to a considerable extent, and showed a gradation into the fibro-cartilaginous structures of it; all this diseased structure was removed, as far as possible, before the integuments were brought together and the ordinary sutures were applied. There was not much hæmorrhage, even when the tumour itself was cut into, although highly vascular as regards its internal structure, at least the hæmorrhage was no impediment to the operator.

Fig. 2 shows the appearance presented by a section of the tumour. It is intended to represent the fibro-cartilaginous granular bands traversing the tumour in all directions, and the vascular structure filling up the interspaces. This appearance, together with the intimate connection with the bony base, indicated its origin to be connected with altered bone structure.

On the day following the operation much inflammatory action was apparent, and warm poultices were applied, instead of the cold water applications; considerable fever ensued and continued for some days, and large discharges of very fœtid pus came away from the wound. I was not disappointed at this, but rather considered it to be a favourable occurrence, as Nature was no doubt removing any traces of diseased structure that might have escaped the knife.

The appearance of this man after the wound had healed, and before he left the hospital in August following was satisfactory. In the month of December following, this man again presented himself at the hospital, when his appearance was still more improved, and there were no indications of renewed growth of the tumour, and the eye which had been so long displaced completely recovered its normal position and mobility.

Enchondroma is not an uncommon disease among the Chinese. On another occasion I removed a very large tumour of this peculiar growth from the hand of a Chinaman by amputating the finger on which it grew, and restored the use of the hand, which otherwise would have been an incumbrance, and rendered the upper extremity useless to him, as the operation was quite beyond the skill of the Chinese, who were hitherto ignorant that diseases could be so radically cured.

◆

Hospital Reports.

REPORT OF CLINICAL LECTURES

DELIVERED AT

ST. GEORGE'S HOSPITAL.

By Mr. Henry Lee.

CASES OF MORTIFICATION CONNECTED WITH DISEASE OF THE ARTERIES.

Case I.—M. D., æt. fifty, was admitted 24th July, 1867, into St. George's Hospital, under the care of Dr. Ogle. There was then a tumour on the right side of the navel, which had existed, as far as she knew, two months. On the 6th August, the toes of the right foot became affected with gangrene. There was a good deal of pain in the ankle and toes. There was then no œdema.

In the beginning of October a fresh swelling appeared in the left inguinal region, and in a few days the left leg became œdematous. I was now requested to see her in consultation with Dr. Ogle, and concluded that, as the gangrene had occurred on the opposite side to the swelling, it depended on some disease of the arteries, and not upon obstruction to the veins.

The patient died on the 29th of October. Upon a *post-mortem* examination, the liver and kidneys were found fatty. In the right iliac region was a large hard firm mass, about the size of a fœtal head, which lay somewhat obliquely across the abdomen, resting on the right iliac artery just after its bifurcation. It was found to be a cancerous mass, hollow, and full of fæces. In the left iliac fossa was a similar malignant deposit, the size of an egg, and closely adherent to the bone. The inguinal glands on this side were likewise enlarged, and one gland, the size of a walnut, pressed upon the femoral vessels as they passed under Poupart's ligament. The deposit in these glands was of the same nature as in the tumour on the right side of the abdomen. The aorta was in several places much diseased; large deposits of atheroma, as big as a sixpenny-piece, were found all over its surface. On the lining membrane were some oval-flattened masses the size of large peas. Some portions of these were of a dark red, others of a bright red colour; and one lay completely detached. There was no trace of inflammation of the lining-membrane of the vessel. The right popliteal artery contained a long decolourised mass of fibrin, in which two of these red masses were embedded. This fibrin adhered firmly to the vessel at one part by a broad membranous band. The canal of the artery was, however, pervious. All the veins in the left lower extremity were full of decolourised clots, which were adherent. The posterior tibial veins on the right side were also plugged. The nature of the oval masses found in the interior of the vessel formed the chief point of interest in the case. They all presented a shining lubricated exterior, and adhered, with one exception, tolerably firmly to the coats of the vessel. A delicate membrane, apparently continuous with the lining membrane of the artery, could be traced to a greater or less extent over their surfaces. Upon a microscopic examination, these masses were found to consist of blood and altered fibrin, and of fatty matter.

Case II.—C. D., æt. fifty-five, was admitted into St. George's Hospital under my care on the 5th December, 1866. He had at that time a sloughing ulcer, about three inches in extent, nearly surrounding the lower part of the right leg. He attributed the ulcer to a bruise which he had had a month previously. The patient was depressed, with a full, weak pulse, which sometimes intermitted. The cause of his depression was carefully looked for, but no evident sign of disease of any of the internal viscera was detected. With slight variation, the ulceration continued and exposed a portion of the tibia; and the patient died on the 2nd of January, 1867.

Upon a *post-mortem* examination, the body was very fat. The lungs were much congested. The heart was very large, weighing twenty-four ounces. The valves were very atheromatous, and quite rigid. The aorta was covered with patches of atheroma the size of a threepenny-piece; some of these patches were softened and broken down in their centres. Where this had taken place, ulcers with ragged edges were left surrounded by congestion. The liver was congested and fatty; the spleen diffluent, and its structure broken down. The kidneys were large and coarse, and their structure rotten. The arteries of the right limb were examined, and found to be rigid, and considerably changed by atheroma. Small shreds of fibrin, more or less firmly attached, were found on the surface of the ulcers in the aorta.

In the course of two clinical lectures on the cases we have quoted, Mr. Lee considered the process of repair that is instituted when an artery is injured, and pointed out that this process is conducted by means of a material deposited from the blood, closely allied in its nature to ordinary fibrin. In this adventitious substance may be seen under the microscope, as has been so well illustrated by Dr. Beale, a number of granular cells undergoing subdivision and multiplication. These cells in their characters resemble the white corpuscles of the blood, and cannot, in fact, be distinguished from them. He then showed that the material thus deposited in the healthy process of repair became organised, but that if it did not become organised (except in cases of aneurisms), it was removed in the current of the blood. He afterwards considered some of the effects which may be thus produced, showing that the two processes, which can be traced in the repair of blood-vessels, bear an analogy to similar actions which are more easily observed on the surface of the body. The material effused between the cut edges of a wound of the skin may be completely organised, so as to remain a part of the living tissue; or, on the other hand, it may be thrown off as unorganisable matter. In the latter case the quantity of new material generated is very much greater than in the former. The matter thus formed by the multiplication of cells on the surface of the body, and not organised, is thrown off in the process of suppuration; but the products of any analogous actions in diseases of the vessels are liable to be poured into their cavities. If the process of repair in an artery is accomplished by the first intention, only so much new material is deposited as may be requisite; but if the repair by the first intention be not accomplished, then other actions take place which may lead to the obstruction, more or less complete, of the vessel. The morbid products may then mix with the blood, which has a tendency to carry them in the course of the circulation. The quantity of material thus formed, either by the subdivision and multiplication of adherent cells, or by the direct deposit of fibrin from the blood, is often very great; so that the cavities of the largest as well as of the smallest vessels may become closed by this means for many inches.

Cases in which veins are obstructed in this way are of constant occurrence; but the instances in which arteries are similarly affected are more rare. When any matter is thus deposited in a diseased vein, and does not remain adherent, either directly or indirectly, to the sides of the vessel, we look for the results of its being carried along in the course of the circulation: when an artery is thus affected, we look for results in the parts to which the ultimate subdivisions of the artery are distributed. It does not, however, often happen that the cavity of an artery becomes obstructed by the fibrin-like material above mentioned, independent of other disease. In wounds of arteries which do not unite by first intention, if a large quantity of this material is deposited, it is not generally in the interior of the vessel. Usually an aneurism forms, and the fibrin then is deposited outside the vascular system. Mr. Lee believes, however, that there is a class of cases which has not hitherto attracted much attention, in which the products of other diseased actions may find their way into the interior of arteries. The changes in the arterial coats themselves have been accurately described; but the secondary effects produced by the entrance of the products of these diseased actions into the circulation have not been satisfactorily traced, and to these Mr. Lee's attention has been directed.

He remarked that Dupuytren believed that spontaneous, senile, or dry gangrene was due to inflammation of the principal arteries of the affected part; and that the blood coagulated in the cavities of these vessels, either in consequence of its being in contact with the inflamed lining-membrane, or from its admixture with coagulable lymph, or as a result of ulceration of the internal coats.

He next quoted from Sir Benjamin Brodie's works a case of mortification from what that great surgeon believed to be inflammation of the principal vessels of a limb: from the bifurcation of the iliac trunk down to the middle of the thigh the artery was obliterated, being completely filled with coagulable lymph, evidently effused from inflammation.

If Mr. Lee's account of the mode in which arteries and veins ordinarily become obstructed be correct, the process is not necessarily connected with inflammation; and if the coats of the vessels are at all inflamed, it is as a secondary consequence of actions which occur previously within their cavities. The matter which obstructs the vessels is in no sense a secretion, but is formed by a deposit directly from the circulating fluid, or by the subdivision and multiplication of cells resembling the white corpuscles of the blood, and of matter formed by these cells. In chronic states of disease the changes observed in the coats of arteries consist chiefly of steatomatous or atheromatous deposits. These deposits are liable to become softened, and when the lining membrane of the vessels gives way, this softened material is poured into the current of the circulation. The blood in a diseased artery then becomes mixed with a material (in process of degeneration) really derived from the arterial tissues.

Lebert describes the pultaceous softening of atheromatous disease of arteries on microscopic examination as of a yellowish-white colour, containing molecular granules, vesicles, granules of fat, crystals of cholesterine, calcareous granules, and *débris* of the elements of the middle coat.—(*Anatomie Pathologique*, p. 513.)

That fatty matters will not readily pass in the current of the circulation, has been shown by experiment. Majendie states, in his *Précis Elémentaire de Physiologie*, that some fluids pass readily from the arteries into the veins, but others are obstructed in their passage. Clear solutions of tartar emetic, of opium, or of nux vomica, as shown by Gaspard, pass readily in that way, and little or no irritation is produced in the vessels through which they are conveyed. But other substances, such as the infusion of tobacco, the solution of acetate of lead, or putrid fluids, when injected into the artery of a limb do not readily pass through the capillaries; and then the local irritation is great. That which may be thus illustrated by physiological experiments, may occasionally be observed in practice. In Case I. (MEDICAL PRESS AND CIRCULAR, Dec. 9th) the diseased products from the internal coats lodged in the large arteries in which it was formed, in arteries of intermediate size, and in the capillaries. In Case II. it lodged in the capillaries only.

It has been generally, and perhaps too hastily, assumed that mortification in cases where the arteries are diseased depends upon the want of a sufficient supply of blood to the part. In Case I. the circulation was partially arrested by adherent coagula in the aorta; the popliteal artery was all but impervious; and the circulation completely arrested in the distal portion of the limb. But do the facts justify the inference that mortification took place from want of blood? In cases where the supply of blood is suddenly arrested the part becomes pale and cold. The very reverse of this is generally observed in cases of mortification in connection with disease of the arteries. In corroboration of this statement, Mr. Lee cited a case related by Mr. Turner in the "Transactions of the Medico-Chirurgical Society of Edinburgh," in which the circulation in the forearm was arrested in consequence of an accident: "The forearm was pale, and the veins much smaller and more collapsed than those in the other arm; and when they were compressed they filled slowly." Also a case related by Mr. Chevalier in the "Medico-Chirurgical Transactions," in which a gentleman received a very severe blow from the shaft of a van in the left groin. This was followed by great pain in the leg and foot. The day following he had lost all sensation in the lower half of his leg. There was no pulsation in the arteries of the injured limb, the skin of which was "pale and cadaverous." After some time the ankle and foot assumed a deep transparent colour not unlike that of new mahogany. This did not disappear upon pressure. The toes were dried and shrunk; they were paler than the ankle, and their substance was transparent; they resembled parts dried and immersed in turpentine. The cuticle did not separate. The temperature of the right toes in this case was 90°, that of the left toes varied from 66° to 71°. On a *post-mortem* examination the arteries were all found to be impervious in the neighbourhood of the original injury. In a case that occurred to Mr. J. A. Gamgee, a woman, eighty-five years of age, suffered from gangrene of the foot, which had never been black, but was of a dirty-white colour. The popliteal artery of the corresponding side was found obliterated by a firm, adherent, whitish clot. The anterior and posterior tibial arteries were also closed by white adherent clots.

Mr. Lee pointed out how, in contrast with the abovementioned cases, the appearances presented by the great majority of those in which mortification has taken place in connection with disease of the arteries show that the affected parts have contained much more blood than natural. The blood has stagnated in the capillary vessels, and has been altered in colour and consistence. It has been defective in quality, and not in quantity. That such is the case, and that the quantity of the blood alone, independent of disease of the arteries, may produce mortification, is further illustrated by the case of a patient admitted under Mr. Lee into St. George's Hospital, with a child that she was suckling. She had an attack of erysipelas. The child then for the first time became poorly, and the skin of the whole of the toes, and of a large part of the foot, mortified. The toes separated naturally, and the wound healed. The child afterwards continued in perfect health. In practice we see that the circulation through the arteries may be impeded by the formation of coagula in their channels, or the return of blood through the veins may be retarded by local pressure, and the quality of the blood may be altered at the same time. These influences may have some effect in the production of mortification, and may have been in operation in Case I. But the alteration in the constitution of the blood, and the consequences of that alteration, is that which Mr. Lee thinks the most frequent cause of mortification. In Case I. there were portions of blood coagulated in contact with the diseased lining membrane of the aorta. These coagula were covered with a shining membrane, and adhered to the aorta. Considering the force of the circulation through the vessel, he could come to no other conclusion than that they were formed *in situ;* and being formed upon the diseased lining membrane, or where that membrane was deficient, it was highly probable that they contained some of the products of the diseased actions which had taken place. Those diseased products may indeed have been the efficient cause of the coagulation of these portions of blood. At all events, the existence of these coagula, as they were found, proved that coagulation of blood may take place in living vessels, and that the coagula thus formed may have a firm adhesion to the sides of the vessel or may be independent of them. The tendency to coagulate must have been very powerful where the effect could be produced under so many disadvantages as in the aorta. It was not, therefore, surprising that this tendency should produce a greater result in more favourable situations. Accordingly, where the arterial tubes were smaller, where the impulse of the blood was less, where the artery subdivided into several branches, much larger coagula were formed. When these several conditions were present in a great degree many vessels were obstructed instead of one, and the circulation of the part completely arrested.

In Case I. the coagula in the aorta were covered with a thin lubricated shining membrane. The mode of formation of such membranes upon clots in blood-vessels appears strictly analogous to the process which Mr. Hewett first described.

Further, independently of the obstruction of the circulation by coagula, there are other circumstances with regard to the blood which tend to prevent its passage through the smaller capillaries. Thus fatty matters, as has been shown, pass through the capillaries with difficulty, causing pain and swelling. The products of the degeneration of the coats of arteries are chiefly fatty, and when these mix with the blood, we have the conditions presented so frequently in a senile gangrene.

When cell-growth takes place in portions of fibrin deposited on the lining membrane of an artery, that growth may continue for a certain time quite independent of any action in the membrane with which it is in contact; and when the material in which such cell-growth has commenced is detached from its original position, that growth may still continue in the distant parts to which the material containing these cells is transferred.

Pain, swelling, softening of parts, and mortification may be produced by diseases originating in the vessels which supply a limb, and at a distance from the part where the effects of those diseases first manifested themselves. It is very difficult to prove in any individual case that such a translation of disease has occurred, because it is manifestly impossible to examine the parts both before and after its occurrence; but where such evident results present themselves as in the cases recorded, it must necessarily happen that less severe affections should occasionally occur.

Mr. Lee said that the mildest form of disease which he had witnessed, and which he considered of this nature, resembled a very painful soft corn. The cuticle over the part became ragged, and when removed the cutis showed several small black spots. The disease occurred in a part not subject to pressure, and continued several days without alleviation of the pain or tenderness. He noted it particularly on two occasions, and both times it presented itself in young people on the bulbous extremity of the little toe.

◆

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

THE Society held the second meeting of session 1868-69 on Friday evening, January 8, in the Albert Hall, Royal College of Surgeons.

The President of the College, Mr. PORTER, in the Chair.

Members present.—Messrs. Wharton, Jameson, Labatt, L'Estrange, C. Benson, B. Wills Richardson, Mapother, Macnamara (V.-P.), Morgan, W. Moore, H. G. Croly, Wm. Stokes, jun., P. White, H. Kennedy, H. L. Stoney, Roe, Stoker, F. Kirkpatick, J. R. Kirkpatrick, Stewart, Kelly, M'Dowell, Athill, Brassington, Denham, Murdocke, Coulton, Fletcher, Purcell, Martin, O'Leary, C. Fleming, Brady, Owens, E. Hamilton, Usher, Booth, D. B. Hewitt, Hewitt, jun., Little, O'Grady, Barton, Tuffnell, Montgomery.

TUMOUR OF HAND.

Professor MACNAMARA said, that in bringing the specimen before the Society, he wished in the first place to offer his most earnest thanks to his friend, Dr. Thomas Pratt, for sending the patient up to him. He could not say how much he thought an example such as that should be followed by their provincial brethren; and he hoped, therefore, that they would imitate the example of Dr. Pratt by sending up remarkable cases which might come under their notice, for the information and improvement of our metropolitan students. Never, in the course of twenty-five years' practice, had he (Professor Macnamara) seen a specimen of such magnitude as that which he now presented to the Society, and he believed the President had never met so large a one in his practice. The subject of it was a boy thirteen years of age, in every other respect, healthy. He was admitted to hospital on the 23rd of December with this enormous tumour of the hand. There was some question as to whether the growth was congenital or the result of a burn. When about two years of age, the boy fell into the fire and burned his fingers, but whether that could have resulted in this disease he was not prepared to say. He (Professor Macnamara) presented the tumour, as well as a cast, which exactly represented it. The tumour was solid in every part save one, in which it had commenced to ulcerate. It implicated the second and third fingers, and, so far as he could make out, did not engage the metacarpal bones. There could be no question but that there was only one plan of treatment to be adopted—namely, the excision of the whole mass. He considered, however, that the fourth finger, the index finger, and the thumb might be saved. With respect to the condition of the bones of the forearm he might state that the radius was arched exceedingly and that to some observers the ulna might seem to be totally absent. On careful examination he thought he could trace a rudimentary ulna at the wrist, becoming more evident towards the elbow-joint. They would readily see that the boy, carrying this large weight, the thumb upwards, the ulna in a position between pronation and supination, pressure upon the epiphysery process of the ulna took place and arrested its development; the great weight tended also to arch the radius. He was vain enough to think that he should be able to give the ulna and the radius their proper position. As to the operation, he might briefly say that it consisted in making a quadrilateral incision, dissecting a dorsal flap back, disarticulating two or three fingers, dissecting the growth forwards, and forming another flap from the palmar aspect of the hand. He was happy to say the case was going on in a satisfactory manner. The boy will have the fourth finger, the index finger, and the thumb, with the palmar aspect of the hand. It might be said that by making an incision of a triangular form, and taking out the metacarpal bones there would be a more useful hand. He could not accept that view, for the boy had to earn his bread by the labour of his hands, and therefore the larger the palmar aspect of his hand the better. He was happy to say, from the appearance of the boy's palm when he dressed him that morning, that he would have a hand as well able to work a spade as if this disease had not occurred. Professor Macnamara then pointed out a specimen of a remarkable case of a similar nature which had been under Mr. O'Beirne's care, and in which, as contrasted with the present, a large portion of the palm had been removed. He had only further to say that the tumour on removal weighed 1¼lb., and would repeat that this great weight, placed in the position he had described, would account for the apparent non-development of the ulna and the arched condition of the radius.

SYPHILITIC SLOUGHING OF PHARYNX—GANGRENE OF NOSE.

Mr. MORGAN exhibited a specimen showing extensive sloughing of the back of the pharynx, gangrene of the nose, and an atrophied heart, from a syphilitic case. There was no valvular disease, but that peculiar form of atrophy of the heart which was so often seen in syphilitic cases. The subject of this disease was a woman, thirty-four years of age, who had been admitted to the Lock Hospital on the 17th of November, and who died on the 4th of January. On the 24th of December the symptom indicative of approaching death—gangrene of the nose—first set in. A spot about the size of a sixpenny piece made its appearance on the end of the nose, gradually extending round the bridge of the nose, and before she died the discolouration had almost reached the eyes and nearly as low down as the under lip. She said that she had been for ten years living an irregular life, seven of which she had passed with one person, and for the last three years she had been on the streets. Three months only before she came into hospital she got a simple sore on the pudendum, not accompanied by bubo, nor having any of the characters of a soft sore. There was no evidence on the body of any secondary symptoms. He could, however, see a slough on the back of the pharynx, and that a small portion of the soft palate had been eaten away. After death he found that the slough extended from the occipital bone all along the back of the fauces, having destroyed the soft palate down to the larynx, and necrosed a portion of the os hyoides and extended into the larynx down to the thyroid and arytenoid cartilages. The heart was of small size, weighing only six ounces, and was partially atrophied. There were the ante-mortem clots, a clot in the pulmonary artery, and one in the aorta. The substance of the ventricle was of normal consistence. There was nothing peculiarly observable in the liver and lungs; but on examining the uterus he found a small deposit in the fundus. Syphilitic depositions had probably taken place in the uterus, but this was so like the fibrous tumours so often found in the uterus that he would not speak more positively about it. The amount of sloughing which this case exhibited was unusual. For the first three days the action of carbolic acid seemed to arrest it, but as debility set in, the sloughing extended itself with great rapidity. Mr. Morgan exhibited a lithographic drawing showing the appearance of the woman's face before death.

Mr. WILLIAM STOKES read the following paper:

TRAUMATIC FRACTURES OF THE LARYNX.

ON September 22nd I was summoned to the Richmond Hospital to perform tracheotomy on a female, who had just been admitted, suffering from extreme dyspnœa, which had come on rapidly after receiving a kick in the throat from her husband. The account that was obtained from the patient's friends was, that she had a dispute with her husband relative to some money which she had about her, and of which the husband wished to get possession. All persuasion to obtain it from her failing, he had recourse to violence, and threw her down on the floor. On attempting to rise he kicked her on the throat, which had the effect of again prostrating her. I presume that some symptom she had then alarmed him, for he offered her no further violence, and she shortly after rose and stated that she would charge him for this brutal assault. While in the street looking for a policeman, and experiencing probably the usual difficulty in finding one when he is required, the dyspnœa commenced. It rapidly increased in intensity, and she was immediately brought to the Richmond Hospital. On her admission she was almost inarticulate; there was a cold sweat on her forehead; her pulse slow and weak; her face much flushed, and her lips livid. Her respiration was laboured and difficult, but not so much as to make those about her think, that the case was about to terminate so suddenly as it did. I was immediately summoned, and lost no time in getting to the hospital; but on my arrival I learned that the patient had just expired. I found considerable flattening and abnormal breadth of the throat. There was no apparent ecchymosis, but much effusion and infiltration among the soft structures were distinctly felt. From these appearances, as well as from the abnormal mobility of her laryngeal cartilages, and also an obscure crepitation, the diagnosis of fracture, with displacement of one or more of the cartilages of the larynx, was made—a diagnosis which the *post-mortem* examination verified. All the soft tissues about the larynx were found profusely infiltrated with blood, although no laceration of a large vessel could be determined; it was more copious and extended further back on the right side than on the left. On taking out the larynx I found that there was a double fracture of the cricoid cartilage. These two fractures were symmetrical, each being situated at about half a quarter of an inch from the middle line. There was displacement backwards and slightly inwards of the left fragment, separation of its articulation with the inferior cornu of the thyroid, and considerable laceration of the crico-thyroid muscle on that side. The displacement of the fractured portion of the cricoid was not observed on the right side. Here, posterior and external to the thyroid and cricoid cartilages, and by the side of the epiglottis, there was a considerable effusion of blood, of itself contributing in no small degree, by its pressure from without, to the closure of the larynx. The obstruction, however, was chiefly caused by the effusion of blood beneath the mucous membrane of the larynx, especially under the aryteno-epiglottidean folds and in the ventricles of the larynx, which produced almost complete occlusion of the glottis, and consequent apnœa. There was no laceration of the mucous membrane, and consequently no emphysema.

The occlusion, therefore, was caused by the existence of the four following conditions:—

1. Effusion of blood external to the larynx.
2. Effusion under the lining membrane causing closure of the glottis.
3. Displacement inwards of right fragment of cricoid.
4. Displacement of arytenoid on right side.

In this case, therefore, we had an injury of the larynx which, as far as I can determine, is unique in its character, viz., a multiple or comminuted fracture of the cricoid, and also a double displacement, one of a fracture of the cricoid, and the other of the right arytenoid.

It is very remarkable how few recorded cases of traumatic laryngeal fractures are to be found in surgical literature. M. Cavasse, in whose valuable memoir on laryngeal fractures will be found an exhaustive account of the different characteristic signs of these injuries, gives—excluding the cases of fracture of the larynx produced by hanging and those of the os hyoides—the particulars of only nine cases. In one of these the fracture involved the cricoid, thyroid, and arytenoid on one side; in two others the thyroid and cricoid were fractured; and in the remaining six the thyroid alone. It would appear, therefore, that the case which came under my observation differed from these in this, that the cricoid cartilage alone was fractured.

We may classify the signs of these injuries into the functional and physical. Among the former continuous dyspnœa constituted, in seven out of the nine recorded cases, a characteristic symptom; in this case it was extreme, so that in eight out of the ten cases it was present. In the two cases in which it was not present, which were recorded respectively by MM. Picdagnol and Marjolin, there was no dyspnœa; and it is remarkable that in these two cases the form which produced the lesion was applied on the side of the larynx, and not immediately in front of it. It is hard to say if this circumstance was accidental or not, but it was one which might possibly be of some importance in a medico-legal point of view. The causes of the dyspnœa are—first, sub-mucous effusion of blood; secondly, effusion of blood external to the larynx; thirdly, displacement of the cartilages; fourthly, deformity of the glottis; and lastly, abnormal mobility of the point of attachment of the vocal cords. These are mentioned by M. Cavasse, with the exception of the second, the effusion external to the larynx, which was so well marked in the case which fell under my observation. It was so extensive as to partially displace the larynx to one side.

The second important sign is facial lividity as indicating an impeded respiration.

Another frequent, but not invariable, symptom is alteration in the voice. Sometimes there is complete aphonia, as in the case which came under my observation. In other cases the voice was hardly affected. There is, therefore, great difference in the intensity of this sign which appears to be due to the varying etiological conditions producing these lesions, and also to the mechanism of them. From the recorded cases it seems that the fractures produced by lateral pressure are less liable to be accompanied by aphonia than those produced by force applied directly in front. This is, in truth, what we would expect, as injury to the vocal cords or their points of attachment would not be as likely to follow after the direct application of lateral force, as, in this case, the resistance is so much less than when it is applied directly in front.

The remaining functional sign of these injuries is pain, which also is not invariable, but in some cases is extreme, and may be either spontaneous or be induced by manipulation, by attempts to speak, or by the act of swallowing.

The physical signs of these injuries are—

1. Alteration in form of the neck.
2. Increase of volume of the neck.
3. Abnormal mobility of the cartilages.
4. Ecchymosis.
5. Crepitation.
6. Emphysema (rare).

The principal alteration in the form of the neck is flattening anteriorly, produced by the obliteration of the pomum Adami in cases—namely, when the force is applied from before backwards. M. Cavasse observes that as yet no one has noticed the change in the form of the neck when the fracture is produced by lateral pressure. The flattening in cases of fracture produced by antero-posterior pressure appears to him to be more marked when the cartilages are ossified. When they are not, the elasticity of the cartilages ought to restore the larynx to its normal form. There are two ways of establishing abnormal mobility—first, by making lateral pressure there is little resistance found in approaching the cartilages of the larynx; and secondly, in passing the fingers down the mesial line a vertical depression is easily perceived. This latter manœuvre indicates much better than the first the situation and direction of the fracture.

There are in these cases two situations for the ecchymosis. One is subcutaneous, and acts chiefly in producing alteration in form and increase in volume of the neck; the other is deep in the immediate vicinity of the lesion, and may, if very extensive, assist in no small degree in producing dyspnœa by pressure on the windpipe. These two hæmorrhagic effusions never communicate, being prevented from doing so by the cervical layers of fascia.

Another physical sign of great moment is crepitation, which, however, is more often absent than present. Its absence may be due to many causes, among which may be mentioned the fracture being incomplete, the cartilages not being ossified, and also it may be impossible to produce it in consequence of the extensive hæmorrhagic effusion immediately external to the fracture. This must necessarily produce considerable difficulty in moving separately the fractured portion of the cartilage or cartilages.

The last physical sign I would mention is emphysema, which is extremely rare. It did not occur in my case, and in only one of those recorded by M. Cavasse. It was a case which was under the care of M. Langier, one of the surgeons of the Hôtel Dieu. The fracture occurred from a fall down a flight of stairs. The patient was a man aged 48, and was admitted into the Hôtel Dieu on November 20, 1858. Immediately after the accident (9 a.m.) there was considerable oppression of breathing, and at 2·30 a.m. the following morning he walked to hospital. His gait was slow; head thrown slightly backwards; face anxious; mouth open; face pale; lips cyanotic; body covered with a cold sweat; pulse frequent and feeble; respiration stertorous and blowing; considerable aphonia. The oppression increased on the slightest effort to speak. He would not remain in hospital, but six hours after returned with a marked aggravation of all his previous symptoms, and, in addition, the existence of a deep-seated emphysema was easily determined. Shortly after this the patient died suddenly. The *post-mortem* revealed a vertical fracture of an ossified thyroid cartilage; extensive hæmorrhagic effusion; laceration of crico-thyroid membrane; vertical and dentated fracture on right side of cricoid cartilage; fracture of right superior corner of thyroid cartilage; laceration of ligaments of right crico-thyroid articulation; fracture of great corner on right side of os hyoides; *luxation of* arytenoid. and *laceration of mucous membrane;* ecchymotic effusion in sub-mucous cellular tissue.

The only other case that I will allude to, and that very briefly, is the case which was under M. Maisonneuve's care in the Hôpital de la Pitié, May 10th, 1857. The patient was a young man, aged 24, by occupation a mason, who was thrown down by a dairyman's cart, one of the wheels of which crushed the larynx in passing over the anterior portion of the neck. On his admission he was in a state of semi-apnœa, with all the other usual signs and symptoms of an impeded respiration. Apnœa was warded off by a venesection, but its good effects did not last; a second was performed, and a third the day after. On the fifth day the dyspnœa became so urgent that tracheotomy was performed. The operation, owing to the crushed and flattened condition of the larynx, and the neighbouring soft parts being swollen and contused, was accomplished with extreme difficulty. The case did very well; but the patient, owing to contraction of the larynx, which became permanent, was obliged ever afterwards to wear a tracheotomy tube.

The successful result of tracheotomy, which was obtained in this remarkable case of M. Maisonneuve, makes it a source of unceasing regret to me that I did not arrive at the hospital sufficiently early to perform the operation, and in all probability save the life of the patient whose case is the theme of this communication.

Dr. O'Leary asked Mr. Stokes whether he thought the effusion of blood was sufficient to cause the aphonia? He observed that the lateral fragment of the cricoid cartilage had passed forward in such a manner as to be sufficient to cause complete paralysis of the crico-thyroid muscle, and aphonia without effusion of blood. Mr. Stokes did not think they could say that the aphonia was caused solely by the loss of function of the crico-thyroid muscle, or by effusion of blood. It was caused by both. The effusion of blood was very great. The patient only lived a quarter of an hour after the injury, and aphonia came on ten minutes after it. He should therefore regard the effusion of blood as the more immediate cause of the loss of voice, for the laceration of the muscle was caused on the instant of the kick

---

PATHOLOGICAL SOCIETY OF DUBLIN.

January 9th.

A young man, aged 23, a draper's assistant, was admitted into the Mater Misericordiæ Hospital, under the care of Dr. Hayden, in an advanced stage of phthisis. There was tubercular deposition in the right lung, and evidence of excavation in the apex of the left. He had been ill for a period of 12 months, and had spat blood on but two occasions. The larynx was engorged, and he was aphonious. He was put under the ordinary treatment, but suffered from extreme irritability of the stomach, so much so that it was difficult not only to administer medicine but even food. On the 6th January he saw the patient in his ordinary condition; he was then in bed, and rather cheerful, but at 12 o'clock on the night of that day, he was suddenly attacked with hæmoptysis, and discharged about a pint of dark-coloured blood; he complained that he was suffocating, and in less than five minutes he was dead. Dr. Hayden was prepared, on making a *post-mortem* examination, to find the bronchial tubes filled with blood, and he fully expected to find that condition of blood described by Sir Thomas Watson as "an accident of pulmonary hæmorrhage." It would be seen that the left true vocal chord was extensively eroded on the edge; the right vocal chord was slightly tuberculated, the mucous lining of the trachea and bronchial tubes was red in colour. The left lung was found to be extensively solidified, and in the apex were found two large cavities, these communicated with the bronchial tube by an abrupt termination of the latter; both contained dark clotted blood, but the posterior of the two was distended with it; and on carefully examining the cavity, he found a large vessel eroded, and hanging by one extremity into the cavity. He could pass a probe through it with facility, a little plug was found in the open vessel, the bronchial tubes were full of blood. The unaffected portion of the right lung was emphysematous, and the left lung was also emphysematous, where not tuberculous. The heart was in its ordinary condition, the features of interest which the case presented were, the sudden occurrence of death by suffocation consequent on the injection of the bronchial tubes of both lungs with blood, carried into them by a forced inspiration during hæmoptysis. Crossing both cavities in the apex of the left lung were slender isthmuses of pulmonary substance, ensheathing each a blood-vessel; one of these had given way, and been the source of the fatal hæmorrhage; the vessel was a branch of the pulmonary artery, judged by the dark colour of the escaped blood, and by the position of the vessel in relation to the adjacent bronchial tube.

◆

Royal College of Surgeons of England.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College, at a meeting of the court of examiners on the 19th inst., viz.:—Messrs. John Wells Hubbard, St. Lawrence, Isle of Thanet; and John Thomas Redmayne, Clitheroe, Lancashire, students of Guy's Hospital. Edwin Perkins, L.R.C.P. Edinburgh, Manchester; and William Henry Middleton, Darlington, of the Manchester School. John Henry Humphreys, Birmingham; and Alfred John Henry Crespi, Cheltenham, of the Birmingham and University College. Henry Carter Wigg, M.B. Edinburgh, Victoria, Australia, of the University College. James Frederick Parry M'Connell, Allahabad, East Indies, of St. George's Hospital. William Ashley Cox, Bath, of the Edinburgh and St. George's Hospitals. Frederick Stephen Palmer, Brixton, of the Westminster Hospital. Edward Pierce Hardey, Hull, of St. Mary's Hospital. Richard Petch, Compton Terrace, Islington, of King's College. Alfred John Horsey, M.D. Canada, Kingston, Canada, of the London Hospital. John James M'Mahon, L.S.A., Dundalk, of the Dublin School; and John Alexander Howell, L.S.A., Bombay.

The following were admitted on the 20th inst., viz.:—Messrs. William Field Flowers, Tealby, Lincolnshire; Burford Norman, L.S.A., Taunton, Somerset; and Augustus Henry Collet, Worthing, students of Guy's Hospital. James Timotheus Gobart, Jerusalem; William Dobson, L.S.A., Leeds; and James Asbridge Hall, Halifax, of the Leeds School. Richard Corston Wade, Manchester; and Thomas Carleton Railton, Manchester, of the Manchester School. Charles Edward Hoar, Maidstone; and Thomas Lambert Lack, L.S.A., Chichester, of King's College. Charles Jones, L.S.A., Carnaby street; and George Everitt Norton, L.S.A., Upper Baker street, of the Middlesex Hospital. Francis Abraham Holmes, Nassau, Bahamas, of the Middlesex and St. Mary's Hospitals. Charles King Rudge, Bristol, of the Bristol School. Selim Myer Salaman, M.B., Dublin, Maida hill, of the Dublin School. William Moore King, Brighton, of St. Bartholomew's Hospital. George Askew Hull, St. Mary Abbot's terrace, W., of University College; and Robert Laing, Newcastle-on-Tyne, of the Newcastle School.

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price 5d. Stamped 6d.*

By Post to Annual Subscribers, £1 2 6
„ *If paid in advance,* 1 1 8

⁂ Post-Office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William-street, Strand, London.
„ 3, Lincoln-place, Dublin,
MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.
MESSRS. KELLY and PIET, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 27, 1869.

EDUCATIONAL REFORM.—No. VIII.

THE SCHEME OF DR. PARKES.

WE have now nearly cleared the ground for consideration of the curriculum which should be undergone by all who are destined for the medical profession. This branch of educational reform includes the mode in which the various subjects of study should be grouped, the extent to which each subject should be compulsorily learnt; and the examinations which should be passed before the general licence is obtained. It does not include the modes in which the different subjects should be taught, or the nature of the discipline, physical, moral, and mental, to which students should be subjected. We have very distinctly indicated in our previous observations adherence to the principle that the central authority is no further concerned with the mode of study or with school discipline than to afford a general support to all educational bodies in the arrangements which they make for the preservation of order, and to prevent the injury which would accrue, both to the public and to the profession, from the admission of unworthy men through the portals which it is the duty of the central authority to guard. Hence we have almost unreservedly relegated the vexed questions of compulsory attendance on lecture, the comparative values and proper proportions of lectures, and class examinations, and sessional examinations, as well as of professorial and tutorial instruction, to the decision of the individual schools; and if we discuss them further in this series of articles we shall discuss them as school questions, and not as questions for the resolution of examining boards or a central legislative council. Similarly, in discussing the curriculum, we must be understood to be at present discussing it so far as it should be arranged by central authority. We are not laying down now a complete "Scheme of Medical Tuition" after the manner of Dr. Parkes. We are proposing such a scheme of education and examination as in our opinion should be issued by a Medical Council possessing absolute authority in both these respects. Having done that the consideration of the best scheme for a school to adopt would follow naturally, but our immediate object will be accomplished when we have unfolded our curriculum and pointed out the means by which our plans can be carried into effect. And here, at the very threshold, we find ourselves diametrically opposed to the distinguished physician and teacher to whom we have referred, and almost at a loss to comprehend the grounds on which he has taken up the position assumed in his "Scheme of Medical Tuition." His position is, that he accepts the avowedly imperfect arrangement of having a number of different licensing bodies, and then, partly to counteract this pernicious system, and partly on its own merits or demerits, advocates an accumulation of minute regulations to be issued by the Medical Council, and to be binding on all medical schools. He bolsters up one bad arrangement with another arrangement, if possible worse. This will appear from the quotation of two passages from his "Scheme of Medical Tuition." He is arguing against the efficiency of the view so ably urged by Mr. Simon, in his Address to the Medical Teachers' Association after his election as its President—the view that medical education should be left unshackled, and that trust should be placed solely in "the searching nature of the examinations for licences." And what does he say?—

"With our present system of licensing by numerous competing bodies in all parts of the kingdom, it is impossible to ensure such a thorough examination as is contemplated by Mr. Simon. If, indeed, there was one central body for the whole kingdom, organised in proper disregard of those distinctions of race and boundary which all men should desire to efface, we might, perhaps, look for a thorough and searching test. But I fear such a millennium is not for our generation. Even if we had one grand national licensing body, and therefore complete uniformity of examination and knowledge, would it be less necessary than it is now to define the successive steps by which medicine and surgery, and all the underlying subjects, can best be learnt? There must be a right way and a wrong way in setting to work, and an advantage in studying one subject before another. Who is to indicate to the student where he is to begin, and how he is to proceed, and to what length he is to go? Some one must show him; and if the Medical Council or the licensing bodies refuse to do so, their place will be taken by others. But what would be the advantage of allowing this power of direction to lapse from those who are certainly fittest to use it, and of throwing it into the hands of individuals or of schools? It would be merely a transference of action with a decided chance of loss in the transfer."—page 27.

At page 14 Dr. Parkes is arguing that the subjects of study are so extensive in themselves that a selection should be made, and he says:—

"There surely should be a recognised limit—that is, a selection; and if we select we must have uniformity. It may be said that uniformity is impracticable, or, if practicable, undesirable. I entirely distrust this opinion, and, believing that a selection is necessary, submit that it must be official. It can only be made officially in two ways: either by an agreement on the part of all the licensing bodies that their examinations shall be conducted in particular ways and shall fall within certain limits, or by regulations framed by the Medical Council and binding on all schools. I can by no means agree with the views of those who would entirely annul all regulations for teaching. I cannot see how medical education could be carried on without them. Instead of less regulation I would have more, only it should be effective."

From these and other passages it is clear that Dr. Parkes contemplated bringing the medical schools either mediately or immediately under the control of the Medical Council, and producing, for the effect of the regulations which he urges would be to produce, almost one dead level of uniformity in teaching. He goes even so far as to advocate "in Chemistry, Botany, Physics, Materia Medica, and perhaps one or two other subjects, official text-books current in all schools. The Medical Council might undertake the preparation of such text-books. The Pharmacopœia" (*Horresco referens!* the reader exclaims) "has been compiled by a number of experts, working under and directed by a Committee of the Council" (divided into three sub-committees, which again united by means of conferences of delegates from each). "Why in the same way" (Heaven save the mark!) "should not some of our leading chemists and botanists, &c., be called upon to prepare good text-books under the advice of the Council?" Echo answers "Why should they thus be called upon?" "As no profit would be desired" (nor any loss either), "and the expenses would not be great" (estimates vary), "these text-books would be supplied to students very cheaply" (at whose expense?), "and they might be revised, as the Pharmacopœia is, every three or four years." We cannot afford to smile at the innocent simplicity of Dr. Parkes's assurances of the economy of this central issue of compulsory text-books. We have a feeling remembrance of the Pharmacopœia, and "far in advance" our heart is "closed," like "the leaves of the shrinking mimosa." Each text-book would require an extensive series of investigations by all the eminent authorities on the subject of it, innumerable conferences of committees, sub-committees, branch sub-committees, and delegates from all the committees, innumerable references to fresh committees and sub-committees, subsequent revision by a third set of committees and sub-committees, which would report upon the work of the first and second sets of committees and sub-committees, and then at the end of eight or nine years a text-book would be issued at a cost to the profession about equal to the price of the Pharmacopœia.

If there were six text-books to produce, the profession might think itself fortunate if it escaped with a smaller "little bill" than £40,000 for the series. Not content, however, with these *very cheap* text-books, Dr. Parkes would put "the schools to some expense in providing increased accommodation in laboratories, chemical and physiological; in the stock of chemicals and apparatus; in larger drug museums; in microscopes, and other appliances of the kind. I think," he adds, "we may fairly call on the medical schools to provide this increase of stock." Besides putting the schools to this increased expenditure, Dr. Parkes's scheme involves additional teachers in the medical schools. By clipping and paring courses of lectures, adding here and subtracting there, he arrives at the conclusion that there would not be any "material increase in the aggregate cost of education." This is exceedingly consolatory to the medical student, but it is a consolation to be derived at the expense of the poor teachers. "For the augmentation in the teaching staff, providing as it would do for practical and tutorial classes, would have to be met by the introduction of young physicians and surgeons—assistant professors, so to speak—who would thus become trained in teaching and ready to take the higher posts. The payment of these courses would lessen the profits of some of the long courses;" and what is Dr. Parkes's crumb of comfort to the professor, whose bread he is taking away, in order to provide half a loaf for a hungry junior? The complacent suggestion that, "as few men lecture for direct gain, perhaps no objection would be raised to this." We should be astonished at such a broad assertion, if we did not remember that Dr. Parkes is Emeritus Professor of Clinical Medicine at University College, and late Physician to University College Hospital. At that hospital, under the impulse of the most benevolent feelings, the medical officers surrender their fees to prop up a small institution which is always in debt, and only gets a fair supply of surgical cases when a house tumbles down, or an unlooked for railway accident occurs in the immediate neighbourhood. Such a practice is pernicious, and founded on mistaken views of charity. A public resignation of fees fairly earned by an influential and eminent body of physicians and surgeons, does greater injury to the profession by fostering the prevalent error that medical men should render their services gratuitously to charitable institutions. This is bad enough, but authoritatively to introduce a like mischievous principle into medical teaching would be the greatest calamity which could overtake our system of education. One of the chief evils of our present arrangements is the prevalent poverty of professorial pay. Hence we set our faces sternly against any plan which would still further reduce fees for teaching. But we would not be misunderstood. We are not objecting to some of the ends which Dr. Parkes is pursuing, but at the means by which he proposes to obtain them. With some of his proposals we cordially agree; and there are many valuable suggestions in his pamphlet with regard to the modes of teaching particular subjects. We go with him very heartily in desiring to see the accommodation and appliances of the medical schools improved, and in the encouragement which ought to be given to the development of the tutorial system of instruction now thrown unduly into the shade by the overgrowth of the professional system. We wish to see school examinations generally adopted, and we look forward to the time when every man who leaves a medical school obtains his diploma, and goes into practice, will be thoroughly equipped for his responsible task; and this result can never be wrought until every medical student undergoes a complete practical training in the wards of a hospital. And we can go further with Dr. Parkes; we would ask for selection of knowledge, uniformity, and the issue of definite regulations by the Medical Council. *Our* regulations, however, would be *few* and effective, our uniformity would be a uniformity of good examinations; our selections of knowledge would be but as sign-posts to indicate the direct route to the desired goal. Compulsory text-books issued at an immense cost to the profession, and almost given away to the student; compulsory provision of educational appliances; compulsory lowering of fees by a compulsory influx of additional tutors; compulsory uniformity of compulsory tuition, are abominations in our eyes, and abominations of an odour still more evil when combined with tacit acquiescence in a vicious system of examinations and licences condemned by every thinking man. What! Shall we agree to disregard the maxims of political economy in order to prolong the miserable and dishonoured existence of a "Dutch-auction system of diploma selling?" Shall we not agree first to cleanse our Augean stables? A Hercules indeed is required for the task, but as the generation of giants has ceased, let union supply the Herculean strength which this Herculean labour demands. For if the profession be really unisonant, if it really desire uniformity of qualification, if it be determined to remove all obstacles to this consummation, and if it will afford a hearty support to the inexpensive organisation which would effect it, the end could be gained at no distant date.

The Medical Council, refreshed and strengthened by the admission of new blood from the ranks of the profession, uninoculated with the corporate virus, and armed with plenary powers of moral and pecuniary persuasion to influence recalcitrant licensing bodies, would "rise to the height of this great argument." Examinations would become true and rigid tests of efficiency, and the results should gladden the heart of Dr. Parkes, as he sat at the Army Board. No longer would candidates with double qualifications present themselves before the Examiners for the Public Services as hopeless specimens of hebetude and danger—"dull all over"—totally unacquainted with Latin, Materia Medica, Medicine, and deficient in everything but the art of making ridiculous mistakes. No longer would candidates appear who had never heard that "scabies" was the Latin for itch, who would at once amputate a limb for a wounded artery, who would adduce the grasshopper as an instance of a ruminant animal, who would divide aliments into nitrogenous and non-nitrogenous for the purpose of sub-dividing them into albuminous, fibrous, caseous, and gaseous, giving "as an example of the nitrogenous, all vegetables: of the non-nitrogenous, all meats, including carnivora" (carnivora being wrongly spelt), or who, after four years' study, "had not seen a case of strangulated hernia or a case of retention of urine." Through the examinations, for whose speedy establishment we look, no incompetent men should filter—and, this being so, we should be able to trust to free trade in education—we could abstain from hampering our medical colleges by rules, but leave to them that inherent elasticity which, under the pressure of competition, would make them adapt themselves to the wants of medical students, and we could dispense with an ingenious plan which, inasmuch as it exhibits a glaring infraction of the golden lessons inculcated by an Adam Smith, to say nothing of a mistaken apprehension of the mode of procedure which it would become the Medical Council to adopt in furtherance of the ends of the Medical Act, we are almost tempted and inclined to pronounce with Dr. Storrar, "one of the wildest and most impracticable plans ever recommended at the table of the Medical Council."

We have now cleared the ground for a consideration of the Medical Curriculum.

CHOLERA IN INDIA.

In 1864 a code of measures for the prevention of cholera among European troops in India was, under the authority of the local Government, published by the Sanitary Commission for Bengal. Those instructions are now before us, and we have every reason to consider them well calculated to ensure the great and important object for which they were compiled, so long as their execution was entrusted to judicious and competent officers. It would appear that in November, 1867, a Board of Revision was held with reference to some of them, and especially in regard to the paragraphs that advert to the removal of troops from barracks, and the purification of the latter. Certain modifications in the original instructions were proposed by that Board, which, by means of the Army Medical Blue Book for 1866 (page 349), we are now able to compare with the original, and must confess that we fail to see in what respect they either elucidate or are improvements on the original.

Let us give some extracts from the original paragraphs, and of the "modifications" by the Board in question, premising that the Sanitary Commission had expressed itself (paragraph 477) as well aware of the necessity of both experience and care on the part of the authorities at military stations charged with the application of the measures recommended, and expressed it as clear that the removal of troops into camp during outbreaks of cholera also requires judgment, for, as well observed, "to send men unnecessarily away from cantonments into camp, at perhaps the hottest and most unhealthy season of the year, is on many grounds seriously objectionable." Accordingly, it was laid down in paragraph 478 of the "Instructions" that the principal medical officer on the spot was to decide the question of the necessity or otherwise for such a move. We can now the better understand how far the *modifications* throw light upon the instructions as first issued.

ORIGINAL.	MODIFICATION.
Para. 479.—"*If it be admitted by the principal medical officer* that there is reason for apprehending an epidemic outbreak, no option will then remain. The men among whom cholera has appeared must immediately be sent into camp." "It must be ordered that if within one week after the *first* case of cholera *two or more* other cases appear, it shall be considered that the disease has assumed an epidemic form."	"It must be ordered that on the appearance of a second case of cholera in a regiment or battery within one week, the regimental surgeon shall report the circumstance to the Deputy Inspector-General of Hospitals; *this officer will at once examine the case*, and upon him will rest the responsibility of recommending to the military authorities the preparation of the preliminary camp, and the provision of carriage to move the sick. On the appearance of a third case of cholera within the week, on the Deputy Inspector-General will rest the responsibility of recommending the removal of the troops at once, or of delaying the movement till the fourth case, when it shall be considered that the disease has assumed an epidemic form, and the men must be removed accordingly."

Were the object of the "modification" to encourage delay, indecision, and red tape, and to give room for conflict of opinion, it seems extremely well calculated for the attainment of these undesirable ends; thus, instead of holding the senior medical officer at a station directly responsible, a surgeon has first to *report* to him, although that surgeon may be himself an unsafe authority on the subject. Then there is only to result a recommendation to prepare a camp, and then further delay, instead of the prompt and energetic measures recommended by the Sanitary Commission.

In the next place, let us refer to the "instructions" and the "modifications" as they concern the movement of women and children.

ORIGINAL.	MODIFICATION.
483.—"The rules that have now been proposed, as well as those which follow, are generally applicable to the women and children, if cholera should appear in the quarters."	"In all cases in which an unoccupied barrack may be available, the women and children shall be moved into that, instead of into tents, the building having previously been purified."

This certainly is a "modification" with a vengeance, but one that, fortunately for the women and children, can very seldom or ever be carried out. There are, we venture to believe, no Indian stations at which in ordinary circumstances there are any unoccupied barracks. Surely it is not intended that on occasions of cholera outbreaks those persons are to be moved into the barracks from which it has been necessary to move the men, for, were it so, not only would the time required to have them whitewashed and purified, as recommended by the Sanitary Commission and its commentators, be so long that death might in the meantime play terrible havoc among them, but all experience has shown us that so long as the cholera wave hangs over a station it bids defiance to whitewash and other means of purification. The only real measure to be taken is to move the regiment, bodily or in parts, according to circumstances, away from its sphere of influence. Such a measure as placing one set of people in a building from which it had just been found necessary to move another set of people, could surely never have been seriously contemplated; but if it was so, must in the most unqualified terms be condemned. The only redeeming point in that recommendation is contained in its concluding paragraph—"Should no barrack be available, they will be moved into tents in the manner prescribed for the men."

To our mind the original recommendations are explicit, definite, and to the point. We wish we could say as much for the "modifications."

SCOTLAND.

EDINBURGH.

ASSOCIATION FOR IMPROVING THE CONDITION OF THE POOR.

There seems to be a misunderstanding between this Association and the Town Council with regard to the payment of the expenses incurred in anticipation of its formation. A memorial had been sent to the Town Council for a subscription towards meeting those expenses which the Council refused to grant. Dr. Alexander Wood presided at a meeting of a General Committee of the Association. He referred to a statement made by Bailie Stott, at the Town Council, that—

> "Since this Society was set agoing they had had individuals coming up week after week for relief who would never take it before; and the officials of both Parochial Boards found, in going their rounds, that there was scarcely a poor person who would not hold out their hands for charity. It was the greatest evil that they could do to men to cause them to stoop to take charity."

In reply he said :—

> "He only regretted that Bailie Stott's statement was not confirmed by the evidence which they had got. He would just, in conclusion, say that he did think that, considering that the Parochial Boards and the Poor-law managers had been struggling for years to suppress pauperism—and they had the highest authority for stating that, instead of diminishing pauperism, their operations had enormously increased it—they might have expected that the Poor-law managers, and those connected with the administration of Parochial Boards, would have welcomed this Association, and bade it God-speed, and would have done what they could to assist its labours. Instead of that, he was bound to say that they had met with opposition from the very people who had found their utter inadequacy to deal with the great evils of pauperism."

He moved, in conclusion, that this Association is not liable for the debt incurred previous to their formation on the 30th March. The resolution was unanimously adopted.

EDINBURGH HOSPITAL FOR SICK CHILDREN.

From the report read at the annual meeting of the contributors of this hospital, held on Thursday last, it appears that from September till the earlier part of December epidemic fever prevailed in Edinburgh, and a great pressure for admission into the fever wards of the hospital was the result. This demand, from the limited accommodation at their disposal, the directors were unable to meet. They were reluctantly obliged to send away from their doors a large number of applicants; while the patients actually admitted could not be treated in so satisfactory a manner as was desirable, in consequence of the crowded state of the wards, and the impossibility of sufficiently separating the different kinds of fever.

GLASGOW.—UNIVERSITY.

We understand that the Senate, at their meeting on Thursday, conferred the degree of LL.D. on their late colleague, Mr. Robert Buchanan, M.A., for nearly forty years the highly honoured and distinguished Professor of Logic and Rhetoric in the University.

ROYAL LUNATIC ASYLUM.

The annual meeting of the contributors to this asylum was held in the Religious Institution Rooms, on Thursday. The Lord Provost presided. The fifty-fifth annual report, which was submitted by Dr. Mackintosh, contained the following amongst other items:—On the 22nd December last there were no fewer than 603 patients in the asylum, being a much larger number than at any period since it was opened in 1814. Of cures there were 132; those dismissed "relieved" were 83; and one, an idiot child, was discharged "not improved." The deaths have been fewer by nine than in 1867.

CONVALESCENT HOME.

The fourth annual meeting was held in the Religious Institution Rooms. The patients hitherto had been received from the Royal Infirmary, and it was not yet decided upon opening the institution to the general public. According to a statement by Dr. Goff, there had been a considerable increase of patients healed in the Home during the past year compared with the preceding year.

ABERDEEN.

FUNERAL OF THE LATE DR. DYCE.

The remains of this respected gentleman, who died in Edinburgh on Monday, the 11th inst., were interred in the town's churchyard on the following Saturday. Being Professor of Midwifery in the University, and also holding several other public appointments, the funeral procession assembled in the quadrangle of Marischal College. It consisted of the Professors of the University in their gowns, the medical students, and the students of the arts classes in their scarlet robes, headed by the sacrist carrying the mace. The boys of Robert Gordon's Hospital, of which the deceased was physician, were also at the funeral, along with numerous friends of the late Professor, who was very highly esteemed.

FRANCE.

(FROM OUR OWN CORRESPONDENT.)

HOMŒOPATHY.—THE ACADEMY PRIZES.

Paris, January 1, 1869.

Now that the new year has opened—an event that in Paris is a thousand times more thought about than in London—I may, so to say, recommence my work of giving he English profession occasional stray notes of French medical practice and affairs. The delay and loss of some former communications by the French postal department will make me for the future more careful, and I sincerely hope I may not again have to complain of the execrable system, although this week I did not get my **Medical Press and Circular** until it was four days old, and the Saturday's medical journals often do not reach me until yours of the following Wednesday has given me more recent news.

I observe that the late event at Aberdeen is again bringing the question of homœopathy forward, and therefore some notes on the subject may interest your readers. In France I fancy there is not the same unanimity as to professional intercourse with homœopaths that obtains in Great Britain. The leading men, indeed, discountenance it all they can, and are not to be accused of coquetting. At the same time there is not that difficulty of getting a respectable man to meet a homœopath in consultation that is observed in London. On what ground they consent to do so I cannot tell. How they reconcile themselves to take part in consultation with men who are committed to a foregone conclusion passes my comprehension. Yet I see the fact before me. Some say they discuss diagnosis, but not treatment; but how can that be? The homœopaths, if honest and pure, must despise diagnostic acumen. Symptomatology is to them the end. What are changes of tissue to a man who bases therapeutics entirely on the alleged specificity of certain drugs for certain symptoms? I am, of course, supposing that the homœopath is not dishonest, but really cherishes a belief in his system, which, however little it may say for his reasoning powers, does not destroy his conscience. Of such enthusiasts there are, no doubt, a large number in this country.

One of your younger medical contemporaries published in Paris has just opened its columns to a new debate on the Hahnemannian hypothesis. The editor, in a prefatory article proposing to reconsider the judgment pronounced by the profession *against* the homœopathic doctrine, confesses to have met with cases he could not otherwise explain, with results of treatment that surprised him, and with homœopathic physicians in whose good faith and intelligence he had profound confidence. Thereupon he relates a case of pneumonia that occurred in the Grand Hôtel du Louvre. The case in question seems to me to prove nothing, and to be such as could be paralleled by dozens of others left to nature. Our editor, however, follows it by another more novel, and far more to the point, which occurred in his own practice, and for which, therefore, he is responsible. It is to the effect that Dr. Néris, of Martinique, when in Paris, called him in to his son, aged thirteen or fourteen, suffering from acute rheumatism, complicated with heart disease. Your learned colleague treated the lad by nitrate of potassa, colchicum, and a blister over the heart. Later he gave digitalis. Then begins the interesting part of the narrative. This drug gave rise to spasmodic action of the muscles impossible to describe. The boy was intensely agitated, and not a muscle remained at rest for an instant; the pupils constantly opened and closed with violence; the face was greatly contorted; the head rolled about, and rubbed against the pillow continually; the limbs and trunk were in perpetual motion. The mind was equally unhinged, so that no answer could be had to any question. Belladonna, cherry-laurel, valerianate of ammonia, &c., were tried without any effect. Dr. Bouilland was called in after three days thus passed, but could suggest nothing of any use. Hope being abandoned, the unhappy father, seeing his own practice and experience thus useless, said he would try homœopathy, and your colleague at once consented. Two medical men of this persuasion were sent for. They did not arrive together, but each, without any conference, having looked at the patient, told those present that hyoscyamus was indicated. I shall not stop to discuss the doctrine here involved, but hasten on the story. The agreement of the two homœopathic professors so struck the despairing father and his friend that they allowed the trial of globules. A low dilution was advised and administered. From the third dose there was a commencement of relief. The next day the patient was notably better, and the day after he was quite calm.

The editor goes on to say that some of his brethren to whom he has related the case replied that probably a *Paternoster* or an *Ave Maria* would have been equally efficacious. It was but the negation of medicine. But he does not seem inclined to accept this natural solution of his difficulties, nor to cry out, "Perish medicine rather than a prejudice!" He therefore goes on to say that although homœopathy cannot replace our art, it might perhaps take rank as a portion of it. He is therefore willing to re-investigate the doctrine, has determined to open his journal to such new discussion, and introduces to the readers the first of a series of articles contributed for this purpose by the president of the Homœopathic Society of France. Your colleague thinks that if there be proved to be any truth in homœopathy it will be a benefit to advance the day of the reconciliation of the divergent schools, and that to make all medicine, so to say, one, would be to enhance the dignity of the profession. The dissatisfaction of the editor with the dogma he is willing to reconsider, and which he thus commends to his readers, is, however, evinced by his statement of his grave objection, to wit—that homœopathy only touches manifestations, and has no action on the morbid constitution, while it is this constitution that ought to be modified in order to obviate ulterior manifestations. I have given this prominence to the editorial confession of motives for action as perhaps the most important part of the matter, for the first article thus introduced contains but little, though as the matter goes on I may make it a subject for another letter. At present I anticipate your readers will find the above enough.

The following is a list of the prizes for 1870 offered by the Academy. The essays are to be in French or Latin, and sent in before March of that year:—1. The Academy Prize (1,000 fr.), "Traumatic Intracranial Effusions." 2. The Portal (1,000 fr.), "The Condition of the Bones, and especially of the Vertebræ, in Cancer of the Viscera." 3. The Civrieux (800 fr.), "Do Diathetic Neuroses exist? If so, indicate the special characteristics which each Diathesis impresses on each Neurosis." 4. The Barbier (3,000 fr.), for the discovery of the means of curing diseases usually reputed incurable, as hydrophobia, cancer, epilepsy, scrofula, typhus, cholera, &c. Rewards will be assigned to those who seem to have nearest approached this object. 5. The Capuron (1,000 fr.), "The Precursory and Concomitant Phenomena of the Lacteal Secretion." 6. The Godard of 1,000 fr. will be awarded to the author of the best work on internal pathology. 7. The Orfila (6,000 fr.), "Digitaline and Digitalis. Separate the former, and describe the chemical characters which will enable it to be detected in medico-legal investigations. What are the symptoms and pathological appearances observed in poisoning by digitalis?" 8. The Itard (2,700 fr.), for the best memoir or work on practical medicine or applied therapeutics. Such work must have been published for at least two years. 9. The Rufz de Lavison (2,000 fr.), the same question as for 1869—acclimation. 10. The D'Ourches (25,000 fr.); this prize (instituted for the prevention of premature interment) we have described in our number for December 5, p. 649. 11. The St. Lager (1,500 fr.), is to be given to the experimenter who is enabled to induce a tumour of the thyroid by administering to animals substances extracted from the waters or soils of localities where goître is endemic.

◆

The will of Mr. Henry Brown, M.D., surgeon to the Queen's royal household, who died at Windsor on Oct. 24, aged sixty-seven, was proved in London under £45,000.—*Illustrated London News.*

Notes on Current Topics.

Physicians Wanted.

PLENTY, doubtless, are to be found in the profession of pure physic who, were they to see an advertisement in the papers with the above heading, would at once inquire, where are physicians wanted? and what prospects of gain are there in store for them?

The first part of the question seems just now easy enough to answer, for there are dispensaries and other institutions calling out for physicians in vain. The doctors come and look, and shake their heads, and walk off, some to doff the pure physician altogether, and to seek speedy cash returns for their talents in an open surgery, where they compound and dispense their drugs; others to wait for a chance of an opening at a general or a special hospital of name and repute, where they may hope to acquire not only experience, but also the more solid emoluments accruing from private practice. No doubt a hard-working physician, willing assiduously, and for many years, to cultivate the out-door visiting which falls to the lot of most dispensary doctors, may hope in time to acquire some amount of lucrative practice through this channel; but his chances are not to be compared to those of the man who, by becoming early in life connected with a good hospital, escapes the drudgery of visiting among the back slums which surround a dispensary, can study his cases well with every advantage in pleasant and airy wards, is sure that all his directions as to diet and medicine will be faithfully carried out, and in the event of the death of an interesting case, can study its morbid anatomy, unhurried and unmolested, in the *post-mortem* room of the hospital.

As things now go, a man only takes up with a dispensary because he can get nothing else, and with the determination at once to throw up his appointment as soon as something better offers.

The present is eminently a commercial age, and one is compelled to hear men say, "they do not see the good of slaving themselves to death for nothing." Every man likes to feel that he is investing his capital of learning and labour in a way that will tend to pay his house-rent and feed and clothe himself and his family.

It is this feeling that causes so few medical men in the present day to enter upon the uncertain and, for a long time usually unremunerative, career of the pure physician. In the provinces, indeed, the pure physician bids fair ere long to become extinct. One sees often, in the board room of the County Infirmary, a portrait of some healthy, active-looking man, who, we learn, was years ago for miles round the great consulting physician of the neighbourhood, and who amassed almost a fabulous income. All this is now passed; the so-called general practitioners, many of them M.D.'s, are both physicians and surgeons of most competent skill, and people are taught to dispense with the services of the guinea-taking doctor of old times.

Thus we see that, in more than one instance lately, it has been found impossible to procure a pure physician for some of the county infirmaries, and a general practitioner has been elected to, and, we doubt not, has very ably filled, the post. It becomes, therefore, necessary that the physician, even if, as matter of choice, he avoids the practice of pharmacy, surgery, and midwifery, still must in many other respects become more like the general practitioner; while this last, more highly educated than of old, and less of a mere trader in the sale of pills and potions, becomes, in proportion as he is more highly educated, of necessity more self-reliant and less dependent on the aid of consultants.

Mortality in the Hotel Dieu.

VICQ D'AZYR and Lavoisier having been requested by the Academy of Sciences of Paris to compare with respect to their relative mortality the Hôtel Dieu and La Charité, have signed a report in which the following passage occurs:—"The Hôtel Dieu, in fifty-two years, out of 1,008,741 patients has lost 244,720, a proportion of one in four and a-half. La Charité, which has only had a mortality of one in seven and a-half, has lost 168,700. From these statistics results the fearful consideration that the Hôtel Dieu has in fifty-two years cost France 99,044 citizens, whose lives would have been preserved if the Hôtel Dieu had enjoyed as favourable a position as that of La Charité. The loss of life in these fifty-two years represents 1,906 deaths a year, about the tenth part of the total and continuous mortality of Paris. The maintenance of this hospital, or rather of the situation which it occupies, produces therefore the same effect as would a plague which unceasingly desolated the capital."

The Darien Canal.

A PETITION has been presented to the House of Commons by Dr. Edward Cullen, formerly surgeon to Capoey Gaol and Police at Essequibo, in which it is set forth that he discovered, in the year 1849, a practicable line for the junction of the Atlantic and Pacific Oceans by a ship canal across the Isthmus of Darien, by which line the junction might be effected at an estimated cost of six millions sterling, by cutting through ground of very moderate elevation for twenty-seven miles, and deepening the river Sucubti for twelve miles, without any other work, the harbours at each end being admirably adapted by nature for the termination of a grand inter-oceanic canal. That, after further explorations, he succeeded in forming the Atlantic and Pacific Junction Company in 1853, which sent out a staff of engineers to Darien. Dr. Cullen complains that he was not consulted in the conduct of the exploration, but, on the contrary, the direction in which it was made was quite different from that indicated by him as the proper course. That owing to the above cause neither a survey nor even a proper exploration was made; and the engineer-in-chief, after a most hasty, imperfect, and cursory inspection of a part of the country in a wrong direction, reported that a tunnel three miles in length would be necessary; in consequence of which the Atlantic and Pacific Junction Company dissolved, after returning the shareholders the amount of their deposits without any deduction. In the same year the above report was proved to be erroneous by the "Survey of Caledonian Harbour and Port Escoces," by Commander Parsons, which was then published by the Admiralty, and in which a valley is laid down precisely in the position assigned to it by Dr. Cullen. That, after a most careful investigation of the hydrographic and engineering features of the Darien Line, its great superiority over all others has lately been acknowledged by the Superintendent of the Naval Observatory in a report to the Secretary of the Navy. Dr. Cullen concludes his petition with the prayer that the question of the pecuniary advantages that the commerce of Great Britain and Ireland and the British colonies may derive from the opening of a passage for ships between the Atlantic and Pacific might be referred for examination to the authorities at the Board of Trade and the Colonial Office for the information of the House.

Fever at Naples.

It will be remembered that a severe epidemic of typhus was prevalent at Naples last summer, where the bad sanatory condition of the city is proverbial.

Of 5,454 patients received into the different hospitals in the kingdom there were 603 deaths, or 11·70 per 100, while on 2,708 cases observed within the city there were 683 deaths, or 25·29 per 100, a proportion more than double that in the country, which denotes sufficiently the insalubrious condition of the town habitations. In other words, a total of 1,283 deaths in 7,859 patients, due solely to neglect of sanatory laws.

Milk Nourishment.

In his thesis on milk nutriment, M. Leclerc explains accurately the advantages of this form of aliment, pointing out the rules for its use, and the diseases which demand the exclusive employment of milk. Twelve cases, collected from the clinique of Professor Hirtz, illustrate the thesis. The dietary is scientifically established, and the quantity calculated for an adult at four litres. The milk is an aliment of easy and rapid digestion, which leaves little residue, and favours diuresis. It is specially in organic affections, in ulceration of the walls of the digestive tube, in hypertrophy of the heart, and dropsy, that this diet has rendered real service. Patients must follow it out strictly, for the least departure from the rule results in relapses.—*Gazette Médicale de Strasbourg.*

Forensic Medicine.

The prize which was placed by the late Dr. Swiney by his will at the disposal of the Society of Arts, with instructions to them to present on every fifth anniversary of his death to the author of the best published work on jurisprudence a silver goblet, value £100, with gold coin in it to the same amount, was adjudged on Wednesday last, being the anniversary of Dr. Swiney's death, to W. A. Guy, M.D., as the author of a published work entitled "Principles of Forensic Medicine." Dr. Swiney had directed the following committee of the College of Physicians to be associated with the Society of Arts in the adjudication:—James Alderson, M.D.; James Risdon Bennett, M.D.; Frederick John Farre, M.D.; Henry Alfred Pitman, M.D.; Sir Thomas Watson, Bart., M.D.

The Physiciancy to the Irish Viceroy.

We feel most reluctantly compelled to reiterate the protest to which we gave expression some months ago in referring to the appointment of Dr. Oscar Clayton as Surgeon-Extraordinary to the Prince of Wales, a selection which we then denounced as a gross exercise of favouritism, and as calculated to depreciate the office as a position of the highest honour in the profession. The office of Physician to His Excellency the Lord-Lieutenant has with the advent of Earl Spencer become vacant, and the names of gentlemen of the highest professional and scientific repute were mentioned as likely to be selected to the office held under former Viceroys by Sir Henry Marsh, Sir Dominic Corrigan, Professor Banks, and Dr. John Hughes. The honour of personal attendance on his Excellency and the Viceregal family, and of being officially selected for such a duty would have been a prize for many surgeons.

Dr. Nedley, of Talbot street, occupies the seat of Marsh, Corrigan, and Banks, and (truth compels us to say) without the most infinitesimal professional claim to such a position. The gulf which separates the attainments or professional rank of the Lord-Lieutenant's Surgeon under the present Government from that of his predecessors is so wide that we may save ourselves the irksome duty of comparing them, and may content ourselves with the declaration that a more unsuitable selection for the Court Physiciancy, socially or professionally, could hardly within reasonable limits have been made. The favoured gentleman is an estimable general practitioner and a harmonious companion, but he has yet to plant his foot upon the ladder on the summit of which the viceregal surgeoncy ought to be but is not.

Putrid Sausages.

Two sausage makers, Mr. Simmons, of Russia lane, and Mr. Clifford, of Beehive walk, both in Bethnal Green, have been detected in cutting up diseased meat for the sausage machine. We record the fact as our contribution to the publicity which these persons merit, and towards the only penalty—loss of profit—which can reach such traders. We have not the least confidence in police prosecutions in such cases, except as providing an official and public record of their guilt, because the pecuniary fine in which they are mulcted is utterly insignificant as compared with the temptation to commit the crime. Messrs. Simmons and Clifford probably turn every day by the sale of putrid or diseased meat a sum which would cover their police expenses for weeks, and until magistrates are able or willing to mark such persons with the convict's sign by sending them to gaol, the interposition of the law is quite useless. The publication in the newspapers of a list of persons convicted of this wicked fraud would do more than all the bench of magistrates and all Scotland yard towards repressing fraud, yet the great newspaper moralists have stood aloof from the exposure of trade frauds which the *South London Press* inaugurated, and have not ventured to incur the penalty which the shopkeepers of Lambeth inflicted upon Mr. Hughes.

Prevention of Syphilis.

The Contagious Diseases Act has been extended to Colchester, and the opening of the Lock Hospital at that place for the purposes set forth in the Act has been officially notified by the Secretary for War.

Retirement of the Director-General of the Naval Medical Department.

We notice elsewhere Dr. Bryson's resignation and the probability of a curtailment of the emolument of his office. The next officer in seniority for promotion is Sir Edward Hilditch, but we are told that he will not accept office at the reduced salary. After him Sir Edward Deas, the Governor of Haslar Hospital and a veteran of the Crimea, is mentioned. In the list of probabilities Dr. Davidson, C.B., comes next, as an Inspector-General at Greenwich and an active officer during the Crimean campaign. Dr. Salmon, a recently appointed Inspector-General, and Dr. Armstrong, the co-explorer with Sir Robert McClure in the Arctic regions, are also named, and the latter with the additional and eloquent merit of being a favourite at Court.

We believe that it is proposed to interpose a paid executive officer between the Director-General and the Admiralty, and thus to subordinate the office to the glorious empire of red tape. Let us hope that the coming man may have some little knowledge of the service which he is to administer, and may be effective in some other direction than as the medical *echo* of the combatant department.

One-Sided Retrenchment.

THE political atmosphere is heavy with rumours of retrenchment and economy, and the reforming besom is active in the Medical Departments of both the Army and Navy. The Governorship of Greenwich Hospital, a *bonne bouche* of the value of £3,000 a year, is to be set aside for ever. Dr. Bryson, the Director-General of the Naval Medical Department, who has served his appointed five years, has retired, and £300 a year is to be lopped from the salary of his next successor; and it is rumoured that the Professors of Hygiene and Pathology at Netley are to be abolished.

Macte virtute, pueri! By all means let us pare off a shaving from the enormous mass of the public expenditure. Let us have a penny less income-tax by all means; but let us have an even and impartial use of the pruning knife. The economy of foolscap paper, and the curtailment of a few medical salaries, ring loudly in the public ear, but not a whisper is heard of a prudent parsimony in other directions. Which of the extravagant salaries of effete Admiralty Lords and fusty Field Marshals is to be reduced? Where is the redoubtable "Doub" whom the empire was conjured to take care of? Is *his* salary and those of the legion of backstair *protegés* who prey upon the pockets of the never-ending taxpayer to be also reduced? If not we utterly repudiate the parade of economy which, under the pretence of justice and purity, spares the foulest *nuclei* of favouritism, and makes a merit of unflinching curtailment of the emoluments of those whose patronymic is not "Doub."

Devonshire Hospital.

IN our last issue we mentioned that several legacies had been received by the Committee of this Hospital during the past year. The report read at their last meeting was satisfactory in almost every particular. We quote from it as follows:—

"During the year a legal conveyance of the buildings and grounds of the hospital has been given to the trustees by his Grace the Duke of Devonshire, on the condition that they shall be used exclusively for the purposes of the charity, and subject to an annual payment of five shillings. It is impossible to express too strongly the gratitude with which the transfer of so valuable a property has been received. The use of the buildings had been granted to the hospital by the munificent liberality of the preceding Duke of Devonshire; but the legal conveyance of the buildings for ever, and of the valuable and extensive grounds which nearly surround the hospital, have been the charitable act of the present Duke of Devonshire.

"The outlay upon the grounds amounts to a considerable sum; but they detach the hospital for ever from other buildings, and afford a valuable place of resort and means of health to the patients. The walks are now thoroughly drained and gravelled, they are supplied with seats, and they are seen to be much used and valued."

Pauperism and Charity.

THE poor-laws, our charitable supplements of them, and all the circumstances that relate to pauperism and to poverty, are receiving more attention than for some long time past. The MEDICAL PRESS AND CIRCULAR has often had occasion to treat upon points in relation to them, and our readers cannot but be interested in all that passes. While giving some account of the public proceedings that most interest the profession in reference to pauperism, we have thought it well also to make room for the statement of proposals and opinions which, although they may not command the support of some of our readers, will be admitted by all to be of such interest and importance as to deserve the most thoughtful consideration of thinking men. At the same time our columns are open to those who differ from our views, and thus the MEDICAL PRESS AND CIRCULAR affords a platform for the presentation of opposite views, and for impartial discussion of this great subject, on which, unfortunately, too many of our contemporaries have committed themselves to the advocacy of one set of doctrines, and will not so much as recognise others.

IT is certainly a most unfortunate fact that we are still unable to prevent the spread of contagious diseases to the extent of the knowledge in our possession as to the laws of contagion. Thus, if we could but prevent over-crowding, we should soon see a rapid diminution of disease of the zymotic class, such as fevers and the exanthemata. Even consumption, whether contagious or not, is so much increased in frequency by density of population, as has been well shown by Parkes and other writers on hygiene, that to prevent overcrowding in large cities would also do away with the frequency of that great pest of the species. But we certainly are, as a body, too remiss in accomplishing all that lies in our power to prevent the communication of fevers and other very contagious diseases. Thus it would be quite possible to render it illegal to transport any fever patient to the Fever Hospital in a common street cab. A simple way of accomplishing this would be to grant a sum of money from the different parish funds to enable that hospital to send a medical man to inspect all cases of fever demanding admission within its walls, and, if they should be found worthy of admission, to have a carriage belonging to the hospital expressly for the purpose of conveying the dangerously contagious cases to the Fever Hospital. Had Mr. Mill's Bill for amalgamation of the whole of London into one town for the purposes of rating been carried, instead of the silly and trifling Bill of the Tory Government, such measures would be carried out without any difficulty. As it is, the London Fever Hospital, being supported by voluntary contributions, is probably not quite able to support such serious dipping into its funds as would be implied in the sending for fever patients to all parts of the immense metropolis. Hence the use of cabs and the possibility of any of us at any moment being affected with typhus, small-pox, or scarlatina, should we unluckily enter a street cab a short time after the exit of a patient for the Islington Fever Hospital.

HER MAJESTY'S screw corvette "Brisk," just returned from Australia, has brought home a remarkable narrative of the sudden and (we think) unexplained death of its sub-lieutenant. A party, which included the deceased officer, had gone ashore for a day's shooting. He was, and had been, in perfect health and activity. After a couple of hours' sport, he lost his hat, and shortly afterwards separated from his party to follow some game. He was never afterwards seen alive, but his body was found the next day. The surgeon of the ship, Dr. W. D. Smyth, deposed :—

> I hastened to the spot and found the body lying on the left side, the arm bent across the chest, the legs drawn up and fixed ; and, from the rigidity of the joints and stiffness of the body, I should say death must have taken place early in the morning, I should say between five and six o'clock. From the appearance of the face, lividity, and purple hue of the skin, the injection of the eyes, and dilation of the pupils, the immediate cause of death must have been congestion of the brain and lungs, consequent on long exposure to wet and cold ; and as no marks of violence or wound was discovered about the body, I believe that death took place from natural causes. Taking into consideration the great fatigue, hunger, and exposure to wet in the afternoon of the previous day, I think that probably Mr. Robertson overtaxed his strength, and at last became so exhausted that he either fell down on the ground, or sat down from fatigue, and immediately afterwards fell asleep, from which, probably, he never woke. The hailstorms and cold of the night would have the effect of causing the circulation of the blood to become rapidly slower, and thus stagnation of the blood in the lungs and brain would ensue. I do not consider a *post-mortem* examination necessary, as I am satisfied, from the appearance of the body and the history of the case, that death took place from exposure and exhaustion.—Dr. M'Clinton, R.N., sworn: I have examined the body of the deceased, and find him to have been a strong, muscular built young man ; none of his bones are broken, nor were there any marks of violence on his body, and his clothes were thoroughly saturated with wet ; and, from the evidence which I have heard, and from my experience of the climate, I believe that his death was caused by exhaustion brought on by cold, wet, and fatigue. This witness also said that death no doubt ensued within two or three hours after sleep or lying down.—Verdict : Died from natural causes, exhaustion, and exposure to the weather.

We confess we do not see our way as clearly as the medical officers who considered a *post-mortem* examination unnecessary to the conclusion that death arose from exhaustion and cold. An active, sober young officer in the full bloom of youth, with a flask of brandy in his pocket, does not so easily die of exhaustion within a couple of miles of a settlement ; and we hardly think the jury were justified in the verdict which they gave.

THE *Official Gazette of Australia* contains the following notice with reference to the adoption of the British Pharmacopœia :—"In pursuance of the provisions of an Act of Parliament of Victoria, 32 Vict., No. 333, intituled 'An Act to adopt the British Pharmacopœia,' notice is hereby given that the British Pharmacopœia, as published in England under the direction of the General Council of Medical Education and Registration of the United Kingdom, is by the said Act for all purposes substituted in the colony of Victoria for the different pharmacopœias hitherto in use in Victoria."

THE *Union Médicale* informs us the last number of the "Annals of Liebig" records a fact of great chemical interest. Linnemann has effected the direct transformation of fatty acids into their corresponding alcohols—of acetic acid, for example, into ordinary alcohol. He has succeeded by acting on the anhydrous acid with sodium amalgam. This important discovery enables him to complete the series of alcohols from the most simple—wood spirit—to melessic alcohol.

FROM the annual report the health of Boston is found to be in a satisfactory state. The deaths during the last year were fifteen below the average of the last seven years, the percentage being twenty deaths to every 1000 inhabitants.

GREAT alarm has been felt by the inhabitants of Chesterfield in consequence of the number of deaths from scarlatina. It is thought there is fear of further increase. Dr. Black remarked that Beetwell street had been like a large fever hospital. The sanitary state of the town is evidently defective.

SIR HENRY ELLIS, who for nearly thirty years held the office of Principal Librarian of the British Museum, died lately. He was in the ninety-second year of his age.

APPLICATION was made at Derby by one of the medical officers of the Union for an increase of salary on the ground of increased medical duties. He had been in receipt of £80 per annum. It was proposed to raise it to £100, when an amendment was carried that £20 should be given him as a gratuity, the last being an exceptional year.

A SAD mistake occurred at the Derby Infirmary lately. A female nurse gave a patient some lotion ordered to be applied to his thigh, instead of his proper medicine. Though every effort was made to save his life, the poor fellow died.

THE French Emperor, says the *Journal Official*, has just purchased at Orleans the Lamotte Sanguin estate to found there an asylum for convalescent workmen.

DR. W. NEIMAN, medical officer on board the steamer "Smidt," committed suicide lately by taking chloroform. During the last two voyages he had given way to drink, and on the 2nd of December last was reprimanded by the captain. This seems to have affected him, and in a fit of *delirium tremens* he committed the rash act.

IT is said that a young countess in Paris, niece of M. Ferdinand de Lesseps, while riding in the Bois, was bitten on the nose by a fly, and that inflammation immediately set in. Dr. Nélaton was sent for, who decided on an operation, after which gangrene supervened, and within twelve hours the young countess was no more. Whether this is a fact or a *canard* we are not prepared to say.

WE understand that Dr. Bryson, C.B., Director-General of the Naval Medical Service, has resigned in consequence of his term of office having expired, and is waiting the appointment of a successor. Among the inspectors-general eligible for the office are mentioned Sir David Deas, K.C.B., Dr. Davidson, C.B., Dr. Armstrong, and Dr. Salmon.

ACCORDING to the report in the *Toronto Globe*, small-pox is very prevalent just now at Montreal. Vaccination has been much neglected, and there is great fear that the disease, in consequence, may spread through the colony. Where vaccination has been properly attended to, scarcely any deaths have occurred.

Important Medical Trial.

Is the L.F.P.S. Glasgow a Medical Qualification ?

A TRIAL of considerable importance to the medical profession was heard at the Walsall Court on Friday last. Some time ago Mr. Daniel Kerr, who is a Licentiate of the Glasgow Faculty of Physicians and Surgeons, brought an action to recover £4 1s. for surgical and medical attendance on a person named Windsor. The plea of the defendant was that the plaintiff was not duly qualified to practise medicine, and consequently not entitled to recover. Mr. Kerr obtained a verdict in December, however, for £3 11s., but leave was given at the same time to move for a reduction, hence the present action. The whole question turned on the authority of the Faculty of Physicians and Surgeons to grant a medical qualification. It was contended that the qualification granted was a purely surgical one, and the following passage from the charter was quoted among others in confirmation of this opinion :—"It shall not be lawful to any manner of person within the said bounds to exercise medicine without the testimonial of a famous University where medicine is taught." The Act passed in 1850 confirmed this ; and although the Faculty could grant a pharmaceutical diploma, it could not qualify any one as an apothecary. The counsel, therefore, contended that the L.F.P. and S. was only qualified as a surgeon, and could not legally enforce payment for attendance in a medical case.

The judgment given was in favour of this view, viz. :—"I am of opinion that by Section 31 of the Medical Act a person registered is entitled to recover payment according to his qualification to practise medicine or surgery, or both. The plaintiff is registered as a Licentiate of the Faculty of Physicians and Surgeons of Glasgow. I find by their charter and the Act by which it is confirmed, that they can only grant degrees in surgery, and they recognize the fact in their election to fellowships which appear to consist of two orders, physicians and surgeons, whence their title of the Faculty of Physicians and Surgeons. Those only are eligible as fellows in medicine who have been educated in other schools of medicine, whereas their own licentiate, as well as surgeons educated elsewhere, are eligible for their fellowships in surgery. The plaintiff's qualification, as registered, is limited to the right to practise as a surgeon, he being registered as a licentiate."

Notice of appeal was given.

Parliamentary Candidature of Sir D. Corrigan.

THE petitions against the return of Sir Arthur Guinness and Mr. Pim are as we write at hearing, and the current opinion appears to be that the decision will be unfavourable to the election of both the sitting members. We learn that in case the Conservative representatives are unseated, it is the intention of Sir D. Corrigan again to contest the representation of the City of Dublin. It is rumoured that he will be joined in the contest by Mr. Thomas Pim, and will be opposed by the Hon. David Plunkett and Mr. G. W. Maunsell.

Objection to a District Infirmary.

IT seems that there are many difficulties in the way of carrying out Mr. Hardy's Act, although there can be no doubt that in many respects the Act is a good one. The Guardians of the Holborn Union, and parishe of St. James's, Clerkenwell, and St. Luke's, Middlesex, having declined to appoint managers for the Finsbury Sick Asylum District, the Guardians of the Holborn Union have addressed a letter to the Poor-law Board, stating their objections to the late order for creating the district under the circumstances of the negotiations which had passed between the Poor-law Board and the Guardians, and that the Act was not in accordance with good faith. The Guardians remind the Poor-law Board that Mr. Hardy stated in the House of Commons that he asked for the powers to enable the Poor-law Board to take such extreme measures only in cases where the Guardians obstinately and perversely refused to make such amendments in the parochial institutions as were deemed actually necessary. The Guardians submit that a small infirmary is always more useful in proportion than a large one, is less liable to hospital fever, and is more easily managed; that it should be in the immediate locality of the patients to be relieved, whereas the proposed infirmary would be of monstrous size, containing at least 800 beds (one third larger than St. Bartholomew's Hospital), and must in all probability be erected at a considerable distance from any part of the district. They add that the proposed scheme would entail an immense expense, perpetual, and always increasing, on the ratepayers, because the hospital or infirmary will have to be built in the country ; it must have its medical and other staff, &c. The Guardians therefore submit that the proposed Sick Asylum District is altogether a mistake; and they suggest that the sick should remain in the workhouse as before.

THE vacancy in the staff of the Queen's Hospital, Birmingham, caused by Dr. B. W. Foster's resignation on his appointment to the General Hospital, has been advertised. The election will take place on the 29th inst., and Dr. T. P. Heslop, who is unopposed, will be elected.

MEDICO-SOCIAL PENCILLINGS OF LONDON LIFE AND PRACTICE.

No. IX.

ONE of the first energetic pulls the external and burnished knob of connexion between the street and my night alarm received was justly attributed to the muscular energy of a palpitating domestic from No. 7, Some street. The flurried maid in gulping staccatos attempted to say, in answer to my query as to the cause of her unexpected visit, that "Master were ill-like, and desired my immediate attendance." I descended from my bedroom, and accompanied the domestic to the residence of her master. We entered it, sought his bedroom, and discovered the object of our anxiety coiled up and comfortable-looking, in bed—certainly the very opposite to "ill-like," if appearances did not deceive us very much.

My presence was duly announced, whereupon Mr. Snigby—the name of the gentleman—assumed a semi-prone position, and acknowledged my obeisance by responding gracefully, as the circumstances of his position just then permitted, optically running over my outline as he bowed, "Welcome, be seated, Sir," he said.

I thanked him and obeyed. Mr. Snigby as he addressed me took a second survey of my lineaments, this time with the scrutinizing eye of a Lloyd's surveyor, who might be half inclined to doubt the strength of keel a double-decker, outward bound and heavily insured, possessed; and the circumstance afforded me the opportunity to do likewise, and to ascertain that Mr. Snigby was a gentleman, whose age had passed the turning point or middle period, whose make appeared to be slim, whose complexion appeared to be sallow—and whose features appeared to be fairly formed, save and except the chin, which was short for his face, and too narrow and compressed to be more than casually observed, beneath a real "Dreadnought" moustache; a glorious pair of eyes, dark brown and expressive, lit up as with torches the countenance of Mr. Snigby, and its surroundings.

Mr. Snigby nodded to his servant, and that self-consuming furnace of anxiety retired from the apartment.

"Your name is Dr. a ——?"

"Quid Nunc, Sir," I replied.

"Quid Nunc? well, how funny! Quid pro quo, Nunc aut nunquam," mused Mr. S., as he shifted his eyes from me to an imaginary doctor perched near to his nosetip, that his musings conjured up, I have no doubt.

I gently enquired the object for which my attendance was sought, and hoped there was nothing seriously wrong.

"Sir," said Mr. Snigby, in reply, as his face assumed a genial glow, "*Had you ever the nightmare?*"

"The nightmare! why no, Sir," I replied, in a rather disconcerted tone of voice, for the question took me by surprise, and I yielded under its influence.

"Sir, I regret it very much indeed, because I am of opinion that a medical gentleman should have in himself experienced the phases of the diseases he may be called on to treat—do you understand?"

I expressed a hope that my patient did not really mean his medical adviser should have been a victim *in propriâ personâ* to asthma, gout, morbus coxarius, phthisis, elephantiasis, and the use of wooden legs ere he became professionally competent to meet the requirements of *his* case, or of any other case known to and recognised by standard nosologists.

My patient was not disposed to qualify the opinion he had formed, and assured me it had not been hastily arrived at.

I regretted that his opinion *was* formed, and hoped that he would reconsider it at an early date.

My patient closed his eyes, bowed his head, and continued, "Sir, I have asked a question, a direct negative has been your reply. *Now,* may I ask, *have I the nightmare?* That's the question. Here, feel my pulse, examine my tongue, look at my pupils—come," and he opened wide his eyes and his mouth, and protruded his tongue, and projected his left arm and hand from him as if they were not his own, but the property of another *body*, and, being so, heartily desired for himself a happy riddance of them.

"No; but you have had it, I presume?" was my bold yet guarded answer.

"Right, Sir. What's the cause?"

"Suppers, ner—"

"Sir, stop! The old, old story. I have been told so often about suppers, which I *don't* eat, and about nerves and about liver, and about the whole of my machinery, that the slightest allusion to *that* subject distresses me."

I offered to my patient a thousand apologies if I were the cause of a single mental pang to his apparently now disturbed condition, and begged he would bear in mind that my observations were attempted to be made in reply to a question asked by himself.

"Sir, true; but suppers and nerves do not account for my nightmare."

"You perceive, Sir," I ventured to remark, "the great centre of the circulation is governed by"—

"Gastric juice," interrupted my patient.

"By natural laws," I continued, "which laws are under the control of"—

"The Commissioners in Lunacy and the Bankside Building Company, Limited," again interrupted my patient. "Sir, stop! I have heard *that* over and over again. It is buncum, stuff, nonsense, and professional padding. I sent for you, *not* to hear a speech, but to get your opinion on my case, although I do not hope to derive benefit from it, for Fata—as I call my nightmare—has tossed in the air, and tumbled in the professional dyke of puzzle and of defeat the leading faculty of this vast metropolis, of Paris, and of that troublesome enigma, the European Continent, Eastern modern wisdom. I have sought and I have found, in the hope of curbing my more than magic high stepper in her mad career, but without deriving the slightest benefit from its wisdom; and the gigantic genius of the skilled, the scientific, and the wise of the New World proved complete failures in her regard. To-night I have had my complaint in an aggravated form; in a form, in fact, such as never before distressed me. I retired to bed at my usual hour, which is ten o'clock. It is now, you say, five to three; very well. Ten and two make twelve, and three make fifteen; three and two make five, wanting five minutes—am I right?"

"Yes, Sir, it is about five hours since you retired to bed."

"Exactly. Well, let me see, I conscientiously consider that the Fata took me at about one thirty, or thereabouts."

"Indeed, Sir!"

"Yes, I think so—but allow me to preface my symptoms by asking if you know what a *nightcap* is, and do you recommend it?"

I boasted full and perfect knowledge of the anatomy of that covering for the "head, or top," as a modernly compiled lexicon defines the article, and did recommend it to some patients, but not as a general rule.

Mr. Snigby smiled. "I don't allude to the textile article, it is the medical nightcap, I mean," he said.

I begged to be excused for the error I committed, and expressed my complete familiarity with the invigorating sedative.

"Sir, I like the posset, and have taken it nightly for years past. I am an army man, sold out you know; have seen some service, under two distinguished generals; often had a brush with an enemy, and many hair-breadth escapes from instant death by sword and fire; and I never knew fear until lately. Sir, would you believe it, that I—I who snapped my fingers at bombshells, and that never feared a column or a troop, have often felt, if not cowardly, decidedly funky, stretched here within the prescribed limits of this unanimated four-poster, Sir, often have I observed without twitch of muscle, the gnawing emissaries of death leave the hell-fire cannon's mouth on the battle field, but at times I fight very shy indeed on a field of down under cover of a floculent blanket."

Mr. Snigby ceased, and sank on his pillow, apparently much distressed in mind, and exhausted in body, for his words were uttered with the marked impulse of sincerity, and he displayed a considerable amount of muscular energy in the delivery of them.

I expressed my regret for, and my sympathy with, Mr. Snigby, hoped to improve his condition, and begged that he would concisely describe the symptoms under which he laboured—that in the present instance I mentally attributed to—his *nightcap*.

QUID NUNC.

◆

Gleanings in Medicine, Surgery, and the Allied Sciences.

SURGERY.

OPERATION FOR STRICTURE OF THE URETHRA.

AT a recent meeting of the Medical Society of the County of New York, Dr. Wood described an operation which he had for some years been performing, and of which he had seen no mention in the practice of other surgeons. Cutting down, after Syme's plan—a staff being fixed at the distal end of the stricture and a slender bougie being also, if possible, passed into the bladder—he had found that, as he approached the urethra by slow and cautious dissection through the fibrinous deposit, the stricture would gradually yield, until, without entering the canal or wounding the mucous membrane, he could by degrees press the staff on towards the bladder. This mode of relieving the stricture answered to the operation for strangulated hernia without opening the sac. He had repeatedly performed it successfully; he had also repeatedly failed, and been obliged to cut into the urethra, as would always be the case in traumatic stricture, or in idiopathic, where the mucous membrane was much diseased. But it was always worth trying, for where applicable it offered the great advantage of rendering urinary infiltration an impossibility. And to such infiltration and the pyæmia consequent upon it were to be ascribed most of the fatal results of perinæal section. (*Medical Record.*)

ACUTE ABSCESS OF TIBIA—USE OF TREPAN—CURE.

M. PEAN showed a patient in whom an acute abscess of the head of the tibia had been spontaneously developed. The disease, which was circumscribed, gave such violent pain as to call forth constant shrieks from the patient. Many surgeons diagnosed a syphilitic inflammation of the bone, and had had recourse to iodide of potassium, but without advantage. Considering the intensity of the pain, and of the acute inflammation which had spread into the knee-joint, and also noticing that the soft parts over the head of the tibia were hot and slightly swollen, M. Pean diagnosed that an acute abscess, only of some weeks' standing, had developed in the epiphysis of the tibia, and threatened any day to give rise to an acute suppuration of the joint. He accordingly applied the trepan, and after having pierced the shell of the bone and removed a portion of the spongy texture, he opened the cavity of a limited abscess, containing pus. From that moment the pain vanished as if by magic, the acute synovitis also disappeared, and the patient recovered his health and strength.

This is a remarkable fact, as proving that, contrary to what is usually taught, an acute abscess of the tibia may follow a course sufficiently rapid to give rise to grave accidents, and, if let alone, to a dangerous form of suppuration of the knee-joint. (*Gazette Medicale de Paris* and *Edin. Med. Journ.*)

DESTRUCTION OF GREAT SYMPATHETIC AND PHRENIC BRANCHES IN REMOVAL OF A TUMOUR IN THE NECK.

THE following case has lately been under the care of M. Trélat at St. Louis.

An abstract only is given:—

E. D., servant, æt. 27, of thoroughly good general health, eighteen months ago began to suffer intense pain in her right arm and neck, and a year later noticed a small tumour about the size of a walnut at the side of the neck behind the sterno-mastoid. The tumour rapidly increased in size, and pain became very severe.

A large tumour was found to project between the trapezius and sterno-mastoid. The skin was non-adherent, colour natural, no pain on pressure. The tumour was behind the right carotid, which it projected forwards, and extended across the middle line, notably displacing the larynx and trachea to the left side. The tumour extended from the angle of the jaw and lower edge of the parotid above, to the sterno-clavicular articulation below. A rounded projection could be felt from the inside of the pharynx. Pain and numbness of both arm and fingers, with tingling, annoy the patient much. The right radial pulse is much weaker than the left, and the superficial veins of the forearm are engorged.

The jugular vein and common carotid had to be dissected off, as also the parotid above and the pleura below; but the tumour was found so firmly attached to the vertebral column and transverse processes, that it could only be removed piecemeal; the bones were then thoroughly scraped; this was very laborious, and involved the destruction of the great sympathetic and of the anastomotic branches of the phrenic. Very little blood was lost.

Next day the face is deeply congested, especially on the right side, which displays well-defined patches of a violet and wine-coloured red. The pupils are unequal, the right being strongly contracted; conjunctiva normal. The breathing is hurried and oppressed. These phenomena are evidently the result of the injury to the sympathetic nerve.

Next day, patient complains of violent pain in the side and over the kidneys; skin hot and moist, pulse 120, dulness at base, and diminution of respiratory murmur up to the middle third of right lung.

Fourth day, all the symptoms much worse. Absolute dulness of lower two thirds of lung. Absence of thoracic movement. Great distension of abdomen. For nine hours before death there was constant coffee-ground vomiting, and expectoration of thick black sputa.

On examination of the wound after death the artery was found uninjured, the vein inflamed and containing a clot. The pharynx and œsophagus were healthy. There was pleurisy, and congestion of both lungs. The stomach and intestines were distended with gas, and contained a considerable quantity of the coffee-ground matter that had been vomited in such alarming quantity. There were eccyhmosed patches on the mucous membrane of the stomach.

The tumour consisted of pure cartilage. (*Edin. Med. Journ.*)

CRETINISM.

ACCORDING to a recent official return, cretinism is by no means on the decline in Switzerland. The cases of this sad and mysterious disease at the beginning of this year among a population of 2,032,119 in the nineteen cantons of Switzerland, amounted to 3,431, and it further appears that there were at the same period 6,258 cases of insanity; thus showing that there is one mentally diseased person to every 202 inhabitants in that country.

◆

NOTICES TO CORRESPONDENTS.

TO CORRESPONDENTS.—We would impress upon our numerous correspondents the necessity of making their lectures, Original Communications, or letters intended for insertion, as short as is consistent with the subject on which they treat. We find it necessary to intimate this to our many friends, in consequence of complaints continually reaching us from contributors, who are anxious to obtain an early publication for their papers.

IN deference to the wishes of a large number of our readers, we intend forthwith to devote several columns weekly to *excerpta* from the best British and Foreign journals, in order to keep our subscribers *au courant* with the progress of medicine and surgery in all parts of the world.

DR. JACOB'S "Lecture on the Eye," with illustrations in six colours, is again unavoidably held over.

A SUBSCRIBER, whose valued support dates from the commencement of this Journal, writing from Scarborough, remarks:—"It would be better when correspondents have anything new to communicate, that they should simplify their prescriptions as much as possible, so that we may know the virtues of remedies we prescribe, and not have to be asked if we can inform persons interested what effect we have noticed after prescribing a certain drug! At this time it shows the great ignorance or want of attention yet prevalent in our profession, more especially in *hospital practice*, where they have such excellent opportunities of observing the effects of remedies; and the *excerpta* you give from the best British and Foreign journals—a sort of *synopsis*—will be found most valuable to those practitioners in the provinces, the majority of whom would never perhaps see the article at all."

SUBSCRIBER.—We are not aware that there is any probability of a vacancy in the department to which your enquiry refers. Resignations are usually kept quiet until a favoured candidate be provided. For authentic information you must try the back stairs of Dublin Castle.

PROSTITUTION.—A subscriber, who has watched the progress of this evil, and the articles that are constantly appearing on the subject in this and other journals, is of opinion that pride and poverty being very much on the increase, the neglect of parental culture in early life, and our very artificial mode of living, are the primary causes of prostitution and its attendant maladies. He would like to hear the opinions of those who have had opportunities for studying the subject, the conclusions they have arrived at, and suggestions for the mitigation of the evil.

Infanticide and Abortion, as suggested institutions, by Erving Whittle, M.D., approved, and shall appear in an early number.

Dr. James Black (Cockburnspath).—We heartily thank you for your note. Such expressions as—"I sincerely wish unbounded success to your valuable Journal, which it merits," are exceedingly gratifying, and encourage us to persevere in the path we have commenced to tread, in order to make the Medical Press and Circular the most practical journal alike to the physician, the surgeon, and general practitioner.

T. H. Sandiford, A B., M.D., on a "Case of Rigid Os Uteri Incision," received, and will appear as soon as space permits.

T. L.—Proof shall be sent you as requested.

Anthrax.—Further interesting cases by Dr. Johnston received.

Dr. Davies (Carmarthen).—The name in favour of which cheques or P. O. O. are to be drawn, appears in the Journal every week, immediately preceding editorial matter.

Mr. Lane.—Your letter shall appear in our next.

Dr. Shinkwin.—Thanks. The extra copies would have been sent earlier but for an unusual sale, which caused the supply to run short.

◆

BOOKS, PAMPHLETS, &c., RECEIVED.

St. George's Hospital Reports. Vol. III. London: John Churchill & Sons.

The Official Agricultural Returns of Great Britain and her Possessions. 1868.

Pharmacopœæ Recentiores. Par H. Hager. London: Trubner & Co.

A Practical Treatise on Perinetritis and Parametritis. M. J. Mathews Duncan, M.D., &c. Edinburgh: Adam and Charles Black.

On the Dynamics, Principles, and Philosophy of Organic Life. By Z. C. McElroy, M.D., St. Louis.

The New York Medical Journal.

The Pacific Medical Journal.

The Boston Medical Journal, &c., &c.

◆

Deaths.

Butler.—On the 14th inst., James Butler, M.D., of Thurles, Co. Tipperary.

Gillam.—On the 12th inst., at Prince's Risborough, Bucks, after a few days' illness, George Jules Gillam, M.R.C.S., L.S.A., aged 41.

Wills.—On the 12th inst., after a long and painful illness, Chas. Thomas Wills, M.R.C.S.E., of Merthyr Tydvil, aged 52.

Wright.—On the 27th ult., H. Wright, M.R.C.S.E., of East Bridgeford, Nottinghamshire, aged 46.

Advertisements.

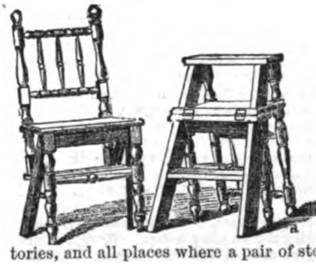
LICHEN ISLANDICUS,
OR
ICELAND MOSS COCOA.
MANUFACTURED BY
DUNN & HEWETT,
LONDON.

Strongly recommended by the Faculty in all cases of Debility, Indigestion, Consumption, and all Pulmonary and Chest Diseases.

SEE TESTIMONIALS OF
DR. HASSALL, DR. NORMANDY, AND OTHERS.

To be had everywhere at 1s. 4d. ℔ lb.

Novel Invention.—Two Articles in One.



THIS INVENTION consists in so arranging a CHAIR that by a simple movement it is instantaneously converted into a pair of useful STEPS.

A pair of steps are always in the way, but these that can be instantly converted into a useful Chair, very suitable for entrance-halls as a chair, and for lighting the lamp, also for libraries, bars of hotels, shops offices, greenhouses, conservatories, and all places where a pair of steps are sometimes required.

No. 1. MADE OF DEAL, nicely varnished on the bare wood 11s. 6d. each.
No. 2. BEST SELECTED OAK, and French polished, 21s.

All orders should be accompanied with stamps or Post-office order, when a Chair will be immediately sent per passenger train. The name of the nearest station should be given.—Address, JOSIAH LE BUTT, Manufacturer, Bury St. Edmunds, Suffolk.

FRAUD. — CAUTION. — Order BRYANT & MAY'S Patent SAFETY MATCHES, Trade Mark an Ark, and insist upon having them, as imitations are sometimes offered that do not afford PROTECTION FROM FIRE.

PROTECTION FROM FIRE.
BRYANT & MAY'S
PATENT SAFETY MATCHES,
LIGHT ONLY ON THE BOX.
Sold Everywhere.

THE SILVER MEDAL, PARIS, 1867.

SAVORY & MOORE'S
PANCREATIC EMULSION

Readily Miscible in Milk, Water and Wine.
Not Deteriorated by Keeping.

NOTICE.

The Medical Reports on the Treatment of Consumption and Indigestion by means of Pancreatic Emulsion and Pancreatine, Published in the *Lancet*, *British Medical Journal*, and Medical Press and Circular

RELATE EXCLUSIVELY TO
SAVORY & MOORE'S PREPARATIONS.

PANCREATIC EMULSION... Bottles 2s. 6d., 4s. 6d., and 8s. (retail).
PANCREATINE, in POWDER ,, 2s., 3s. 6d., 6s. 6d., and 12s. 6d.
PANCREATINE WINE......... ,, 3s., 5s., and 10s.

SAVORY & MOORE, 143 NEW BOND STREET.

EVANS'S ELATINE,
OR CONCENTRATED AQUEOUS SOLUTION OF TAR.

Beneficial in cases of Chronic Bronchitis, Asthma, Catarrh, Influenza, and Sore Throat. For Loss or Weakness of Voice it has a surprising action, hence its great value to Lecturers and Singers.

Dose.—A tea-spoonful to two-table-spoonfuls three or four times a day, alone, or in water. When mixed with milk or sugar and water it is very pleasant for children, or with the addition of the syrup of pine-buds. One valuable fact is, that it never disturbs the digestive functions, but, on the contrary, assists and promotes appetite. For Affections of the Chest, taken at bed-time in hot whey, it is especially effective.

EVANS'S
ETHERIZED COD-LIVER OIL.

The addition of Rectified Ether to the Cod-liver Oil is of great value. In numerous cases where Sensitiveness of the Stomach exists the *Etherized* Oil is retained, and the digestive functions assisted for the purposes of nutrition. The pure Oil with Rectified Ether is bright and clear.

No. 1. Rectified Ether, 10 min. to each ℥ij of Oil.
No. 2. Rectified Ether, 15 ,, ,, ,, ,,
No. 3. Rectified Ether, 20 ,, ,, ,, ,,
49 DAWSON STREET, DUBLIN.

DIABETES.
BONTHRON S DIABETIC BREAD AND BISCUITS
Have been approved by the Profession and by Diabetic Patients; contain no starchy matter, and are highly palatable and agreeable.
Country Orders punctually attended to.
Address, J. BONTHRON, 106, Regent-street, London, W.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 3, 1869.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE
An Artery Compressor, Suggested for the Treatment of some Surgical Aneurisms. By Geo. H. Porter, F.R.C.S.I., President of the Royal College of Surgeons in Ireland, &c., &c. 89
Notes on the Treatment of Favus. By Henry Samuel Purdon, M.D., Physician Belfast Dispensary for Diseases of Skin. 90
On the Diagnosis of Scarlet Fever. By Dr. Joseph Duggan........ 90
Gleanings in Toxicology.—No. III. On Poisoning by Lobelia. By Charles Meymott Tidy, M.B., M.S., Joint Lecturer on Chemistry at the London Hospital.. 91

HOSPITAL REPORTS.

MEATH HOSPITAL—

Memoranda of some Cases of Fracture. Under the care of Mr. Collis 92

TRANSACTIONS OF SOCIETIES.

Medical Society of London 93
Royal Medical and Chirurgical Society.... 94
Clinical Society of London 95
Surgical Society of Ireland 95

LEADING ARTICLES.

PAGE
DR. LETHEBY AND THE "LANCET."...... 99
RHEUMATIC FEVER AND ALKALIES 100
OUR ARMY MEDICAL OFFICERS 100

SCOTLAND.

Edinburgh.—The New Medical Hospital .. 101
Valuation of Watson's Hospital 101
Scottish Meteorological Society........ 101
Dundee.—Royal Orphan Institution...... 101
Aberdeen 101

FRANCE.

Special Correspondence 101

NOTES ON CURRENT TOPICS.

Education 102
Official Reform........ 102
Scarlet Fever........ 102
London University 103
A Nuisance Less 103
Medical Club........ 103
Ink 103
The Bombay Medical Retiring Fund...... 103
The Reform of the Medical Council 103

PAGE
Assistant-Surgeons at Netley........ 104
Medical Waistbands 104

Medico-Social Pencillings of London Life and Practice. No. X........ 105

CORRESPONDENCE.

J. W. Lane on Poor-law Medical Reform.. 106
James W. Johnstone on Infantile Tetanus 107

LITERATURE.

Nature and Art, and other Poems. By R. Tonson Evanson, M.D., F.R.C.S., &c. 108

Deputation to the Lord Lieutenant of Ireland 108

GLEANINGS IN MEDICINE, SURGERY, AND THE ALLIED SCIENCES.

Transfusion 109
Lumbar Hernia 109
Ptyalism........ 109
What is Nervo-Muscular Prostration? 110

Notices to Correspondents, &c........ 110

Original Communications.

AN ARTERY COMPRESSOR, SUGGESTED FOR THE TREATMENT OF SOME SURGICAL ANEURISMS.

By George H. Porter, F.R.C.S.I.,

President of the Royal College of Surgeons in Ireland; Senior Surgeon Meath Hospital and County of Dublin Infirmary; Surgeon to Simpson's Hospital; President of the Surgical Society of Ireland; Vice-President of the Pathological Society of Dublin.

INDEPENDENT of the ligature, various attempts have been made to arrest the current of blood through exposed arteries, and to occlude them rapidly, or by degrees. Most ingenious appliances have been devised for the purpose, but they have never met with much favour at the hands of practical surgeons. Yet how painful it is to meet with cases of aneurism in situations where the experience of bold and able men tells that little can be done to save life! Among those who have endeavoured to close arteries without cutting through their coats may be mentioned Crampton, Percy, Deschamps, L'Estrange, Assalini, Dubois. Their instruments, however, if scrutinized I think it will be found that the disturbance to the vessel both in applying and removing them was too great, and the amount of pressure far beyond that required. In some situations the ligature has invariably failed, secondary hæmorrhage following its separation. To meet those difficulties is my object. That the axillary artery could be compressed between a silver probe and loop of wire for *fifty-two hours* without damaging the vessel, I perfectly satisfied myself. I reported the case in November, 1867. In the instance I refer to the artery was not occluded, but considerably narrowed at the point of acupressure. No laceration of either the internal or middle coat took place, nor do I believe such a condition requisite to close a vessel.

Strongly impressed with such an idea, I consider a modification of acupressure may yet be brought to aid the practical surgeon in the cure of aneurisms hitherto unmanageable. The little instrument I venture to suggest to the profession is in reality a form of acupressure, simple in construction, easy of application, and yet powerful in restraining the current of blood, without rudely inflicting injury on the arterial coats. It consists of a piece of silver wire about the strength of an ordinary probe; this is bent into a triangular shape about four inches in length, and the apex surmounted by a small ring; the base is perforated by two little apertures just large enough to permit a fine wire to pass easily through. The wire is first carried round the denuded artery in an aneurism needle with greater facility than a thick ligature, and each extremity of it passed through the holes in the compressor; one end should be fastened by twisting it through the little ring at the top, and the compressor may then be gently pushed down on the vessel, when, by pulling the free end of the wire, the requisite pressure may be made to arrest the flow of blood through the artery. The lithograph, Plate I., gives an accurate representation of the compressor, and the manner in which the wire is passed through, forming the loop which, with the instrument, encloses the vessel in such a manner that slipping is impossible. When the artery is occluded sufficiently to stop the current, the free wire may be fastened also to the top ring. The instrument can be removed with the greatest facility when pressure is no longer required, by cutting the wire at each side, lifting up the compressor, and then gently pulling the wire away from beneath the artery. I have placed this instrument on the femoral artery in the dead subject, and it closed the vessel so tightly that it prevented the injection of water through the artery, and the internal coat was not in the slightest degree injured. I have not had an opportunity of testing it in the living, but I suggest it to the notice of my professional brethren, hoping that they may be induced to give it a trial. We know that aneurisms have become consolidated, and cured in a few hours after shutting off the supply of blood to the sac, and should such a happy result follow the use of this instrument it might at once be removed without having done any injury to the vessel; or if, on the other hand, it had been permitted to remain for fifty or sixty hours without curing the aneurism, it might be taken away, no harm having been done by its presence. It is so light in construction that no inconvenience is likely to be produced whilst in the wound leading to the denuded artery. Its action imitates, as nearly as possible, acupressure, which we know *efficiently* closes the cut extremities of large arteries. The instrument can be procured at Messrs. Fannin and Co.'s, 41 Grafton street, Dublin.

NOTES ON THE TREATMENT OF FAVUS.

By Henry Samuel Purdon, M.D.,
Physician Belfast Dispensary for Diseases of the Skin.

As a former pupil of McCall Andersons, I have generally adopted his method of treatment, which I have seen successfully pursued at the Glasgow Dispensary for Skin Diseases, in many seemingly incurable cases. It consists in removing the crusts by poulticing, then epilation is commenced, and into the part from which the hairs have been extracted, a solution of the bichloride of mercury, two grains to the ounce, is firmly rubbed in, after which a little sweet-oil is applied. The epilation may have to be performed more than once. This treatment was adopted in the majority of my cases. In November last two boys were admitted at the Dispensary for Skin Diseases, suffering from favus. In both, the crusts were removed as well as possible by poultices, afterwards oil of Cade diluted with glycerine was rubbed in for a day or two, as recommended by Bazin, and which occasioned a "loosing" of some crusts not removed by the poultice. I may remark in passing, that Hebra uses alcohol for the same purpose, which causes a shrivelling up of the cups, crusts, &c. In one of these boys a lotion, containing one drachm of the hypo-sulphite of soda to the ounce, was constantly applied to the head; in the other a liniment, consisting of two grains of carbolic acid to the ounce of olive oil, was the application ordered, and which remedy has been successfully used in the treatment of favus by Dr. Prior, of Bedford (*British Medical Journal*, Oct. 26th, 1867.) It may be briefly stated that the boy to whom the acid and oil was applied became rapidly well, and was discharged cured during the present month, an exceedingly short space of time to be relieved of such a chronic and troublesome complaint; whilst in the other case little or no improvement was manifested; of course constitutional treatment was adopted in each instance. The great point in the treatment of favus seems to be excluding the air from the affected part, which can best be done by the application of oil or ointment, some physicians prefer cod-liver oil. As a local application creosote has the property of preventing the spores from germinating, and is used by many, as also ointments of white precipitate of mercury, dilute citrine, or iodide of sulphur. Neligan employed constitutional remedies and local applications, the former "used with the intention of correcting or altering that vitiated condition of the system generally, to the existence of which is due the development of the morbid growth in a congenial soil, and the latter to remove the diseased mass constituted by the peculiar vegetable parasite, and to prevent its production." Internally he administered iodine and arsenic, in strumous children, cod-liver oil, whilst locally—when the disease occurred on the head—the hairs were cut short, poultices applied to remove the crusts, and the head washed with a strong carbonate of potash lotion, afterwards carbonate of potash ointment applied, over which an oil-skin cap was worn. In two or three days iodide of lead ointment being substituted.

In one of my cases I tried a lotion of sulphurous acid, one ounce to eight of water, but it did not succeed, the head having to be epilated and treated with the bichloride of mercury lotion. I have observed tinea circinata and favus existing together, which case will be found in the *Medical Mirror* for May, 1868. In treating the former affection I now use a solution of chromic acid, a drachm to the ounce, one application of which is generally sufficient. Patients affected with vegetable parasitic diseases require a good nutritious diet, such remedies as quinine, cod-liver oil, and syrup of the iodide of iron being prescribed. It may be interesting to conclude these brief notes with quotations from two of our best authorities on vegetable parasitic diseases, viz., Dr. Tilbury Fox and Dr. McCall Anderson. The first gentleman considers that when tinea circinata and favus exist together, that the fungus of the former disease takes on an active state of growth, and sprouting, forms a favus cup. "We must look for an explanation of the differences between the varieties of tinea, not so much in differences of fungus, as of soil and seat on which they grow."—(*Journal of Cutaneous Medicine*, No. 8, page 390.) Dr. McCall Anderson ("Parasitic Diseases of the Skin,") believes such cases as favus and tinea circinata developed on the same person to be extremely rare, so that they may be considered coincidences, and not as instances of two affections owing to one and the same parasite.

ON THE DIAGNOSIS OF SCARLET FEVER.

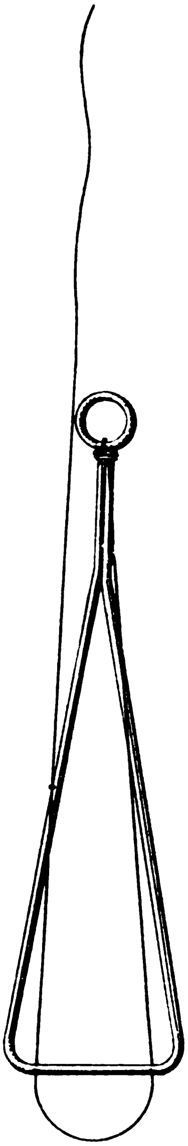
By Dr. Joseph Duggan,
Athenry, co. Galway.

There is, I believe, no disease, in this country at all events, whose appearance in a locality is so much dreaded as scarlet fever, and very justly so; as, for my part, I would almost as soon witness the appearance of Asiatic cholera, as to behold the sad and fatal ravages of this most unmanageable disease, and when it occurs as an epidemic, causes a higher rate of mortality than even cholera itself; of course it is not always the case, but I infer that it does so, as it attacks a larger number of individuals when it spreads as an epidemic—if we calculate the amount of infant, juvenile, and adult mortality, *per se*, of this most dangerous malady, and if we add to this direct mortality the indirect sequelæ of the fever, which very often causes the development of a train of morbid lesions, which induce a fixed and organic disease ultimately ending in early death, or change the previously healthy constitution of the individual into a state of cachexia, premature invalidism, and decay. Now if all these melancholy and fatal results be summed up together, the mortality will far surpass that of Asiatic cholera, indeed it is a most trying and afflicting malady; it is as fatal in the homes of the rich as those of the poor, because it cannot be warded off even by the most exact hygienic measures.

It is liable only to affect an individual but once, like variola and measles, generally during the infantile and adolescent period of life; but no period of life is exempt from its attack, if not previously invaded by the fever. I have seen several old persons die of scarlatina, and on inquiry I found they never had it before; the poison acted so virulently in one of these cases that the patient lived only thirty hours.

This morbid specific poison, which acts on the blood after a definite period of incubation, manifests itself by the appearance of febrile phenomena, inducing the primary fever, which exhibits in a more or less degree great disturbance of the nervous centres, and after the lapse of two or three days the skin is covered with a scarlet efflorescence, and the throat gets tender and painful; of these appearances different grades are to be met with, in some there is only the rash, and no sore-throat, or we have scarlatina and no scarlet eruptions, in others we have merely the febrile sore-throat. In practice we will frequently meet with those phases of the disease, and even between these we will meet with infinite shades and complications not easy to be studied, except by clinical observation. Often it appears in a hybrid form of measles and scarlatina called "Rotheln," and with rheumatism of the joints, when it is called "Dengue."

In the primary stage of the disease, when it is of the



Mr PORTER'S ARTERY COMPRESSOR.

Forster & Co Dublin

utmost importance to form a correct diagnosis, because anxious parents will very justly have you declare (particularly when scarlet fever and measles are rife in the locality) which is which; here any error in the diagnosis, I need not state, would be hazardous to the doctor's fair fame.

Having had some years ago numerous cases of scarlet fever in all its phases under my treatment, I had therefore ample opportunity of becoming acquainted with the disease in all its forms, and from very close observation I have observed at the very earliest invasion of the disease, a peculiar and constant appearance of the eye, so much so, that at the primary stage I could without difficulty diagnose the disease immediately, even in cases where the skin, tongue, or throat have failed to afford me satisfactory evidence that I had to deal with scarlet fever. I have placed such reliance on the peculiar appearance of the eye, that I regard it as perfectly pathognomic of the disease. If once observed accurately it can never be mistaken. I am not aware it has been mentioned by other observers, at least I have not met with it in books. This striking peculiarity of the eye I have never observed in other febrile affections. It is characterised by the eye assuming a peculiar brilliant and glistening stare, like as it were glistened by an ethereal lustre; it has only to be noticed once, then never to be forgotten, and can be easily distinguished from the liquid, tender, watery eye of measles. Where the skin and throat appearances are absent, and therefore Bouchut's pathognomic "white line," I have found this appearance of the eye, combined with the "raspberry tongue," highly diagnostic of scarlet fever, and those who accustom themselves to observe it will have a sure and real sign perfectly pathognomic of the fever.

GLEANINGS IN TOXICOLOGY.

No. III.

ON POISONING BY LOBELIA.

By **Charles Meymott Tidy**, M.B., M.S.,
Joint Lecturer on Chemistry at the London Hospital.

There is no form of quackery more terrible and serious in its results than what is ordinarily termed "Coffinism." As a rule quacks are cautious enough that, whilst they give nothing that by any possibility can do their patients much good, that, at any rate, what they administer shall not do them any harm. Homœopathy is an illustration, and a very good one, of what I mean. Those pretty little round arsenical sugar plums that they call globules may possibly contain arsenic; but, considering that analysis has no difficulty in detecting less than a thousandth part of a grain, but that chemical analysis fails to detect any arsenic in these globules (at any rate, in all the cases I have examined, some five or six), we may very fairly conclude that if there is any arsenic present, it is in such a marvellously minute quantity that we are as certain it can do no harm, as we are perfectly sure it can do no good. So that homœopathy has one great thing to recommend it to inveterate physic takers—that they are dealing with a perfectly harmless and innocent system. And if people are satisfied with it, we have no right to complain. But not so, however, with Coffinism, a name (ominous indeed!) derived from the founder of the system, a "Dr. Coffin," whose patients are to be found in no small numbers amongst our poorer classes, and whose income must be almost entirely derived from their hard-won earnings. But Coffinism deals with no innocent or harmless drugs; nor is it satisfied with any innocent or harmless doses. Starting with their pet, though absurd theory, that "Heat is life; the want of sufficient heat, disease; and cold is death," they administer, with no cautious or measured hand, monstrous doses of cayenne pepper and lobelia to restore *healthy action*, or, what is the same thing to them, *warmth*, to a diseased and broken down system.

Within a very short time I have had two cases of death come before me from, I believe, the absurd practices of these reckless practitioners. I may quote as an illustration the following, where, although I was unable to detect the poison in the stomach, doubtless partly on account of the length of time that had elapsed between death and its administration, as well as from the violent vomiting that occurred shortly after the drug had been taken, still the circumstances of the case leave no doubt in my own mind of the immediate cause of death.

I received from Mr. Rees Llewellyn, July 17th, 1868, by Mr. Humphreys' orders, a stomach and its contents from the body of a child, A. E. B., æt. one year, who died shortly after having taken some mixture obtained from "a Coffinite" residing in Whitechapel. I received at the same time some of the mixture he had prescribed for the child, the greater part of which had been given. The history of the case is briefly this:—The child was taken ill on the 10th of July with a slight diarrhœa. The parents tried some simple domestic remedies, but, the child not getting better, they thought it advisable to seek further advice. Consequently, on the 13th, they consulted the Coffinite. He gave them a bottle of medicine. The parents report that very shortly after the child had taken the "physic," it got rapidly worse, and the symptoms being somewhat alarming, they called in Mr. Llewellyn. They informed him that the sickness had been violent in the extreme, and that the Coffinite had told them to go on with the mixture. Again and again they repeated the dose, but the child never rallied. Mr. Llewellyn immediately suspected lobelia, and took possession of the bottle. He informs me the child was bathed in cold sweats, and was occasionally very convulsed. It died the day after Mr. Llewellyn was first called to see it. The stomach was considerably congested, and contained about half-an-ounce of fluid, which had a slightly acid reaction. I mixed the contents with water, and allowed it to stand for several hours, when I examined the sediment under the microscope, but was unable to detect any lobelia.

There was, however, no difficulty in at once recognizing under the microscope, in large quantities, lobelia seeds and portions of the leaves in the mixture supplied and administered to the child, according to the evidence of the parents. And, judging from this fact, and the symptoms noticed during life, though poison was not discovered in the stomach, for reasons I shall point out directly, there is no doubt whatever that lobelia was the true and primary cause of the fatal result.

The Lobelia Inflata (Indian tobacco) is a native of North America. Its poisonous qualities were first noticed by its effect on cattle that had accidentally eaten it. Many eminent physicians in the United States have from time to time studied its action. It has a somewhat nauseous and irritating smell, and a burning acrid taste, somewhat resembling tobacco. The dried herb, as imported, is of a yellowish green colour, and is usually prepared by the shaking Quakers of New Lebanon (Pareira). It contains a volatile oil which, when distilled with water, imparts to the water the smell and acrid taste of the plant; also an acid which has been termed Lobelic Acid; and, lastly, the active principle of the plant that has received the name of Lobelina, but about which little is positively known.

Although it was not introduced into England prior to 1829, when Dr. Reece proposed it as a specific in asthma, it had become a favourite quack medicine in America as early as 1800. In the year 1809 a man of the name of Samuel Thompson was tried and convicted of poisoning a man with it. Now, lobelia is a poison, not in any way singular in this respect, that is frequently an antidote to itself. And very fortunate indeed is it for many patients that it proves so.

In giving it to animals I have found in many cases such violent vomiting produced that the poison must have been entirely got rid of, for they often recovered after most severe symptoms. In one case, however, in which I gave a small terrier a drachm of the powdered leaves and seeds which were retained, death resulted in about twenty-eight hours and a half. It is most remarkable that the followers of Dr. Coffin still maintain that it is incapable of destroying life. At an inquest, in which I had to give evidence, the Coffinite was most violent in his statements of its non-poisonous qualities, and abusive to those who ventured to disagree with him.

The following case from *Bigelow's American Botany*, vol. i., p. 181, well illustrates the reckless practice of these men in their administration of the drug :—

"A melancholy instance of death, occasioned by the use of lobelia in the hands of a quack, is detailed in the sixth volume of the Massachusetts Reports, in the trial of Samuel Thompson, an empiric practising in Beverley, for the murder of Ezra Lovett. In this trial it appeared that the patient, being confined by a cold, sent for the pretended physician, who gave him three powders of lobelia in the course of half-an-hour, each of which vomited him violently, and left him in a great perspiration during the night. The next day two or more powders were administered, each of which operated by vomiting, and occasioned great distress. In like manner two other powders were given the subsequent day, leaving the patient in a state of great prostration. Several days after this the physician came again, and, finding his patient still worse, administered several more powders, which occasioned great distress, and at length ceased to operate. Finding that the stomach was not sensible to the emetic effects of lobelia, the physician repeated the dose, and when the patient complained of great distress at the breast, and said he was dying, the doctor assured him the medicine would soon get down, or operate as a cathartic. However, on the same evening the patient lost his reason, and became convulsed, so that two men were required to hold him, to relieve which the doctor forced down two more of his powders, and the patient, as was to be expected, grew worse, and continued so until he expired. The doctor, who had thus terminated the disease and the patient at once, was arrested and put upon trial for murder; but the homicide proving a legitimate one, from the want of sufficient evidence of malice prepense, he was acquitted and set at liberty."

So long, then, as vomiting is produced all goes well, but when this becomes impossible, by reason perhaps of prostration of the system by disease or old age, or, the reverse of this, its administration to infants and very young children, then it is that vomiting is not induced, and, failing this, there is nothing left for the wretched patient but death. And this conclusion is forced upon us, that lobelia, in the hands of such men—as careless as they are ignorant—is a most dangerous drug. If it were necessary I could give a long list of cases where death has been brought about by its administration. And I am led to fear, from facts that have lately been brought before me, that similar cases are happening daily, and, indeed, are becoming more frequent.

I may venture to remark in conclusion, that this dangerous trade, this traffic in human lives, demands some immediate legislative interference. Unfortunately, at present, we have been unable to obtain a verdict, in England, even of manslaughter against any of these systematic poisoners, partly because the jury hitherto have taken a merciful, though, I fear, too merciful view, and returned a verdict to the effect that there was a want of malice, and partly because a dead man can tell no tales, and the secret of his death is buried in his grave with him.

Hospital Reports.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. Thornley Stoker, M.D., L.R.C.S.,
Demonstrator of Anatomy in the Royal College of Surgeons in Ireland.

MEATH HOSPITAL.

MEMORANDA OF SOME CASES OF FRACTURE.

Under the care of Mr. Collis.

(From the Notes of Mr. Joseph Smith, Resident Pupil.)

I.—COMPOUND FRACTURE OF FEMUR—FRACTURE OF BOTH BONES OF LEG AND OF RADIUS, WITH LACERATION OF ARM.

A labourer, named Michael M., æt. 60 years, having been crushed by a heavily laden cart, was admitted into hospital on the 16th June last, and upon examination was found to have sustained the following injuries :—The left femur was broken obliquely about the upper part of its middle third, and the lower fragment protruded through the integument on the inner side of the front of the thigh, giving rise to considerable hæmorrhage, which, was dependent upon laceration of the Laphena vein. The tibia and fibula were both fractured transversely, about the upper third of the leg ; there was a lacerated wound of the back of the left arm a little above the elbow-joint, and a careful examination revealed a fracture of the neck of the radius of the same side. The hæmorrhage from the wound in the thigh was readily checked by compression, and no carbolic acid being at hand, the laceration was covered with a piece of lint soaked in compound tincture of benzoin, some stimulants were administered, and the whole extremity was covered with a many-tailed bandage; a well-padded tin splint, with a foot-piece attached, was fitted to the inner side of the leg ; a scored splint was placed on the inside of the thigh opposite the fracture, and Desault's splint, padded with a folded sheet, on the outside of the limb ; extension was then carefully made, and a bandage was applied over all. The wound in the arm was dressed, and a dose of Battley's liquor was administered in some warm brandy and water.

Next morning the patient was restless ; had passed a bad night ; complained of the pressure of the splints, which had become displaced, Mr. Collis removed these, and reapplied them in the same manner as before, merely substituting a hair pad for the folded sheet on the outer side of the limb. The man now felt more comfortable, and as no hæmorrhage save a slight oozing had taken place, the dressing was not removed from the wound in the thigh. He was placed on full diet, and having been accustomed to use large quantities of stimulants, was ordered three pints of porter and four ounces of whiskey daily, with an occasional dose of Battley when necessary. The fractured radius was now put up with an anterior and posterior splint, padded well in front, and the limb placed in the flexed position.

For the first few days after the accident the patient was restless and dyspeptic ; his pulse was weak, but never rose very high ; he slept but little at night, and was unable to eat or drink during the day. With a gentle aperient, the administration of easily assimilated food, and a moderate amount of stimulants, he was able in a few days to consume his first allowance, and eat and drink with good appetite. From this time he improved rapidly, and without a single bad symptom. On the eleventh day after the accident the splints were taken off and reapplied, and the dressing was removed from the wound in the thigh, which was completely healed—a result which would doubtless have been attributed to carbolic acid had it been used.

The fracture of the radius was put up on the fifteenth day in a starched bandage.

On the ninety-seventh day the old man left the hospital in a wonderfully good state of health, being able to walk with the help of a stick to his home, and having a very slight halt and some stiffness of the forearm remaining as the result of his injuries.

II.—FRACTURE OF FEMUR OBSCURED BY EXOSTOSIS OF PELVIS.

Stephen McD., æt. 30 years, was admitted into hospital in June last for the relief of injuries sustained by being thrown from a cart. That he had received some injury of the upper part of the right thigh was very evident, but its exact nature was not so apparent; there was shortening and eversion of the limb, with greater mobility than occurs in dislocation; but at the inner side of the groin was felt a large abnormal prominence of bone, and a similar projection behind served to obscure the case, and liken it to a luxation of the head of the femur. An examination into his previous history served, however, to reveal that these protuberances were exostoses of the pelvis, the result of an injury received many years before. The accident was now readily diagnosed to be a fracture of the femur, just below the trochanters. It was put up in the usual way with Desault's splint, which was readjusted as occasion required, and at the end of the third week the extremity was covered with a starch bandage, the patient allowed to move about with crutches, and on the forty-sixth day he was discharged, and returned to his employment with an unimpaired limb.

III.—FRACTURE OF PATELLA.

James McD. was admitted on the 1st of June last; having fractured his right patella transversely whilst endeavouring to recover his balance after making a false step. There was considerable tumefaction of the joint, extending to some distance up the thigh, the upper fragment being two inches removed from the lower one, and the synovial communicated through the fracture with the bursa in front of the patella. Owing to the protrusion of the synovial sac, Malgaigne's hooks could not be used, as they would have opened into the joint. Any attempt to bring the fragments into apposition by the ordinary methods failed, owing to the intense pain which they caused preventing their continuance. The following plan was adopted. Two stout loops of adhesive plaster were fastened above the knee at some distance from each other, and corresponding loops were placed below the joint. A roller was applied to the leg and thigh, omitting the knee; and finally, the proximal loop above was connected by a tape to the distal one below, and *vice versâ*, both tapes passing over pads of lint placed in front of the joint, but not in front of the depression. In this way traction could be borne, its degree easily regulated, and the tapes gradually tightened so as to approximate the fragments tolerably well. Some interval, however, still existed; so about the commencement of the third week Mr. Collis tried the dry suture—stout threads passing obliquely across the front of the joint, through strong adhesive plaster immediately surrounding the fragments above and below—the leg being kept extended and swung in a cradle. The patient was allowed to remain thus for some weeks, the sutures being occasionally tightened. The limb was then put in starch, and the man allowed to move about on crutches. He left hospital on the eighty-fourth day, with only a slight depression marking the site of the injury.

IV.—FRACTURES OF ILIUM AND CLAVICLE.

Mrs. B., æt. 39 years, was admitted, June 14th, suffering from a fracture of the crest of the right ilium, and of the acromial end of the left clavicle, the results of a severe fall. The urine having been drawn off, the fracture of the ilium was treated by means of strips of plaster applied over the seat of injury, running in the direction of the fibres of the external oblique muscle. Whilst the clavicle was put in position by means of the usual axillary pad and bandages, which being found almost useless, were after a few days dispensed with, and that injury treated by position only. The urine required to be drawn off for the first few days, and at the end of that period the strips of plaster covering the fractured ilium were replaced by a carefully fitted mould of gutta-percha. The patient remained in bed for nearly four weeks, when the fractures being consolidated she was allowed up, and left hospital, free from any deformity, on the thirty-first day.

◆

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, JANUARY 18, 1869.

DR. RICHARDSON, F.R.S., President, in the Chair.

Mr. HAYNES WALTON brought forward a double case of conical cornea, on which he had performed four operations. He pointed out the peculiarity of the disease, which consisted in the cone-like growth of the cornea, by which the rays of light which impinged on the cornea were reflected off at such an angle that none which fell laterally entered the pupil, only some of the central, which traversed the apex of the cornea, reached the retina; and as in most instances there is an opacity at the apex, a very imperfect image is formed. Patients so circumstanced are virtually blind. The affection is seen for the most part in young persons. The only relief which can be afforded in this disease is to make the pupil into the form of that of the cat, that is, vertical, and to bring each edge of it to the very margin of the cornea, so that light is transmitted through parts which have not undergone the conical change.

In the present case, the girl, who is twenty-four years of age, was so blind that she could not recognize any of her relations, nor see to get about in the rooms of a strange house. The disease commenced eight years ago. Mr. Walton operated twice on each eye, and the result on each occasion was all that he desired, no inflammatory action having ensued, and no damage was inflicted on the eye.

Now, after the lapse of two months from the last operation, the patient is enabled to read large type, to thread her needle, and to do common needlework. Her distant vision is sufficiently good to enable her to recognize persons in the streets, and to see objects in the shop windows. The girl was then exhibited, and the members of the Society examined her, and tested her powers of vision.

Mr. Walton finally remarked that such an excellent result was seldom obtained, and it is the only instance with which he is acquainted, in which the two eyes of the same individual have been operated on with such an uniform result.

Mr. VICTOR DE MERIC then read the paper of the evening:

HOW SYPHYLIS BEGINS AND ENDS.

The author, in stating the results of his whole experience of cases of Syphilis, discussed its possible initial symptoms under the following heads:—

I. Gonnorhœa.—He had not met with a single patient who suffered syphilitic symptoms after a simple gonorrhœa. The difficulty of diagnosis, however, in females, rendered it impossible to state that the law was infallible, though it appeared to be so.

II. Balanitis.—This he had never known to be an initial symptom of syphilis.

III. Bubo.—This could, the author considered, result from local irritation of the lymphatics propagated to the lymphatic glands, and when thus *directly* produced was not an initial symptom of syphilis.

IV. Simple abrasion.—At first it was probably impossible to diagnose between simple abrasion and commencing chancre. Time, however, solved soon the difficulty.

V. Soft chancre.—The author believed this *could* initiate syphilitic symptoms.

VI. Hard chancre, or hard erosion.—The author entered at length into the subject of this affection as *the* initial symptom of syphilis.

VII. General symptoms.—The author considered that secondary symptoms may be communicated without any obvious primaries.

The question of the endings of the disease was then considered. The disease may prove fatal, usually from phagedæna or necrosis; or it may pass away entirely from the organism, and the patient completely recover. In twenty years' experience the author had met with but twenty deaths.

Mr. Dunn believed that syphilis never commences from secondary symptoms, but can only enter the system by a chancre. The latter may be so small as not to be detected.

Mr. Hunt thought the disease could commence by secondaries; but in these cases the initial symptoms took their origin in the preceding generation.

Mr. Adams related a case in which the evidence indicated secondary manifestations to have been communicated from husband to wife.

Dr. Semple pointed out the danger to science which results from the tendency to declare all anomalous symptoms syphilitic. Reviewing the various points, he considered it probable that primary symptoms must exist before secondaries are manifested.

After some observations by Mr. Wolfe, Dr. Colomiati Meredith, Dr. Camps, Mr. Weeden Cooke, and Dr. Gibbon, the author replied; and the meeting adjourned.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

On the 12th ult. a very important paper was read—

ON THE NATURAL HISTORY OF RHEUMATIC FEVER,

by W. Gull, M.D., and Henry G. Sutton, M.B., of which the following is an abstact:—

The paper brings under the notice of the profession another series of cases of rheumatic fever treated by mint water. It shows the natural course of rheumatic fever with reference to the heart, and in what proportion of cases that organ is involved when rheumatic fever is only treated by mint water. It then considers if there be any evidence to prove that the heart is more frequently involved when rheumatic fever is treated by mint water, or when treated by alkalies, by lemon-juice, or by blisters. This paper is based on twenty-five cases of rheumatic fever, twelve of which occurred in Guy's Hospital, most of them under the care of Dr. Gull, and thirteen occurred in the London Hospital, under the care of Dr. H. G. Sutton. The particulars of the twelve cases have been already recorded in the Guy's Hospital reports, and the remaining thirteen cases are recorded in this paper. Of these twenty-five cases, eighteen were females and seven were males. The average age of the patients was nineteen years. All the patients were suffering from their first attack of rheumatic fever, and the disease was well marked. The temperature of the body during the acute symptoms reached in some cases 104° and 103°; in other patients it was 101° and 102°. Taking an average of all these cases, the temperature was about 102° during the acute stage. The average duration of the acute symptoms, as estimated by the thermometer and general symptoms, was ten days. Taking all the cases that have been recorded by the authors, the average duration was 9·1 days. The total duration of the acute symptoms from their commencement, including the time the patients were ill before coming into the hospital, to their cessation, was on an average seventeen days. The authors next proceed to inquire if the duration of rheumatic fever is longer when treated on the expectant plan, or when treated by drugs; and they consider that no one plan of treatment has any great advantage as regards shortening the duration of the disease. Drs. Gull and Sutton agree with Dr. Barclay in considering that we are not yet in a position to say that alkalies exercise any influence in curtailing the duration of the disease. They are also of the same opinion respecting lemon-juice. With regard to Dr. Herbert Davies's blister treatment, they remark it relieves very much the pain and sufferings of the patients in some cases; but it does not appear to curtail the rheumatic process. And the authors remark, "Our cases appear to us to teach that the rheumatic process runs its course under the expectant treatment as favourably as under the treatment by drugs." Drs. Gull and Sutton next proceed to inquire what evidence there is to show that the drug treatment prevents the heart becoming diseased, and they give a detailed account of the state of the heart in their twenty-five cases. Every one of these twenty-five patients were suffering from their first attack of rheumatic fever, and twelve of the number had organic disease of the heart when admitted into the hospital; two had some, but not very well marked, evidence of organic disease of the heart when admitted; and in eleven there was no heart disease on admission. No organic disease of the heart supervened while under treatment, and the heart was healthy when these eleven patients left the hospital. They remark the experience gained in these cases of rheumatic fever, which were allowed to run their natural course uninfluenced by drugs, tends to prove that, if patients are admitted into the hospital suffering from a first attack of rheumatic fever, and the heart is not diseased on admission, it will very rarely become organically diseased while patients are under treatment. The opinions of Drs. Garrod, Dickinson, Herbert Davies, Geo. Owen Rees, and Basham, are then quoted to show that the heart did not, or very rarely did, become diseased when rheumatic fever was treated in the hospital by full doses of alkali, by blisters, by lemon-juice, or by nitrate of potash, and they observe: "It appears to us that there is not sufficient evidence to prove that any of the advocated systems of treatment have power to prevent the heart becoming diseased. In concluding that the treatment has prevented the heart becoming diseased, we have overlooked the fact that there might be no tendency at the time the patients were under treatment for the heart to become diseased, and our cases show that the good results which have been attributed to the influence of the remedies also occurred when no special remedies were used. Our cases, therefore, tend to teach that these good results were due, not to the drugs, but to the natural course of the disease." The authors then endeavour to show that when the heart becomes diseased in rheumatic fever, it does so at an early stage of the disease; and if it does not become diseased during the first week of the rheumatic fever, it rarely does so afterwards; and they give abstracts from twenty-two cases of rheumatic fever to demonstrate this.

The authors have come to the following conclusions:—

That when the patient's heart was healthy on admission into the hospital, it was very rare for it to become organically diseased while the patients were under treatment by mint water —or, in other words, when the rheumatic fever was allowed to run its natural course.

That the evidence before the profession shows that the heart very rarely became diseased while patients were under treatment in the hospitals, and that this was the case when patients were treated by alkalies, lemon-juice, or by blisters to the joints.

That there is not sufficient evidence before the profession to prove that any of the advocated remedies have power to prevent the heart becoming diseased.

That in rheumatic fever the tendency is for the heart to become diseased during the first few days of the fever; and, should it escape the early days of the disease, there is each day a lessening tendency to its implication. Hence the cases would appear to show that, if at the end of the first week of the rheumatic fever the heart is free from disease, then there is little or no tendency for it to become diseased during the later weeks.

That the reason why the heart did not become diseased when rheumatic fever was treated by alkalies, blisters, and by lemon-juice is to be attributed, not to the influence of the drugs, but to the natural course of the disease; for the patients did not come under treatment until the rheumatic fever had been going on some days, and until the period when the heart was most liable to become diseased had passed over.

The authors conclude by saying: "Hitherto the investigation into the therapeutics of the rheumatic process has been rendered all but valueless by the deficiency in preliminary data. At present, therefore, as regards treatment, our cases seem to show that we are limited to a careful regimen of the patient. Rest, mechanical and physiological—rest in the very outset of the disease. We ought not to wait until the rheumatic process has become well developed in the joints. To regulate the temperature. To moderate excessive skin function by sponging the surface of the body. To allay pain, by placing the patient in an easy position, and sometimes by opiates. To sustain the organic nerve power by light diet, and occasionally by small doses of alcohol. To procure rest by the simplest means, especially avoiding such movements of the body as may excite the circulation. In fine, to place the patient in a physiological state of mean rest, if it may be so termed, of the nervous, the circulatory, the muscular, and digestive systems. To do this fully will often tax all our energies, and require often more consideration than is requisite for prescribing any supposed appropriate drug treatment. We are, therefore, at present, advocates of the exactest treatment of the patient under acute rheumatism, though we may doubt the value of so-called specific drugs."

Discussion adjourned.

CLINICAL SOCIETY OF LONDON.

Sir Thomas Watson, President, in the chair.

ANNUAL MEETING.

The following gentlemen were elected as officers of the Society for the ensuing year:—President: Mr. Paget. Vice-presidents: Dr. Acland, Dr. Burrows, Dr. Gull, Sir William Jenner, Dr. Peacock, Dr. C. J. B. Williams, Sir William Fergusson, Mr. Prescott Gardner Hewett, Mr. Hilton, Prof. Humphry, Mr. Erichsen, Mr. Simon. Treasurer: Dr. E. Headlam Greenhow. Council: Dr. Anstie, Dr. Bristowe, Dr. Marcet, Dr. Murchison, Dr. Pavy, Dr. Quain, Dr. Rendle, Dr. Sibson, Dr. Southey, Dr. Weber, Mr. Alexander Bruce, Mr. Campbell De Morgan, Mr. Durham, Mr. Cooper Forster, Mr. Gascoyen, Mr. E. Hart, Mr Chris. Heath, Mr. Hulke, Mr. Maunder, Mr. Thomas smith. Honorary Secretaries: Dr. Burdon-Sanderson, Mr. Callender.

SIR T. WATSON'S FAREWELL ADDRESS.

This time twelvemonth, gentlemen, I had occasion to thank you for the signal honour you then conferred upon me, in making me your first President. I have now again to offer you my thanks: and I do so in all sincerity, not only for the compliment which you have just paid the other retiring officers and myself, but also, and especially, for the indulgence with which you have been good enough to accept the slender and imperfect service which alone I have been able to render you. I beg leave to add my own congratulations to those of the Council upon the progess and prosperity of our Society during the first year of its existence; upon its increasing number, upon its financial ease, and upon the creditable volume of "Transactions" which it has been able to put forth. I do not feel so certain that I can, with a clear conscience, and in terms as absolute, commend our meetings,—that is to say, ourselves—for the strictest adherence to the professed objects of the Society; which are "the collection of reports of cases of interest, especially of such as bear upon undetermined questions in pathology and therapeutics." I have noticed, and others have noticed—and I take blame to myself for not having from this chair sufficiently discouraged—a tendency to wander beyond our prescribed limits, and to trespass upon the grounds of a kindred and friendly Society, which, if not damaged, might reasonably be offended, by such an invasion. But I am willing to look upon this as merely the unsteady walking of infancy; and to believe that, as we get older and stronger, we shall manage our steps better, and, respecting our neighbours' fences, keep strictly to our own well-marked path. The record of cases, closely observed and accurately detailed, calculated to throw light upon unsettled points in pathology—that is one of the proper and legitimate objects of the Clinical Society; and the investigation of the special action and efficacy of remedies is another, and, in my judgment, at present the more pressing and important of the two. The few words which I addressed to the Society on the evening of our first meeting have been, I fear, somewhat misapprehended. It seems to have been thought, in some quarters, that I had renounced my faith in physic—that I undervalued the resources and usefulness of our art. Such a notion is the very reverse of the truth. I am anxious to have the effects of remedies carefully ascertained and certified, just because I have so great faith in their real force. What I deprecate, what I would fain see altered, what it is one great end of this Society to do away with, is, the vagueness of aim, the uncertainty of result, the merely tentative nature of too many of our prescriptions. Far from thinking that our warfare with disease is a vain warfare, I am only desirous that our arms should have the precision of the modern rifle, instead of the wild flight of the old-fashioned smooth-bore. Probably I have even greater reliance than many physicians upon the virtues of drugs—of what used to be called simples—a word I like, because it helps continually to suggest to one's mind the golden rule, that their administration should be simple; that they should be mixed as little as possible with other substances which might confuse and vitiate the conclusions to be drawn from their actual operation. I am one of those who hold to the doctrine—always within its proper limitations, the limitations assigned by Bacon—the doctrine of final causes so despised by modern philosophy. I believe that those subtle essences which human research and ingenuity have succeeded in deriving from various substances in Nature, and which, when applied to the human body, sometimes even in very minute quantities, have a potency so marvellous as to abolish pain, to compel sleep, to extinguish fevers, to stop for long, perhaps for ever, the recurrence of paroxysms of epilepsy which had continued to recur for years, were implanted in those substances by the Creator, among other uses it may be, for these very services to mankind; and that there lie concealed in other substances, and especially in the vegetable kingdom, many analogous healing powers, which it is a part of man's mission and privilege, and will be his great reward, to search after and to discover. The intelligent and scientific quest of such new remedies; the verification of the exact properties and effects of those we already possess, in order that the active and useful may be rightly applied, and the worthless discarded,—these, I repeat, ending as I began, are or should be, and I make no doubt will be, among the main purposes of this Society. The fruit of its institution, in that direction, will become more and more apparent when the inquiries into particular remedies, which have been entrusted to committees of our members, shall be ripe for report. In bidding you officially farewell, I must express the very great pleasure which your choice of my successor has given me. I heartily congratulate the Society upon its passing under the rule and headship of such a man as Mr. Paget.

◆

SURGICAL SOCIETY OF IRELAND.

(Continued from our last.)

Dr. H. Kennedy read the following paper on

THE DOSES OF MEDICINES.

All are aware that, within a short period, a movement of no little consequence to practical medicine has been commenced; I mean in reference to a more rigorous enquiry into the effects of medicines on the human frame—the science of therapeutics, as it is called. At the inauguration of a new society in London last year, the president, Sir Thomas Watson, took the opportunity of dwelling on the subject at some length, and showing its great importance; and during the present year a periodical, separately devoted to the study of therapeutics, has been published in London, under the joint management of Drs. Anstie and Lawson. Whilst allowing the great value of Watson's observations, and the articles in the *Practitioner*, I would venture to caution my hearers not to expect too much from the movement, and above all not to look for that basis of certainty in medicine which many, in discussing the question, seem to think must result from it. It has been common of late to use such words as "scientific basis of medicine," and other terms of similar import. Now I firmly believe, that this certainty is not attainable in medicine, nor ever will be; and that the idea, if acted on, can only lead to error and disappointment. Does anyone hope the time will ever arrive when, with the disease given, the remedy can likewise be given? Medicine, it appears to me, cannot arrive at such precision; and when we come to reflect on the subject, the reasons are obvious enough, the fact being that the problem is, and must ever be, a most complicated one. I need not speak of the differences of temperament, age, sex, general state of health, symptoms present, the quality of the medicines, the particular preparation used, &c., &c. This is a kind of knowledge which every one must learn for themselves, and very lucky, I would add, they are who succeed in so doing. It reminds me of the attempts made of late years to regulate the treatment of disease by statistics—an attempt which I do believe has done much more harm than good; for it cannot be too strongly impressed on our minds that, if we would avoid routine, every case must be treated on its own merits, and on the symptoms present at the time being.

But some will ask here—Will no benefits arise, then, from the special study of therapeutics? Are the views of Sir Thomas Watson and others only visionary? Far from it. The greatest advantages may, nay, must arise, from their study. But then we must follow in the paths already laid down for us, and must not be looking for that certainty which many speak of as if it were attainable. When our predecessors took up these subjects they dealt with them in a very different spirit, and never even hint at the possibility of a certainty being attained. And it may be observed here in passing, that much more has been done by them in the department of special therapeutics than many suppose. From some observations, indeed, we might be led to think that the idea was quite new, and that nothing had been done by our predecessors in this department of medicine. Now I need not tell my hearers that it is quite otherwise, and that much has been done which would seem to be entirely forgotten. It is to one of these points I venture to ask your attention this evening—I mean the doses in which medicines ought to be administered. From whatever cause it has arisen, certain it is there is a strong tendency to give most medicines, and particularly those of a powerful kind, in smaller doses than was formerly done. But the point has been carried even further than this, for some medicines are now, I may say, entirely eschewed. I need only mention mercury, which is in London looked upon with such abhorrence, and even in Edinburgh it does not seem to be in greater favour. For myself, I believe these to be grave mistakes, and that practical medicine must suffer by such ideas. Short, however, of the total exclusion of some medicines, is the fact that many are now ordered in doses much smaller than they used to be. In such a state of things, would it be any wonder if many became sceptical of the value of medicines? For myself I believe that this very cause has largely contributed to shake the confidence of the profession, or, at least, many of its members, and so to have allowed hydropathy and the other pathies to assume a position they would never have otherwise attained. With these feelings, and in consonance with the move now going on in favour of a more critical study of the effects of medicines, it has appeared to me that advantage would arise by calling attention to the doses in which they are now given in comparison with what was formerly done. It seems to me that if any foundation at all is to be laid, we should at any rate be cognisant of what has been already done; for otherwise we may be going over ground already trodden, and so our labour will be thrown away. I do not know that a more striking proof of this could be given than by referring to one of the numbers of the *Practitioner* recently published, which contains a paper by Dr. Harley, of London, on the Use of Hemlock, chiefly in Cases of Chorea. The paper is a very valuable one, but in the course of it the author observes that the study of the effects of the drug must be commenced *de novo*. This is surely a wrong way to speak of the subject, for of all the drugs of the *Pharmacopœia* hemlock has been probably the one most amply written upon, and its doses, physiological action, and therapeutic effects described with an accuracy which leaves scarcely anything to be desired; and, if my memory serve me right, this has been all done a full century ago. This it will, I think, be allowed, is a striking example in point.*

It has been already stated that my object is to speak of the changes in the doses of medicines which have occurred of late years. To enter into the whole of these would, however, be entirely foreign to my present purpose, were such even possible. It is only the fact that changes have been made to which I would ask a special attention. For the purpose of illustrating this I have selected a few of the most active medicines, where, for obvious reasons, it is of the greatest consequence that the extent to which the dose of each drug may be carried should be known. I need scarcely remind a meeting like this, that in many instances the most valuable effects of drugs are only shown when their physiological action on the system is exhibited. The most familiar example is seen in the use of mercury, where it so often occurs that the disease will not yield till salivation becomes established. This most important principle, though well known and acted on as regards mercury, seems to me not to be so generally recognised in the use of other medicines. But this will be more apparent as I proceed.

The first medicine of which I would speak is arsenic, or, more correctly, " Fowler's Solution," so generally used. Now it is quite certain that the common doses—say five drops three times a day—are in most cases quite sufficient to produce the full effects of the drug, and lead to a cure of the disease. But it does not seem to be so generally recognised that many cases also occur where these doses produce no effect, and that then the dose may be much increased. I myself have repeatedly given ten drops three times a day; and it was only when such doses were given that the specific and curative actions of the drug became evident. This statement is not militated against in the slightest degree by the fact, that there are individuals who will not bear arsenic at all. When, however, this peculiarity occurs, it shows itself from much smaller doses; and no one of course ever thinks of beginning such a medicine in large ones. And speaking of large doses reminds me of having read of even more than ten drops having been given for a dose. With such facts before us, it is scarcely going too far to assert that the effects of this potent drug are even yet but imperfectly known.

A second medicine of which I would speak is strychnine, to which very much the same remarks apply as to arsenic. I have reasons for knowing that this energetic drug frequently fails from not being given in sufficient doses. Not that anything rash is to be attempted, but that, beginning with the common dose of the sixteenth of a grain, it may be gradually increased, and with the greatest advantage; and here, as in other instances, it is only when its physiological action is seen that its valuable effects also appear. I have myself given it in quarter grain doses three times a day, and I know it has been given to the amount of a grain in the day, and with the most excellent results. Probably of all the forms of paralysis the one known as functional is most markedly under the influence of this drug, as well as those forms which are so often met in the hysterical constitution, and which frequently prove so obdurate. It would, however, be entirely foreign to my present purpose to enter further on the subject here.

Of the anodyne class of medicines I have already spoken of hemlock, and of the unaccountable way in which its literature—if I may so speak of it—seems to have escaped the notice of the profession. To this medicine I might add belladonna, which may be, and indeed has been, given in very much larger doses than those ordinarily prescribed. From the active quality of the drug, too, the actual quantity to be given is very small, and in this respect it seems to me to have a very decided advantage over hemlock; and in those cases of chorea where the anodyne treatment is the best—for all cases are not to be so treated—I have found the use of the extract of belladonna, in full doses, of great advantage. This, however, had already been done by others.

In close connection with anodynes, I may allude to digitalis—a medicine which would seem to have gone through many phases. In our present *Pharmacopœia* I find an infusion made of thirty grains of the leaves, which are infused in half-a-pint of boiling water, and of this the dose ranges from two to four drachms. Now I do not say whether this be an efficient preparation or the contrary, but I do say that during the last century the doses given were immeasurably stronger, whilst the results were most satisfactory; and with all this, a degree of caution was used which at the present day could not be surpassed. Hence it is hard to come to any other conclusion than that the infusion of the present *Pharmacopœia* is much too weak, and that anyone using it must be disappointed, and would report of it accordingly. One thing is clear, that we cannot too soon learn what a really efficient dose of this valuable drug ought to be. In connexion with this agent I need not remind the meeting of the very large—I must call them poisonous—doses of the tincture which have been lately recommended, and in many instances given, for the cure of delirium tremens. No experience that I have had, nor, I believe, that of anyone else, would justify such doses. On this question I shall be very glad to hear the opinion of any present.

---

* It is to be observed that it was mainly, but not exclusively, the extract which was formerly used. The preparation used by Dr. Harley was, however, the succus conii of the *British Pharmacopœia*.

The list of medicines I had made out to say something about are, I find, so many, that I must skip a number of them, otherwise the time of the meeting would be too much encroached upon. As it is, however, the principle to which I wish to call attention, my leaving out a number of them is of the less consequence. There are four or five that I would just glance at in the briefest way before concluding. The dilute nitric acid I have used in much larger doses than is usually done, and with very beneficial effects. In several instances as much as half-an-ounce in the day has been taken, and in more than one instance five drachms. Even in smaller doses, as a drachm in the day, it is known it will sometimes induce a state of salivation; but in the larger doses it does this almost with certainty. I have never seen it cause anything like the severe effects of mercury, and the state rapidly subsides when the medicine is stopped. With the state of the mouth there is also a kind of fever set up; and I need not say that, in many instances, this is a very desirable effect to be able to produce. An objection lies against the use of these large doses, inasmuch as the medicine must be fully diluted.

Colchicum is another drug which I have given in very large doses. Like other medicines, there are peculiarities as regards this one, and individuals will be met where even small doses will not be borne. Excepting those, however, many can take it well, and I myself have given it in increasing doses till the patient was taking six drachms of the wine in the course of the day, and I knew the preparation to be a good one. I may mention in passing that in certain forms of dropsy—not those dependent on kidney disease—the preparations of this drug will often be found of the most signal service. Indeed, I do not know any medicine superior to it.

Hippo is another drug on which I would make a passing remark. A few years since, the College of Physicians of this city were made the arbitrators in a serious dispute which arose between two parties in the country. One had given half a drachm at once, and the other accused him of giving a dose which was too large—in fact injurious. Hence the dispute. When the question came before the College some discussion ensued. For myself, I thought the drug was of that class which might be used in what would be called large doses, but I was unable at the moment to give any authority on the point. Since then I have read of the medicine having been given in the dose of a drachm, and this without any remark. I must say I have again forgotten my authority for this, though of the fact I am certain.

The last medicine of which I would here speak is sarsaparilla; and I must say it has often excited my surprise to hear how variously it is estimated by different persons. I have met many who think it is possessed of no virtues whatever, and Mr. Syme, of Edinburgh, says you might as well give so much water. For myself, I have not the slightest shadow of a doubt of its great value; to say nothing of the fact, that many years since it was put to the test of clinical experiment. But this it would now seem has been entirely forgotten. How then are we to explain the marked difference of opinion which exists? Simply, I believe, by the fact that the medicine has not been given in sufficient quantities. I have not a doubt of this as regards Scotland. The decoction of the *British Pharmacopœia* seems to me much too weak, whilst the mode of preparation may, I think, be very fairly questioned. It must be allowed, indeed, that the price which this medicine always commands is a serious objection to its use; but this does not affect the question now under discussion.

In concluding these remarks I have again to repeat that it is the principle of what are the proper doses of medicines I wish to bring under notice. It is true I have alluded to several specially; but this was said more for the sake of illustration than with the slightest idea of doing more than opening up the subject. I had noted a large number of medicines other than those spoken of, and on which it was my intention to have made some remarks. I found, however, that this would far exceed the limits of a paper suited for this place. The more I have thought of this subject the more important I confess it appears to me to be. It constitutes clearly one of the great foundations of therapeutics, and as such seems more particularly worthy of note at the present time, when so much attention is being called to this department of the healing art. I shall be glad to hear the observations of any gentleman present on the subject.

The PRESIDENT said that Dr. Kennedy had brought before them very important questions with respect to some of the most potent agents with which medical men had to deal.

Mr. McDOWELL thought Dr. Kennedy had done good service in bringing this subject under the notice of the Society. The British Medical Association had urged that a committee should be formed for the purpose of making enquiries into the therapeutic action of drugs, and a large fund had been collected for the purpose. He looked anxiously for a report from that committee. As long as there existed such a difference of opinion among medical practitioners as to the effect of drugs, it was a most difficult thing to teach students their action and how to adopt them to the age, sex, and condition of the patients. There were but few principles in the science of therapeutics, and the Society were much indebted to Dr. Kennedy for bringing the subject under their notice.

Dr. HEWITT said the British Medical Association had not occupied itself in anything so useful as the appointment of a committee to consider the subject of the therapeutic action of drugs. It had appointed a committee to investigate the physiological action of drugs, which was altogether a different matter. He had no objection to the investigation of the physiological action of drugs, but when it was said this would throw light on their therapeutical action, he must enter his protest by saying that they need not expect to obtain by the bed-side the same result obtained by experiment on healthy dogs. Not only drugs but food would have different effects in healthy and in diseased conditions of the body. An oyster might be an excellent article of food in one condition of the body—the reverse in another. It was a well known fact that at all times a man could not take the same doses, so to speak, of the same food. A dose of alcohol, which will turn a man's head if taken on an empty stomach, may have no effect when taken after dinner. It was not wonderful, therefore, that medicines would affect the same individual differently in health and in disease. He believed that while an investigation into the physiological action of drugs might yield some valuable results, the experience gained at the bed-side was of more practical importance to the public. Experiments on a thousand dogs would not convince him, for instance, that he had not done good by the use of blue pill. It was said that experiments with digitalis proved that it acted as a cardiac stimulant, but he maintained that it was really a depressant. What did they find at the bed-side? They found that the drug would act upon a pulse which was unequal, irregular, and more rapid than natural, and would bring it down to regular, even, and full action. He contended that this result was due to the depressant action of the drug. While it diminished the number of the heart's beats, the current of blood going on all the time, it must increase the quantity of blood to be expelled at each contraction, and the pulse became fuller because of the greater quantity of blood passing through the artery. In one point of view, therefore, digitalis might be regarded as a cardiac stimulant, but in another it must be considered a cardiac depressant. What they wanted was a thorough investigation of all the conditions which affected the action of drugs. This was a large topic, and involved a principle that had received the authority of the British *Pharmacopœia*. The authors of the British *Pharmacopœia* had tried to determine the doses that medical men should give of various drugs; but Dr. Kennedy had given them a refutation of such an erroneous principle. He had shown that a dose which to one person was perfectly inert, when given to another was absolutely poisonous.

Dr. STEWART observed that at a recent meeting of the British Medical Association it was suggested, that young men ought to try experiments upon themselves as to the action of medicines; indeed, when he was a young practitioner he used to try a great many on himself. He still continued to try experiments with respect to food, and thought he had arrived at some important results. The subject brought before them that evening ought to make them all, young and old, very humble when they saw how difficult it was to ascertain the physiological effect of medicines, so as to be guided in their practical application. He recently heard a lecture from one of the ablest and most practical physicians in Dublin, who, in addressing the students, said, "Gentlemen, the important thing for you to consider is practical medicine," and the only thing he could recommend was an "enlightened empiricism."

Professor **Macnamara** said the important point brought forward by Dr. Kennedy was, that they should be guided in the employment of medicines by the physiological effects of the drugs. There was one medicine which he alluded to, that seemed to be almost forgotten at present—hemlock. He had employed it very extensively of late years; and in looking over the old writers, he was greatly struck with the boldness with which they employed it as compared with the practice of modern physicians. Fifteen or twenty grains of extract of hemlock in the day was no unusual dose formerly; but now there would be hesitation in giving so much. No doubt the extract was prepared now-a-days in an improved manner; still he believed the extract of hemlock in that day was a very good preparation, and that powerful doses of the medicine were habitually given. He believed there was a germ of great therapeutical importance in what had been laid down by Dr. Kennedy, that they must be guided by the physiological effects of the drug. He thought the greatest mistake of the present day was homœopathy. It was a great mistake to send a boy on a man's message; and he firmly believed that giving small doses of opium and belladonna without producing their physiological effects was an erroneous and objectionable practice. They should study the physiological effects which were produced by drugs, and in cases suitable for their administration drive them to those results; then if the medicine disappointed them it must be looked on as having failed; but giving belladonna, for example, in such a dose as to have no effect on the pupil was playing with disease. He had a remarkable case lately in which the homœopathic treatment had been adopted. He gave a proper physiological dose of the medicine, and for the last three days, they thought what was considered to be a hopeless case was getting well. Again, he thought that giving opium in cases of severe pain in doses which did not produce the proper physiological effect of the drug was also trifling with the patient. It would be impossible to persuade him that blue pill had no effect on the liver. This had been attempted to be proved by experiments on animals, the conditions being totally different from those of disease in the human subject. It had been stated that blue pill did not produce a discharge of bile from the liver, which was contrary to the experience of every unprejudiced practitioner. They all knew that a dose of blue pill was followed by a bilious motion. In answer it was said that there was a collection of bile in the gall duct, and that by irritation the duct was caused to empty itself. He asked would aloes produce the same effect? There was no more irritating medicine; it would empty the gall bladder, and they might have a bilious discharge, but afterwards the fæces would return to their former colour. Give the patient, however, five grains of blue pill, and they knew unquestionably, that the bilious motion would last for days, showing beyond doubt that the medicine had stimulated the action of the liver.

Dr. **Athill** asked Dr. Kennedy if he had not found gastric irritation follow from the administration of large doses of nitric acid? He had great faith in that medicine, but he had never given so much as five drachms in twenty-four hours without gastric irritation following. With respect to mercury he thought there was a great mistake in giving up the use of that drug so much as had latterly been done. The day before yesterday he had a marked instance of its beneficial effects. A patient of his was suffering under well-marked jaundice, apparently depending on congestion of the liver. For several days he gave him various purgatives with but little effect. He then gave mercury, and in twelve hours it acted fully, and the next day the yellowness of the eyes and skin was gone.

Dr. **Little** said that it did not follow because medicines were given in small doses that they were always on that account less efficacious or powerful. Dr. Law had shown that the influence of calomel might be increased by giving it in minute doses instead of large ones. With three grains of calomel properly administered they might produce salivation of the patient. He felt convinced that they could lay down no general principle applicable to all medicines. Some would act better in doses which produced no very perceptible effect, while others would have a better result when given in doses that produced more direct and immediate action. As to colchicum, and other drugs of that kind, if their real action is to be produced it must be by minute doses.

Dr. **Kennedy** briefly replied, and said his object was simply to show that with many medicines their therapeutic effects were not shown until their physiological action was produced. With reference to Dr. Athill's question, he had undoubtedly found nitric acid to gripe the patients, but it had not such bad effects as to deter him from using it in tolerably large doses when he considered it calculated to produce a specific effect. As to small doses, that was a subject in itself, and he could give a paper to prove the great advantage of giving some medicines in small doses. His object that evening was to show the extent to which many medicines now in use might be given with great advantage.

The Society then adjourned.

◆

HYDROCEPHALUS, HOUR-GLASS CONTRACTION ADHERENT PLACENTA, FOLLOWED BY PUERPERAL PERITONITIS—RECOVERY.

On December 13 1867, I was called to see Mrs. S., in labour with her fourth child. Membranes ruptured 24 hours previous; waters all gone; position right occipito acetabular; pains were inefficient at my arrival, but in a few hours strong uterine efforts occurred, and the head advanced, but the pains soon ceased again. The os being fully dilated and soft I gave fluid ext. of ergot, and soon promoted uterine contractions, but without any benefit toward the advance of the head. I now made another close examination, and found the diagnostic signs which indicate hydrocephalus. I now made the cause of the delay known to the husband and wife. Now as to my procedure; version or delivery by the forceps were the only alternatives. Unfortunately I left home without my instruments; to send for them was too far, and precious time would have been lost, and delay was dangerous, as the woman's strength was failing, and again, the liquor amnii having drained off so long, made the operation of version very difficult, still I resorted to the latter. I introduced the right hand, "as it corresponded with the face of the child;" sought the feet, and succeeded in the delivery, but had to make considerable traction to deliver the head, which was of enormous size. To all appearance the child had been dead several days. No sooner was the child delivered than there was a sudden gush of blood; without a moment's delay I introduced my hand, found portion of placenta detached; following the cord, I came in contact with a stricture; found that rare complication of labour, hour glass contraction. I overcame the stricture, and by gentle manipulation, the adherent portion of the placenta in the upper chamber was detached, and the contractions expelled, hand and placenta *en masse*. From the loss of blood sustained her strength was gone, and at once had recourse to those measures best calculated to produce reaction.

Dec. 14th.—Thirty hours after delivery, symptoms of puerperal fever developed. Pulse 130. From this date to the 24th the patient passed through a severe attack of puerperal fever, eventually recovering. (*New York Medical and Surgical Reporter.*)

◆

Recent Bequests and Donations to Medical Charities—The Cutlers' Company have voted a donation of 10*l.* 10*s.* to each of the following hospitals and charitable institutions:—Charing-cross Hospital, Middlesex Hospital, King's College Hospital, Royal Free Hospital, Epileptic Hospital, Great Northern Hospital, West London Hospital, St. Mary's Hospital, City Dispensary, British Home for Incurables, &c.—By the will of John Stainforth Beckett, Esq., Deputy Lieutenant for the West Riding of Yorkshire, whose will was proved in London on the 13th instant under 350,000*l.* amongst several others the National Life-boat Institution received 600*l.*—the Beckett Dispensary, Barnsley, 5,000*l.* The will of Miss Catherine Wright, of Brownlow-street, Liverpool, was proved at Liverpool under 60,000*l.*, the testatrix has bequeathed 10,000*l*; to Wright's Institution, founded by her for aged persons in the upper and middle classes of society, to receive annuities from 20*l.* to 30*l.* per annmu, preference being given to native inhabitants of Liverpool. She has also bequeathed to the Liverpool Royal Infirmary, 500*l.*; Liverpool Deaf and Dumb Institution, 500*l.*; Liverpool Dispensary, 1000*l.*; and various other charities.

Registered for Transmission Abroad.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price 5d. Stamped 6d.*

By Post to Annual Subscribers, £1 2 6
„ *If paid in advance,* 1 1 8

⁂ Post-Office Orders and Cheques to be drawn in favour of A. A. TINDALL, 20, King William-street, Strand, London.
„ 3, Lincoln-place, Dublin,
MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.
MESSRS. KELLY and PIET, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 3, 1869.

DR. LETHEBY AND THE "LANCET."

IT is a strange thing when men have had dust blown in their eyes that they will not take ordinary trouble to get rid of it. As a rule, when editors have committed egregious blunders, they take some precautions at least not to offend again. Not so, however, with the *Lancet*. It makes blunders after blunders, and with a curious obstinacy, although it has been put right scores of times, blunders on. An outbreak of cholera occurred a short time back. A certain gentleman is sent down to the east end of London, where it was raging, to examine and report on the causes of such a sad calamity. We were not at all surprised, although all the facts were adverse, that he should pitch on the water supply as the cause. A pretty sensational story is forthwith made up. A drain had been allowed to enter the river some distance from the works, and the whole of the evil is at once supposed to originate from this circumstance. It is true this did not occur at the time of the first appearance of the disease ; it is true the polluted water must have passed upward against the current of the stream, and previous to reaching the reservoir have penetrated a huge embankment ; it is true, moreover, that the water thus contaminated, if contamination it can be called (for it is as much like it, we consider, as we heard Dr. Tidy once remark at a meeting of the Medical Officers of Health, as if the waters of Greenwich would be contaminated by a glass of gin thrown in at London Bridge), the water, we say, thus contaminated never was supplied to the part where the outbreak occurred, but to another neighbourhood where it did not occur. But, never mind all this. The public like the idea of water being the cause of all their misery and wretchedness ; and surely there can be no harm in indulging them. And so, when an outbreak of any disease occurs, and after consideration anybody ventures to question whether the water is the culprit aftet all, he must not be astonished at finding himself lashed in the pages of the *Lancet ;* and not unfrequently we recognize the hand who administers the lashing to be that of the same individual who discovered (!) that water, and water only, was the cause of the sad visitation of cholera in the east end of London in 1866.

Dr. Letheby, who is probably better acquainted with the water question than any man living, ventures to differ in opinion with the *Lancet* authorities, and he therefore, this time, comes in for the lashing ; and we venture to think we know the writer of the article of January 9th. But this time the *Lancet* has made a strange blunder. An epidemic of typhoid occurred in North Shields. The water was, of course, supposed to be at fault. Some samples, labelled 1, 2, 3, 4, are forwarded to Dr. Letheby for examination. From his report, which we have seen, we conclude he had no notion whatever why the analyses were required. There is not a word in it from first to last venturing to ascribe a cause for the outbreak. The theories that the *Lancet* have supposed to come from Dr. Letheby were never even suggested by him, and, indeed, we have good reason for believing that he never gave an opinion respecting this North Shields epidemic, and that for a very good reason—because he was never asked. Of course, then, the whole of the remarks in the *Lancet* have originated in a mistake, a mistake, we regret to say, though it is a matter of no surprise that it has not yet been rectified.

The following are the words of Dr. Letheby's report as quoted by the *Lancet*:—"None of the samples contained anything positively injurious, although No. 1 might be at any moment charged with drainage matters in the unoxidized state, and none of them were fit for domestic use."

This report the *Lancet* calls mysterious ! For our own part we must admit we never read a more plain, unvarnished statement. It may be mysterious to the writer of the article, but Dr. Letheby, we are sure, never undertook to provide him with comprehension. We have not a doubt Dr. Letheby came to this conclusion, from the large amount of nitrates reported in this sample ; and we all know that the water would become dangerous if the oxidation process was in any way hindered or impeded. As it is, it does not contain anything positively injurious, as Dr. Letheby remarks, but it is easy to see how necessary his caution is.

We would venture to give the *Lancet* a friendly hint, that in future it might be advisable to employ gentlemen who understand the subject about which they are writing. We are bound to believe that the writer of the leader in question had never seen Dr. Letheby's report, and that he has concluded that the views expressed by Mr. Hawksley are those of Dr. Letheby (which we are sure cannot be the case); or else that he has written in total ignorance of the whole subject, which is, perhaps, the most charitable conclusion after all.

⁂ Since writing the above the *Lancet* has been good enough to favour us with another article on the North Shields epidemic, confessing to a certain extent the error it committed. The opening sentence admits what we supposed was the case, that the writer had never seen Dr. Letheby's report. We really hope this will be a caution for the future, as this sort of bungling in our leading medical journal is a serious matter. The *Lancet* is kind enough "to acquit Dr. Letheby of any share in Mr. Hawksley's opinions." We should think so.

RHEUMATIC FEVER AND ALKALIES.

THE admirable debate in the Medical and Chirurgical Society, which has occupied two evenings of that august society's term, will long be remembered in the annals of therapeutics. It is indeed a sign of the times that such a debate could take place at all. Dogmatism is very common, and intolerance has, we may almost say, been quite as rife in medicine as in theology, and the *doxy* or opinion of a few in commanding hospital positions has too much been considered as the voice of the Deity, not admitting of being questioned. It has been asserted by John Hunter and others that mercury must be used in syphilis. It is equally asserted by Dr. H. Fuller that the use of alkalies in rheumatic fever is a *sine qua non* of good treatment. To be sure, the same assertions were made by M. Bouillaud as to the efficacy of excessive depletions of blood, and the treatment by nitre and by lemon juice has been vaunted as a wonderful prevention against the heart disease which so frequently accompanies rheumatic fever. But, alas for human endeavours, it appears as a consequence of the recent statistical experiments so carefully made by Dr. Gull and Dr. Sutton, that the very same admirable results as those supposed to be obtained by bleeding, by blisters round the joints, by enormous doses of alkalies, &c., &c., may be obtained by letting the patients lie snugly in bed, and giving them no medicine at all. Dr. Fuller, who may now almost alone be looked on as the champion for the alkaline treatment, since Dr. Garrod has not appeared in the field to assert its virtues, observes that whenever he had a case of rheumatic fever to treat in his wards, when no heart disease existed at the moment he undertook the case, this sad complication never had presented itself to him in the course of the disease treated in the hospital. To this Dr. Gull replies, and, we believe, with very great truth. Heart disease, if it is to appear at all, is one of the first symptoms in rheumatic fever. Its period of invasion is within the first week. Hence Dr. Fuller's argument in favour of alkalies on that score begs the question. The same may be said of all careful hygienic treatment. Dr. Handfield Jones observes truly that rheumatic fever is not like measles or scarlet fever, &c., a disease which runs a definite course. Sometimes it lasts only a week, sometimes a month or six weeks, and hence statistics are very fallacious in the deciding as to the treatment which is most efficacious. Dr. Wilks, in a speech full of vigour and truth, points out the enormous importance of learning what is the natural course of such a disease as the one in question. Two years ago, he observes, a non-medical gentleman heard a debate on the treatment of rheumatic fever, and, on hearing that each physician vaunted the value of some different mode of treatment, he remarked that he was convinced that it was probable, from such conflicting evidence, that the disease spoken about would get well of itself without treatment. And, indeed, this appears to be the case. After the very exhaustive debate in the Medical and Chirurgical Society, few can doubt that there is but very little difference in the results of the various treatments proposed for this formidable affection. We would make one remark, *en passant*, that statistics are of but doubtful service in cases of such a disease as rheumatic fever. The cases coming before our notice present such a variety of intensity, that in this, as in many other questions, twice two do not make four. You cannot compare numerically unlike things; and everyone knows that rheumatic fever in young persons under twenty is far more productive of heart disease than the same disease among adults. There is one remark which we would make in conclusion, and that is that the discussion of all disputed questions such as this should be encouraged as much as possible by the Council of the Medical and Chirurgical and other societies. Were this only done, we might ere long come to an end of medical dissent; and if we could but make up our minds to accept without reserve the principles contained in the magnificent essay on "Liberty" by the great master of philosophy, Mr. Mill, we might soon allow all manner of opinions to be heard without difficulty, certain that truth has but one enemy, and that is silence and avoidal of discussion.

OUR ARMY MEDICAL OFFICERS.

Two of the daily journals have of late applied very harsh language to our brethren in the army; telling them, in very plain terms that they are inferior in quality, over numerous in quantity, and that the sooner a large number of them are abolished the better it will be, not only for the purse of John Bull, but for the interests of the soldier and service generally. The Netley professors very properly came to the rescue, declaring that the qualifications of the men who during the last sixteen years have entered that branch of the public service are, as regards professional attainments, fully equal to the best class of those who enter private practice; but, so far as we have seen, no advocate has appeared to plead in bar of the threatened reduction among their ranks.

The facts require to be borne in mind, that no set of officers connected with the army spend so much of their service abroad as do those of the Medical Department; among none is the proportion of invaliding so great, and among none the rate of mortality so high; that with the existing establishments much difficulty is experienced in supplying the requirements of foreign stations, and that with a diminished number of officers, to do so would be utterly impracticble. No doubt, if a reduction in the number of effective troops takes place, a corresponding reduction may be effected in their officers, medical as well as military. Whether such reduction in the army can under existing circumstanees take place with just regard to public interests is a question beyond the sphere of the professional press; but it is within our province to protest as we do against a measure calculated to cripple the efficiency of that army and tell severely against the wellbeing of the individual soldier.

We do not say, however, that no room exists for reductions in the establishments connected with military hospitals; on the contrary, we are well aware that several could be effected, not only to the benefit of the taxpayer, but to the great benefit of the service. We allude more particularly to the military staff attached to hospitals, including governors, captains of orderlies and so on, none of whom can be of any other use than that they complicate administration, which should be left entirely to the medical officers, who, were the power given them, could effectually, and with less cost than is at present incurred, conduct the whole duties connected not only with the treatment, but general management of the sick. We see no reason why the administration and discipline of the Army Hospital Corps should not be left with the Medical Department under whom the larger portion of its members are employed; and in regard to the Purveyors' Department, there is every reason to believe that amidst the ensuing changes its position with reference to hospitals will be considerably modified, to the advantage of the latter.

◆

SCOTLAND.

EDINBURGH.

THE NEW MEDICAL HOSPITAL.

We are informed that the different local committees appointed by a deputation from the acting committee in the various country districts are forwarding the contributions to this institution. In addition to subscriptions already reported, the following sums have been received: From Kelso, £754; Falkirk, £185; Larbert, £101; Lanark, £167; Dunbar, £117; Haddington, £84; Selkirk, £51; and Lauder, £111.

VALUATION OF WATSON'S HOSPITAL.

The greater part of the business at the meeting of the Edinburgh Merchants' Company last week turned on this point. In answer to a question put by Mr. M'Laren, M.P., the master explained the charter on which the grounds were held by Watson's Hospital from Heriot's Hospital, after which Mr. M'Laren gave an interesting sketch of the subject, in which he stated that it was his opinion that Watson's Hospital could sell the grounds to the Royal Infirmary; and that there were encumbrances on the land which prevented it being feued for building streets. From the report of the sub-committee it appears that this is the least expensive site, whether the best is still *sub judice.*

SCOTTISH METEOROLOGICAL SOCIETY.

This society held its half-yearly general meeting in Cragie Hall this day week. The Marquis of Tweeddale, President of the society, in the chair. After the report had been read and adopted, several communications were presented to the meeting, among which was one by Dr. Mitchell on "Temperature and Mortality," which he calls "curves." He said these curves referred to London, and that they might be regarded as exhibiting the normal relations of temperature and mortality. He observed that the year begins with the curve of mortality at its highest, and the curve of temperature at its lowest The two last weeks in December and the three first in January, as usual, show the coldest continuous weather in the year, and to this the high death-rate may almost with certainty be attributed. The causes of death during this period we believe to be largely made up of diseases of the respiratory organs, fevers, and the debility of old age and infancy. In the end of January and the beginning of February there occurs a period of comparative warmth, and we are chiefly concerned to see if its occurrence affects the march of death, which it apparently does, for with this rise of temperature in the end of January and the beginning of February we find a lowering of the death-rate. After this there comes a week of exceptional cold. We call it a period of exceptional cold because the temperature is lower than that both of the days preceding and following it. This deflection of the curve occurs with remarkable constancy from year to year, and its occurrence appears to have an influence on the death-rate, for, as the mortality fell with the rise of temperature during the warm period to which reference has just been made, so it rises here with the fall of temperature. From this point of the curve—that is, the middle of February—the deaths keep rising till the end of March, though the temperature, so far from falling, rises also with more or less steadiness from week to week during the same period. There are reasons for believing that the increased mortality here is due rather to the arid polar winds of spring than to a low temperature, and we know that deaths from inflammatory diseases of the respiratory organs prevail more at this than at any other season of the year. From the beginning of April to the last week of June, the temperature may be described as steadily rising, and the mortality is steadily falling. He then notes the peculiarity throughout the year, from which he considers that when the temperature is above 58° the disposition to death is by the abdominal organs, and the temperature and mortality tend to rise and fall together; but when it is below 56°, the disposition to death is by the organs of respiration, when the temperature and mortality assume an inverse ratio. We have not space to follow him through the whole year, and can only remark that the paper is an interesting one, and worthy of consideration.

A new scheme for supplying the city of Edinburgh with water has been proposed by Mr. Roderick Coyne, C.E., and submitted to the magistrates and council. To meet the expenditure a rate of only 6d. per pound would be required, which he believes might in ten years be reduced to 3d. in the pound. Mr. Coyne estimates the co t of his scheme at £280,000.

DUNDEE.

ROYAL ORPHAN INSTITUTION.

At a meeting of the directors of this Institution, it was resolved to proceed with the erection of the new institution on the site at Craigie Terrace. It was also resolved to purchase other three-quarters of an acre of ground, so that the whole extent of ground might be two acres. Mr. J. S. Guthrie, the proprietor, had also presented £300 to the Institution.

ABERDEEN.

Several gentlemen are candidates for the chair of Midwifery in the Aberdeen University, vacant by the death of Dr. Dyce. The duties are discharged by Dr. Angus Fraser until the election takes place.

The late Mr. Davidson, of Balnagask, among other legacies, has left £1,500 to various charities in Aberdeen, specifying particularly the Royal Infirmary, the Asylum for the Blind, and the Ragged Schools and Reformatories. Also £100 each to the Scottish Corporation, London; the Caledonian Asylum, and the London Hospital, Whitechapel.

FRANCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, January 27, 1869.

One of the favourite topics of gossip the last two or three weeks has been whether Dr. Brown-Sequard will occupy the Chair of Comparative Pathology here. It has been quite amusing to see so simple a matter so hotly discussed. Some, who ought to know, after the government nomination said he accepted. Others declared he only did so conditionally. Others that he declined until he could see whether the Faculty would be unanimous. It is of little consequence. The general belief now is that we are to have the great master, but still a good many will retain their doubts until he has begun to lecture, for they say, in the present condition of things, it is folly to take anything for granted.

The frequency of echinococci in Iceland has for a long time attracted attention, and should any of your readers feel interest in the matter, they will find it carefully summarized in the *Archives Générales de Médicine*, in the form of a French version of the memoir of Dr. Finsen, who is regarded as an authority.

The accoucheurs have always some pretty little debate on, and their views on even practical points are constantly at variance. What wonder then at the theoretical notions proposed and discussed? The Academy has given much attention recently to the subject of peritonitis, *apropos* of the views of M. Guérin, who thinks that the disease arises from the access of air to the interior surface of the uterus, and who proposes to treat it by means of an air-pump. This is the rough notion advanced in a really clever paper, founded on one successful case, and it has set the Academy by the ears. M. Guérin (to give a little fuller account of his views) thinks that after normal labour the os uteri closes and the whole organ retreats to the upper part of the pelvis, so that the surface to which the placenta adheres becomes, so to say, a subcutaneous wound. When the uterus does not thus retreat nor the mouth close, the air finds a ready access, and the wound is no longer a subcutaneous one. But, more than this, M. Guérin says he has found decomposing fluids in the Fallopian tubes, and he believes that these organs actually suck up such fluids, and thus give rise to disease. His treatment therefore (by a tube attached to a suction machine) reverses the course of these fluids, and he has thus removed both fluids and gases. I have seen no one yet who intends to try the practice which was pretty smartly criticized by some of the most able authorities. It was, of course, at once pointed out that when the uterus is full of gases, such an action of the tubes has not been observed, *e.g.*, cases of putrefaction of the fœtus. So it was that the action of the cilia of the tubes is unquestionably downwards. It was doubted by most whether the strongest force of a suction apparatus could produce any effect on the tubes, and various other objections that will occur to the reader were taken to M. Guérin's views, which do not seem likely to make much progress.

The use of arsenic in phthisis, which I named in a former letter, seems much more likely to be generally tried. Not a few seem struck with the idea, and as all practitioners have too many opportunities of treating phthisis, some will be ready to try any reasonable plan or method which promises something, and does not seem likely to aggravate the disease.

As ovariotomy continues to be so interesting a subject to English surgeons, I may name the pamphlet that M. Kœberlé has lately brought out, detailing the results of his sixty-nine cases. The great Strasbourg surgeon has been successful in two-thirds of the cases in which he has operated. Like all ovariotomists of acknowledged eminence, his successes have been gradually improving. If we take his last twenty-two cases only, it is found that only five have died—a proportion that aptly illustrates the great improvements that have been lately effected.

The unaccountable disappearance of a Professor at the Sorbonne, who left the laboratory in a sudden manner, excited a good deal of conjecture at the time; but there is a disposition to conceal everything, which prevents the matter being so fully elucidated as might have been expected.

Notes on Current Topics.

Education.

THE subject of education generally is at the present moment confessedly one of the most important to the nation, and is likely to occupy shortly a large share of the attention of our leading statesmen. So, too, that of medical education is one that more urgently presses every day, and on which the profession, as a whole, cannot bestow more attention than it deserves. We direct the special notice of our readers to the series of articles publishing in our columns in which the subject is treated in its various aspects by a writer who has devoted much attention to it, and whose views ought to be carefully considered by everyone who makes any pretence to understand it. We consider we are doing public service in giving so much of our space to an exhaustive elucidation of this writer's opinions, and we invite the profession to a careful consideration of them as expressed in this series of articles.

Official Reform.

IN the cry that has been lately raised for official reform, we notice one demand that will receive the support of the whole profession, viz., the proposal to appoint a Minister of Health, to whom should be committed all subjects relating to the physical welfare of the community. Had the profession secured adequate representation in Parliament, it is impossible to suppose that the idea of a Minister of Health would seem so far from becoming a fact as it does now. Medical men ought to take an active part in politics. Then they might aspire to see one of their number become the Minister of Health.

Scarlet Fever.

OUR columns have lately borne ample testimony to our desire to give due prominence to the modes of preventing the spread of epidemics of all kinds. We have further treated freely of scarlet fever, and afterwards of its management when it appears in schools. The Registrar-General has lately called attention to the views of Dr. William Budd, of Bristol, and the *Times* even has given its space to a reprint of a communication by that esteemed physician. We may, therefore, recur to the subject, *apropos* of Dr. Budd's opinions. In respect to treatment, we should say he lays much stress on inunction, as that helps to prevent infection by the oil enveloping the particles of desquamated cutis which are the most important source of danger. Our readers will need no enlightenment on the plan of inunction, which has nothing novel in it, but which to certain patients and households will always be repugnant. We believe that the objection to it as a "nasty" process, which has often met us in practice, is the main reason it is not more frequently employed. It is by no means easy to remove such a prejudice. The other directions offered by Dr. Budd are much more suitable for public attention than his mode of treatment, of which only professional readers can be considered capable of judging. Here is the summary of these precautionary measures:—

"1. The room is dismantled of all needless woollen or other draperies which might possibly serve to harbour the poison.

"2. A basin, charged with chloride or carbolate of lime, or some other convenient disinfectant, is kept constantly on the bed for the patient to spit into.

"3. A large vessel, containing water impregnated with chlorides or with Condy's fluid, always stands in the room, for the reception of all bed and body linen immediately on its removal from the person of the patient.

"4. Pocket-hankerchiefs are proscribed, and small pieces of rags are used instead for wiping the mouth and nose. Each piece, after being once used is immediately burnt.

"5. As the hands of nurses of necessity become frequently soiled by the specific excreta, a good supply of towels and two basins, one containing water with Condy's fluid or chlorides, and another plain soap and water, are always at hand for the immediate removal of the taint.

"6. All glasses, cups, or other vessels used by or about the patient are scrupulously cleaned before being used by others.

"7. The discharges from the bowel and kidney are received, on their very issue from the body, into vessels charged with disinfectants."

Those desirous of further materials for advice will find them in abundance in our last few months' numbers.

London University.

THIS institution seems to have made up its differences with the *Times*, or rather that powerful journal has made the *amende honorable* for its treatment of the scientific University. The election of Mr. Lowe as its member has so far conciliated some one in the *Times* office that since then the Pass Lists, &c., have, to the astonishment of some, appeared as University intelligence, with the news of the same character from Oxford and Cambridge. We have often heard London graduates complain of the slight shown by the *Times* in systematically excluding this news from its proper column, as if to show its opinion that the elder Universities were better. Now it has obediently elected the nominee of the *Times*, and he has become Chancellor of the Exchequer, a sufficient advance has been made to entitle the younger University to the same honour as its sisters.

A Nuisance Less.

EVERY judgment given against a nuisance is a benefit to the public, and assists in putting down others. The first time that VICE-CHANCELLOR JAMES took his seat there came before him a case in which it was complained that the defendant collected night-soil from privies, and carted it to some works within 200 yards of plaintiff's house. To the stench that reached his house the plaintiff attributed inconvenience and ill-health, and thought scarlet fever in his family had arisen from it. The affidavits of the other side declared that pains were taken to disinfect by charcoal and lime, and that the nuisance, if at all perceptible, had been much exaggerated. We are glad to chronicle that the judgment was in favour of the right to have our sanitary condition kept unspoiled by others, Without hearing a reply the new Vice-Chancellor said :—

> "The plaintiff's case is, that night after night the defendant has been in the habit of carting large quantities of filth and offensive matter to the sheds about his dwelling-house, where it is subjected to a disinfecting process previously to its being taken to the Falcon Manure Works. He swears that night after night he suffers from a most nauseous smell which is occasioned by the operations of the defendant, and he has brought two or three witnesses in confirmation of his statment. To this case no answer has really been made, unless, perhaps, by the affidavit of one witness who simply says that on two several occasions he has taken a circuit of 40 yards round the defendant's premises and failed to discover any nauseous smell. But no explanation whatever is given of the circumstances under which these visits were made, or anything stated to meet the plaintiff's evidence. It may be that the plaintiff has exaggerated the effect of the nuisance in attributing scarlet fever to it ; but this exaggeration is really not material, nor can it have the effect of disentitling him to relief. He is entitled to the enjoyment of pure air by night as well as by day, and being of opinion upon the evidence before me that his comfort has been seriously interfered with, I must grant him an injunction unless there is something upon the balance of convenience and inconvenience to induce the Court to withhold it. But in the present case I can see no inconvenience that will result to the defendant's counterbalancing the benefit to the plaintiff from granting the injunction."

Medical Club.

THE members of the Club and the profession generally are informed that it has been decided to hold a series of "house" dinners at the Club during the present season. The next dinner will take place to-day (Wednesday), at 6.45, under the presidency of Sir Charles McGrigor, Bart. The price of the dinners has been fixed at five shillings, exclusive of wine. Members may introduce two friends each (not necessarily members of the Club), and if intending to dine are requested to leave their names and those of their friends at the Club-house, or to inform the steward by letter at least two days previously.

Ink.

THE "liquor sanguinis" of literature—ink—has never been as pure and agreeable a fluid as it ought to be, considering how necessary its cordial co-operation is to pleasant writing and profitable reading. Can we not easily imagine that a sudden infusion of gall into the placidity of a leading article may result from the passing annoyance of a smudge in the ink-bottle? and how hard it must be to *do* jokes for the comic journals when your ink will insist on either issuing from your pen in horrible blobs, or else leaving no mark at all.

At last all this is changed. No longer is the leader-writer to be "condemned rash rancour to instil," in having to pen his phrases in uncompliant mud. A new ink, called dichroic, has just been discovered and brought out by Messrs. Bewley and Draper, of Dublin. We must inform our readers that the black matter of ink—the tannate of iron—is not perfectly soluble, but is merely suspended in the water; of course, therefore, it sinks to the bottom of the bottle, and sooner or later makes a sediment. Sulpho-indigoic acid, or solution of indigo in sulphuric acid, is sometimes added to ink on this account, because it gives perfect solution to the tannate of iron; but then the evil of corroded steel pens exceeds the former difficulty. The "dichroic ink" is, we believe, a strong extract of logwood. It is a perfect solution, and therefore leaves no sediment. It is free from acid, and does not corrode the pen. It runs freely and easily, and without greasiness from the pen's point. It becomes black in a few seconds, sinks into the paper so rapidly as seldom to require blotting-paper, and is more indelible than ordinary ink. Against this catalogue of virtues, for its possession of which we can vouch, it has the small demerit that on flimsy paper it is inclined to penetrate too rapidly and show on the other side.

The Bombay Medical Retiring Fund.

THE report of Mr. Browne, to whom the investigation of the finances of the Bombay Medical Retiring Fund had been confided, is such as must gratify the expectant pensioners of the Fund. He considers that certain classes of the annuitants may have their pensions raised to £300 a year from 1867, and suggests that pensions of £160, £200, and £240 may be granted annually for the future.

The Reform of the Medical Council.

WE observe that our contemporary the *Lancet*, in its leader of the 23rd ult., recognizes the plan of reform to which we devoted much attention during the Parliamentary elections, and which it then ignored, apparently for no other reason than that its originator was a candidate for Edinburgh and St. Andrew's University. Whether his mode of retirement from the contest, or the fact that his health has compelled Dr. P. James to pass another winter in the South of France, has induced the *Lancet* to do justice to his proposal, we may readily believe that that gentleman will be glad to see the journal in question willing to discuss the plan of reform to which he has given his attention, and for which we hope he may yet be able to labour.

Assistant-Surgeons at Netley.

We understand that it is probable that a number of Assistant-Surgeons will be sent into Netley Hospital for service during the forthcoming summer. The supply of medical cadets who have hitherto discharged the hospital duty is, as our readers are aware, cut off by the abrogation of the February Competitive Examination, and it thus becomes necessary for the authorities to make other provisions for the care of the invalided soldiers, who are always drafted into Netley Hospital in increased numbers during the summer. It is believed that the Assistant-Surgeons to whom this duty will be assigned will be those who have not yet passed the Promotion Examination, who will thus enjoy the doubtful advantages of a second probation. Whether it is intended to reduce their payment to the Netley rate we are unable to say.

Medical Waistbands.

While the conflagration raged in Rome, Nero fiddled. While the very existence of the Army Medical Service is in debate, admissions to its ranks are suddenly barred, and rumours of sweeping curtailment and degradation in rank are in every mouth, the representatives of Jack-a-Dandyism in the service are in a condition of effervescence about their belts. The military Tomtits, combatant and noncombatant, are hot in the dispute as to which is to have the distinction of an extra feather in his tail; and, meanwhile, the hand of the marauder is in the nest of each alike.

Whether the Assistant-Surgeon's Belt is to be black, blue, or yellow, is a matter of the most contemptible indifference, and may be most cordially assigned to the Tailoring Reformers who have so long amused their little minds at the expense of the British soldier. Let wise men make sure that the belt shall encircle a brave soldier, a proficient surgeon, and an honourable gentleman, and we make to the man-milliners of the service a cheerful concession of its shape and colour.

The Tuebrook Private Asylum.—At the last Kirkdale quarter sessions, Dr. Owen, the medical superintendant of the Tuebrook Private Lunatic Asylum, applied for a renewal of the licence to that institution. Mr. J. A. Tinne, one of the visiting justices, moved that the application be granted, and stated that he had recently visited the asylum, and was much pleased with the order which prevailed, and with the efficient way in which everything connected with the establishment was conducted. He had never seen it in a higher state of efficiency and order, and it reflected credit upon Dr. Owen. The same sentiments were entertained by the visiting justices generally. The application was unanimously granted.

In Dr. Henry G. Wright the profession has lost not only an amiable and accomplished physician, but a very talented literary gentleman. It was he who first instituted the "Annotations" of the *Lancet*, and imparted to them that wit, grace, and charm, which, since he ceased to contribute them, they seem to have lost. His intimacy with the late editor of the *Saturday Review* accounts for certain articles that attracted notice in that always pungent journal.

A request having been made by Mr. Arthur Arnold, that some acres of the Lambeth Palace grounds should be given up for the purpose of public recreation and sanitary improvement, the Archbishop of Canterbury has written to say that the subject is still under consideration.

The depressed state of the funds of King's College Hospital has led the Vice-Chairman of that institution to appeal to the small-sum system, and to solicit every householder in his neighbourhood for help according to his means. He recommends the plan to every unendowed hospital in London.

It is not unlikely that Professor Symes' labours in the Medical Council may be continued, notwithstanding the change in the representation. There seems a disposition to invite the learned Professor to the Presidency which will shortly be vacant.

Extraordinary statements were made at a meeting of the Holborn Guardians last week. The committee appointed to inspect the pauper lunatics sent from the union to the asylum, reported that two persons had been sent to the Salisbury Asylum who were found to be perfectly sane. The union surgeon who accompanied them, it was said, confirmed their report.

The *Press and St. James's Chronicle*, in announcing that Mr. W. Blanchard Jerrold has been commissioned by the Government to inquire into the condition of the pauper asylums of Europe, says:—"The object doubtless is to gain information as to how other nations deal with the great difficulty of increasing pauperism."

Baron Rothschild, of Vienna, has just given the munificent sum of 200,000 florins for the erection of a Jews' Hospital, which is to contain 100 beds.

It is reported that the buildings and grounds of the old Magdalen Hospital are to be converted into a circus for equestrian performances. The last of the inmates of the hospital were, a few days since, transferred to the new and more spacious edifice at Streatham.

On Thursday evening last a very successful amateur dramatic performance was given at the Queen's Concert Rooms, by the resident medical officers and students of St. Mary's Hospital, Paddington, in aid of the charity. The performance was well supported by a crowded and fashionable audience, as was also the ball for the same object, by which it was succeeded.

The legacy of Mr. Clarke, jun., of Mile end, to the Glasgow Infirmary will amount to no less than £20,000, and that to the University to £30,000.

At the meeting of the Harveian Society to-morrow (Thursday) evening, a paper will be read by Dr. F. Cock on "Intestinal Obstructions."

DR. RUDOLPH SCHMITT (pupil of Kolbe), the well-known lecturer on Chemistry at Kassel, lost a few days ago one of his eyes, by the explosion of a bottle of chemicals which he held in his hand.

THE Lord Chamberlain has forwarded a circular to the managers of all the theatres on the impropriety of costume of the ladies in the pantomimes, burlesques, &c., which are now being performed in some of the metropolitan theatres.

AT a meeting of the Lambeth Vestry, the members of committee and the medical officer, who visited the courts and passages in that neighbourhood of which complaint had been made in the newspapers, stated that, "notwithstanding the defective state of the drainage of these places, and the dirt that prevails there, the poor people obliged to live there were free from infectious disease; but they considered that steps should be taken as soon as possible to effect the necessary improvements."

THE examination of candidates for commissions in the Medical Department of the Army, appointed for the 8th February, will not be held, there being no vacancies to fill up.

THE fifth case of hydrophobia which has ended fatally at Halifax during the last few months is reported in the *Leeds Mercury*. The man, bitten several months ago, has lately died. Considerable excitement prevails.

◆

MEDICO-SOCIAL PENCILLINGS OF LONDON LIFE AND PRACTICE.

No. X.

MY diagnosis of Mr. Snigby's case, and the opinion I mentally pronounced upon it, was incorrect, for Mr. Snigby invariably spoke with energy, and displayed on all occasions a large amount of muscular "gush," which was considerably augmented whenever he touched on the subject of his "affliction."

Mr. Snigby reassumed the semi-prone position, and detailed to me his symptoms as they had just manifested themselves to him. "At half-past one," he said, "Fata gently raised me from this troubled couch and caused me to float round and round the apartment, sometimes tilting me against its walls, at other times bumping me against its ceiling, and ultimately compelling me to move with considerable speed towards the window-sash; and the moment I believed myself about to violently urge a passage through, or to get seriously concussed and damaged in the attempt, I became agreeably conscious and happily disappointed to find that I had passed to the external world, not only unscathed, but without experiencing the ordinary sensation of contact with, nor of resistance from, the vitreous barrier.

"Now I appeared to be quite aware of the charm exercised over me by Fata, and attempted again and again to move and to throw off the burden that oppressed my thorax, and thereby to free myself from her power and her influence; but I failed in the endeavour, and being in the 'raw atmosphere' without doors, I seemed to move with considerable velocity—and without the trouble of a single muscular exertion on my part—over a very large section of the entire globe. Nor was my altitude from the earth extraordinary; but it was nearly uniform. And as I passed over villages, forests, cities, and seas, I became seriously apprehensive of instant demolition from direct contact with spire or tower, tapering mast, tree, rugged rock, wall, or other insurmountable obstacle; and just as the inevitable collision was about to be evinced, the obstacle appeared to vanish, and astonished and surprised I invariably found that I had passed the difficulty, and was already beyond its power and its influence.

"The sky appeared to display a hundred moons and a million stars, throwing their rays in minute pencillate thread-like streaks, and in broad and silvery ribbon-like bands, that formed a trellis-work on the earth, pale, chaste, and indescribable, giving to each country, and city, and sea over which I floated its tint or the *cast* of feature to which it was legitimately entitled. Yet whether I passed over the burning plains of Sahara, took a turn round the North Pole, or hurried within the limits of our more favoured latitude, *my* temperature was unchanged; and, strange to say, during the lengthy journey not a single sound disturbed the stillness—silence, calm, serene, and dignified, solemn and uninterrupted, filled with mystic grandeur the vast globe.

"But the peculiar light yielded by these moons and these stars, was at times dull, heavy, unanimating, dreamy, and lifeless, robing the horizon with sober, stately, liquescent phenomena, giving momentary snatches of chameleon-like lines to the earth over which I passed, with such eccentric velocity, and displaying through gloom and ethereal vapour, a universe in the awful sublimity of still and silent life—weird-like, mythical, and incomprehensible—the recollection of which will ever be to me as vivid and as undying as very life itself.

"I continued to make every possible effort to move in my bed in order to dispel the illusion, and ultimately considered I had accomplished the object aimed at, for I left it and paced my room with firm and unfaltering strides for some time, and then deliberately shifted the window blinds aside, and looked out into the murky street to behold the flickering lights in neighbouring lamps burn with a ghastly glare that appeared to denote Fata's influence even on them. I heard the click-clack of horses' hoofs, and the splashing of wheels from night and other vehicles as they passed along. I distinctly caught, too, the sound of voices outside, as if there had been a midnight brawl beneath my bedroom window, and the voices grew loud or dwindled into simmering whispers as the wind blew stiff or gentle against the window panes, whereat I stood. Then all was silence again, save the troubled wind's plaintive wail through chink and through crevice.

"I considered myself more or less under the power of Fata even yet, for I could not rouse myself nor assume my ordinary habits of thought nor of action, but continued in a dreamy indescribable state, such as I never before experienced. Determined, however, to free myself from my tormentor, I left the window side, paced the floor as heretofore, tried to articulate, to cry out, and to pinch my flesh, in order to arouse and to re-vitalise, as it were, my strange state of body. I wretchedly failed in these endeavours, much to my chagrin, whereupon I strode to my bedside, and took a seat there, fully resolved to make a bold stand and to see it out with Fata. *Pro Hâc Vice.* Well! How long I remained in *that* posture I know not, nor how I left it, nor how or when I came here—back again to the original position out of which Fata raised me

—I am unable to say. All I *do* know is this—*that here I am!!—in bed!!!* Sir, I have described my last symptoms, do you understand?"

I expressed my obligations for the clear and lucid statement made by Mr. Snigby.

"Sir," continued that gentleman, "you have my statement, what remedy do you propose? But remember—I have sacrificed much time and much money in my vain search for riddance of Fata. I have swallowed to the very dregs the *contents* of every known Pharmacopœa. I have been galvanised, mesmerised, electrified, and animal magnetised. I have been Turkish bathed and chloroformed. I have been laved in spiced wine, old Tom, Roman punch, and Irish whiskey. I have tried every water, from the Caspian to the Shannon, from the Missouri to the Tweed, from the Red Sea to Margate. I have been 'friction rollered' by machinery patented and erected on my own special account. I have sought relief in nearly all geographically acknowledged climates, and at all seasons. I have 'taken in' oxygen, tried chest-expanders, practised elocution, poised dumb-bells, and turned a mangle. I joined a gymnastic class, a fire-escape corps, and became a railway express engine-driver on the Nick or Nought Line (Limited). I was a deputy sheriff's assistant, a relieving officer, a special constable, and a collector of old coins and ancient pictures. I ducked in a diving-bell, went up in a balloon, and rode a steeplechase. I wrote verses, tried painting, designed model dwellings for the industrious classes, signed the rate-in-aid protest, took the chair at a friendly lead, skulled to Putney for *no* wager, lost at the Derby, went into politics at high pressure, and finally became moving director of the Patent Eustachian Tube Company (Limited). Sir, in a word, I have done everything that has been recommended to me; all, all have failed."

My patient was quite exhausted. His long journey, followed so closely by his long speech, were sufficient to account for this; so he paused, looked at me with suffused eyes, ere he said, "Sir, what do you recommend?"

"Rest for the present," I replied, "you are tired, Sir."

"Sir, pardon me, but do you really consider that the object I had in sending for you was that you might prescribe rest for *my* complaint?"

I begged not to be misunderstood by Mr. Snigby.

"Then prescribe; pen, ink, and paper lie opposite—*can* you?"

During my lengthy visit to Mr. Snigby I unquestionably had very serious doubts as to his mental condition, independent of those that his night-cap suggested; but when he finished this last speech, and appealed to me in such a manner as to leave it quite out of my power to parry with him, and to finally escape from his presence without prejudice to my professional intelligence, I asked him if he had been troubled by Fata ere he first commenced to use the night-cap?

"Sir, the night-cap," replied Mr. Snigby, "was prescribed by an eminent physician as a cure for my complaint."

"Pardon my inquisitiveness, but please say if you really have taken much medicine."

"Sir, the Pharmacopœas all," replied my patient.

"You are pretty comfortable in circumstances, eh?"

"Sir, yes, my means are good."

"Live alone, Sir, see much society?"

"Sir, I live nearly alone; I *have* seen much society, but no cure followed *that* prescription."

Mr. Snigby became now quite composed, and spoke in a most rational manner, giving me distinctly to understand that he was temperate, very studious, affable, and good-tempered in ordinary life; but when troubled by Fata lost all control of his faculties, and determined on all occasions that she troubled him to try and to conquer the beast.

I mused and listened for some time.

"Sir, write me *your* prescription," he again said.

"My prescription will scarcely be a medical one; but as you insist on having it before I give your case the consideration I should wish, you must excuse its abruptness;" and as I spoke I moved towards the table, whereon rested pens, ink, and paper, and wrote it.

I folded the slip of paper note-fashion, placed it in his hands, bid him good morning, took up my hat and hurried from the apartment in a twinkling; and ere Mr. Snigby recovered from the surprise my sudden and unexpected movements caused him, I was again surrounded by my "floculent" envelope, *trying*, unsuccessfully, however, to provoke the gentle goddess.

I append copy of the prescription:—

Die Mercurii, 10·5 a.m.
Mr. Snigby.
℞ Matrimony.
Cap. Stat.

QUID NUNC.

Correspondence.

POOR-LAW MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As there is a good deal of agitation at present about Poor-law medical officers and their appointments, perhaps a short account of the treatment accorded to me by the Clun Board of Guardians in Shropshire, the Poor-law Board, and one or two of my medical brethren in this town, may strengthen the reasons why the Central Board should be completely reorganised, and a new Board composed of at least one-half medical men, be constituted; but I should like to know who are the members of the Central Board, and how often they attend? Are we to have the finger of scorn pointed at us eternally? Are we to be told we must do as they wish; that if any member of a Board of Guardians finds fault, or has a quarrel with a medical officer, or even happens to be offended slightly, poor Medicus is to be kicked out of his appointment, his bread taken away, and interest used to mar his private prospects in practice? Oh, Sir, the day will soon come when we must be up and doing; when we must make a stand against such *tyranny*, for 'tis nothing else. Are there any of my medical brethren like me? From what I write they may judge.

In the beginning of 1863 I purchased a practice in this town from a Mr. Hughes, and I may, at some not very distant period, tell you how I fared, and give you copies of his and his agent's letters; if they don't interest, perhaps they will amuse. He did not resign his parish appointment, according to contract, but held it, as he said, for me, for about three months; he was then served with a notice to resign such by the Board of Guardians, which he did. I accordingly applied, as I had been doing all the work, Mr. Hughes having gone to reside about sixteen miles by coach-road from here. In the meantime, Mr. Brook, the medical officer of the workhouse, who had been afflicted with paralysis for years, was thrown out of his gig, and received some severe injuries; I happened to be near at the time, and attended him; he had profuse hæmorrhage from the middle temporal artery, and was otherwise exhausted. I did all his work for nearly a month, and he told me he would have to get an assistant, but should not think of opposing me for the Union appointment, which I ought to have, as I had purchased Mr. Hughes' practice; shortly after he got an assistant, and this gentleman got the appointment, and a few days afterwards went up to London and passed the Hall! However, to crown all, he only stayed for a few months, and the Board of Guardians sent for me, and offered me the appointment, which I accepted in November. Things went on pretty smoothly, though I had to put up with a good deal from one or two of the guardians, who were continually bringing charges against me, *not one of which they ever sustained.* In March, 1867, a Dr. Lemon came from Welshpool to become a partner with Mr. Brook, or else buy his practice, which he has done I cannot say. I met this Dr. Lemon on the day of election at the Board-room; here he came up to me, introduced himself, said he had taken Mr. Brook's practice, and hoped we should get on well together. "Why," I said, "I have been told you have come to get my appointment." "Nothing of the kind," he said, "Dr. Lane; I always do everything honourably; and if I had applied for your appointment I should have told you. Besides, I am only looking for Mr. Brook's, and I hope you won't oppose me." "No," I said, "I have one appointment, and that is plenty." Well, imagine my astonishment, when he came out of the Board-room in ten minutes afterwards, and coolly said, "Oh, Dr. Lane, the Board have given me your appointment, and Mr. Brook keeps his for the present!"

One Sunday I met Dr. Lemon. "Well," he said, "I can't understand you reporting Mr. Brook; he will hold his appointment in spite of you, Sir, and you shall be shown up in the medical papers for this." "Well, well," I answered, "go on; you can help him, I dare say, and I shall only be too happy to be called to an account by you or him; it is all I require." However, up to the present time I have never seen anything about it in print. The Poor-law Inspector said I had proved my charges in a most satisfactory manner, and I have been told Mr. Brook was requested by the Poor-law Inspector to resign. However, he held his appointment up to March 1868, and then his parish was given to Dr. Lemon, and the Union was also given to Dr. Lemon at the same time, *without being advertised.* Was this legal? I wrote to the Poor-law Board about the matter, but they did not know what to do. Thus, at the present time Dr. Lemon is holding appointments which have always been held by two, and sometimes three, medical men, the acreage of which is 30,501, the population 5,379, and the salaries £112 10s., exclusive of extras—which has been nearly £100 some years; and this Dr. Lemon calls his highly professional conduct! I had a letter not long ago from the Poor-law Board in answer to one I wrote, and they said they were in communication with the Board of Guardians here, so that even at the present time Dr. Lemon's appointment to the various parishes and union workhouse has not been sanctioned. On the 7th of December, 1866, I signed my contracts with the Board of Guardians of the Clun Union as Medical Officer and Public Vaccinator—one contract requiring one month's notice, the other twenty-eight days. They took my appointment from me, as Medical Officer, without serving me with the month's notice, as specified in the contract, but they gave me the twenty-eight days' notice for vaccination contracts! according to agreement, their excuse being that I had asked for re-appointment, and that annulled my contract. Why did it not release vaccination contract as well? Remember this was about the middle of March, and on the 2nd of April their Clerk wrote to the Committee of the Bellaghy Dispensary, Magherafelt Union, County Derry, Ireland, of which I append a copy:—

"Clun Union.

"Day of fortnightly meeting, every alternate Friday.

"The next meeting will be held at Bishop's Castle, on the 12th day of April.

"*Clerk*, FREDERICK PARDOE, Bishop's Castle."

"Bishop's Castle, April 2nd, 1867.

"DEAR SIR,—I should be much obliged if you would inform me why *John William Lane* left your dispensary. as he is a Medical Officer of one of the districts in the Clun Union?

"Yours truly,

"FREDK. PARDOE, per H.S.N."

When they appointed Dr. Lemon to the districts I held from the 25th day of March, how could I be one of their Medical Officers!!! When I produced this document at the Board on the day of inspection into my charges against Mr. Brook, the Inspector told me to keep it, as it might be of use to me at some future time; and he told them I was virtually one of their Medical Officers, and that they ought to have given me notice, as my contract did not specify any particular time as to the duration of such contracts, and that he also considered I had been very badly treated, and that I had always repudiated any charges that had been brought against me. I have been strongly advised to take an action against the Board of Guardians for damages for illegal dismissal and loss by such, but as I have a large family, and no means to throw away upon law, I have refrained from doing anything. I should like the sound opinion of some of my medical brethren on these points, and will, if wished, forward all copies of letters on both sides for publication. The following is the answer to the aforesaid official document:—

"Bellaghy, 6th April, 1867.

"SIR,—In reply to your note of 2nd inst., respecting Dr. Lane, I beg to say he left this dispensary upon his own resignation, and very much to the regret of our Committee and the feelings of the inhabitants. I had pleasure in forwarding to him a complimentary address signed by the chairman and members of our committee.

"Your obedient servant,
"I. HILL,
"Hon. Secretary, Dispensary.

"To F. Pardoe, Esq."

One of my friends, W. J. Clement, Esq., M.P., wished me to join the Shropshire Branch of the Medico-Ethical Society, and bring this matter fully before them, but as yet I have done nothing in the matter; this is my first step. The case, in my opinion, stands thus: the Board of Guardians appointed Dr. Lemon to the different parishes; the Poor-law Board won't sanction such, and wish to know why I have been removed, the answer to which I have not heard. I have a few staunch friends in the Board, but they are in the minority, and some are afraid, *as they have told* me, to speak their minds!!! It is utterly impossible for one medical man to do justice to the poor of so many districts; for in 1864, when the Chairman of the Board asked me if I would take what Mr. Brook held, I distinctly refused, as I knew I could not conscientiously do the work: but I daresay Dr. Lemon thought, when he got my appointment, he would also quickly walk into my practice, but he has found out his mistake by this. What has become of the *Lancet* Commissioners? Would they pay the Clun Union a visit they would find material enough to make a small volume, I fancy. When the Board found Mr. Brook had to resign, they gave all to his successor. Only that it would take up too much of your valuable paper, I could fill its pages over and over again with matter relating to this. I hope this may come under the notice of the "Poor-law Medical Officers' Association" of London.

I remain, Sir,
Yours faithfully,
J. W. LANE, M.D., L.R.C.S., &c.

Bishop's Castle, Shropshire,
January 6th, 1869.

INFANTILE TETANUS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Perhaps the following case of that very incurable disease, infantile tetanus, may be worthy a place in your columns. I was called on the 13th inst. to see a male child, aged eight days; the parents were healthy, but the mother had lost her three previous children all at the time of dentition. The body was in a state of opisthotonos, and exacerbations of the spasms occurred about every fifteen minutes. The masticatory muscles were not affected, showing the impropriety of the term, "trismus nascentium." The umbilicus was in a healthy condition. My father saw the case in consultation with me, but our treatment was not successful. The child lingered on to the ninth day. Twenty-four hours after death I removed the spinal column, and sent it to Dr. Mapother. He, having examined it carefully, states:—"The space between the laminæ of the vertebræ and the dura mater in the lower dorsal and lumbar regions was filled with extravasated blood. The arachnoid was highly vascular and dull, and upon it in three places there was greenish lymph effused. The cord, when divided transversely in several places, exhibited vascular points. The nervous matter was not sufficiently recent for microscopical examination.

I am, &c.,

Jan. 23, 1869. JAMES W. JOHNSTONE, L.R.C.S.I.

Literature.

It does not often fall to the lot of medical reviewers to exercise their judgment upon a volume of this kind,[1] still less so when the work emanates from the pen of a member of the profession. The medical man is decidedly the last to be suspected of sentimentality; the very nature of his work is so diametrically opposed to it, and the fatigue of hospital or private practice is usually so great that he has few opportunities to foster flights of fancy, time to indulge in the lay of the poet, or the fiction of the novelist. Happily, however, there are exceptions to this rule of incessant toil, as demonstrated by the above book. Volume upon volume of medical literature flow in upon us, and, judging from inference, in this multitudinous array there must of necessity be but little that is new. We see no reason, to use the author's own words in his preface, why the lighter branches of literature should not be resorted to in leisure moments, "as a divertissement to thought, a solace in care, or a mental recreation to relax the mind when overwrought by sterner studies, or over-burdened with the weight of professional responsibility." Dr. Evanson, in his introduction to the volume under notice, informs us that the failure of health compelled him to quit the field of his professional calling some eighteen months since, and to journey to the South of France, where he was enabled to complete the work which had long been one of the objects of his ambition. After this admission, we can scarcely understand why "a feeling of indifference" should possess the author as to the probable reception of his work. Dr. Evanson's name is not unknown in medical literature; and he need not be ashamed that he has sent the present volume through the press with his name attached, although it is of so totally different a stamp.

And now as to the general contents of the work. The first is a poem of somewhat irregular metre, entitled, "Nature and Art," occupying about a hundred pages, being an elaborate description in verse of the opening of the International Exhibition of 1862, its contents, the closing ceremony, and the *morale* of Exhibitions in general. The remainder of the volume is a collection of occasional verses and elegiac stanzas in memory of departed friends, some of whose names have become immortalised in the annals of medical greatness.

Some of these lines bear the impress of a poet of no mean order; thoughts here and there may be found breathed in language at once elegant and exalted, while throughout the whole the author seeks to elevate the noble science of medicine, and the members of the profession who follow its doctrines, and of which Dr. Evanson himself is such an enthusiastic disciple, to the highest pinnacle of social and moral importance. True, like most poets who essay the art for the first time, the author is sometimes guilty of faulty metres and inharmonious rhyming, such as "mind and joined," "worth and forth, &c.;" but these are minor errors, errors which are sometimes committed by writers who have earned a name, and must not therefore be severely criticised, or allowed to interfere with our expressions of the general excellence of the book. It is, moreover, elegantly got up, and would doubtless prove a very acceptable gift-book, particularly at the present season.

Our space forbids extensive quotations, but we will give one short extract from an elegiac stanza, written in memory of Surgeon Llewellyn, of the "Alabama," whose heroic conduct on board that notorious ship was the subject of universal admiration by the press and the public some four and a-half years since, as a specimen of the author's powers of versification:—

. . . . .

"A glory in youth or in age,
To succour the sick and the dying.
But bravest before all the brave,
He cared not his own life to save;
He cared for the wounded and dying."

We would also commend to the notice of those of our readers who care for this kind of literature, "The Outcast," "Man and Monkey," in which the author sarcastically disposes of the theory recently set up by one of our distinguished professors, as to man's relation to the gorilla; and "Medicine," which is a short poem inscribed to Professor Stokes, of Dublin. Some of the others are equally good, but of a lighter class, and would not be of the same interest to the generality of our readers as those we have mentioned.

DEPUTATION TO THE LORD LIEUTENANT OF IRELAND.

A DEPUTATION of the King and Queen's College of Physicians in Ireland waited on His Excellency the Lord Lieutenant, on Friday last.

The deputation consisted of—

Dr. Churchill, President; Dr. Freke, Vice-President and Censor; Dr. Apjohn, Professor of Chemistry; Dr. Atthill, Censor; Dr. Banks, Dr. Beatty, Dr. Belcher, Hon. Librarian's Dr. Churchill, jun.; Dr. Croker, Dr. Dwyer, Treasurer; Dr. M. Eustace, Dr. Foote, Censor; Dr. Hayden, Censor; Dr. Jennings, Dr. Johnson, Dr. Evory Kennedy, Dr. H. Kennedy, Dr. Law, Professor, Institute of Medicine; Dr. Jame; Little, Registrar; Dr. Lyons, Dr. Mollan, Dr. Ringland, Dr. Sinclair, Professor of Midwifery; Dr. A. Smith, Professor of Materia Medica; and Dr. Walter Smith.

Dr. Churchill, the President, read the following address:—

"MAY IT PLEASE YOUR EXCELLENCY.—We, the President and Fellows of the King and Queen's College of Physicians in Ireland, beg to approach your Excellency with the expression of our devoted loyalty to her Most Gracious Majesty the Queen, and our cordial welcome and congratulation to your Excellency on your arrival in this country as her Majesty's Viceroy. From the time of our incorporation, in the 17th century, we have always been mindful of the important trust committed to us, and have endeavoured to secure a succession of physicians competent to take charge of the health of her Majesty's subjects. We beg to assure your Excellency that, as it is our duty, so it will at all times be our anxious desire, to afford aid to the Government in any measure calculated to improve and secure the public health."

His Excellency gave the following reply:—

"MR. PRESIDENT AND FELLOWS OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS,—I thank you for your expression of loyalty to Her Majesty, and of congratulations to myself. During the many years since your incorporation, the changes which have taken place in medical science have been great, and discoveries have been made which largely conduce to the preservation of health. In diffusing the benefit of those discoveries your society plays an important parts; and by continuing to send forth a succession of competent and able physicians, you merit the thanks of those to whom the public health is a matter of solicitude."

The deputation then withdrew.

FREEZING.

IN the *Journal de' Anatomie et Physiologie*, Ponchet gives some experiments on the freezing of animals. He denies the assumption of certain physiologists, that there are animals which can survive complete freezing. Numerous experiments showed him that the blood corpuscles undergo a change, which renders them unfit for performance of their functions. The greater the number which have undergone the metamorphosis, the sooner the animal perishes. If we push congelation to one half, the animal will live a long time, because the altered corpuscles are kept out of the circulation by stasis of the blood. As soon as we allow it to thaw, however, the sick or changed corpuscles mingle with the rest of the blood, and the animal perishes.

CHLOROFORM TO THE SPINE IN SPASMODIC DISORDERS.

THE *Pacific Med. and Surg. Journal* says:—As a substitute for general anæsthesia, several writers have suggested the application of chloroform to the spine, by means of strips of muslin saturated with the liquid, and covered with oiled silk to prevent evaporation. A case of traumatic tetanus treated in this way is reported in the *Humboldt Medical Archives* by Dr. Percy L. Rooney, of St. Louis. The patient had tried ice to the spine, and various other means without relief, and the disease was well advanced when the chloroform treatment was instituted. Signal relief, however, was afforded, and comfortable sleep secured for a time. But it appears that the agent was not applied *constantly*, and that the paroxysms were allowed to recur in the intervals of the application; and this, together with the exhaustion which had taken place before the treatment was instituted, rendered the trial incomplete, and inneffectual in saving life.

---

[1] Nature and Art, and other Poems. By Richard Tonson Evanson, MD., F.R.C.S., &c. London: William Hunt and Co.

Gleanings in Medicine, Surgery, and the Allied Sciences.

SURGERY.

TRANSFUSION.

Frese publishes some interesting facts on this subject in Vichow's *Archiv*, xl., (*Allgem. Med. Central Zeitung*, No. 50, 1868.) Experiments have shown that transfusion with the blood of fevered animals produces fever. Frese had made this observation himself, and has now extended his investigations with the following results :

1. The transfusion of small quantities of healthy blood (up to one-tenth of its entire bulk) produced no considerable increase of temperature.

2. The transfusion of large quantities of healthy blood (one fourth to three-fourths of the entire bulk) always caused a feverish elevation of temperature when a corresponding venesection had preceded the transfusion. The greater the interval between the two operations, the more considerable was the elevation of temperature ; but this never exceeded an increase of 1° C.

3. A simple venesection also caused an elevation of temperature ; but this only took place some time after the reduction of temperature, which is the primiry effect of bleeding.

FROST-BITE—TETANUS—PULMONARY EMBOLISM. BY M. MICHEL.

M. Michel had noticed certain affections of circulation and respiration following injuries such as frost-bite or burns. The following case throws some light on the subject :—A young man, aged twenty-two, had both his feet frozen, and also suffered from a paralysis of the radial nerve of the right arm. Symptoms of asphyxia followed, and showed signs of improvement, when, on the eight day after the accident. tetanus supervened, of which he died in twenty-four hours.

The autopsy showed clots in the dorsal veins of both feet, in the internal and external saphena veins, in the right ventricle, and in the fine ramifications of the pulmonary artery. The paralysed radial nerve, when compared with the healthy one, showed a lesion of the medullary substance of the tubes, consisting in a coagulation presenting a curdled appearance, which in some places tended to become granular. It resembled very closely the changes which take place at the peripheral extremities of divided nerve. (*Gazette Medicale de Strasbourg* and *Edin. Med. Journ.*)

USE OF COLLODION TO LIMIT THE EFFECTS OF THE ACTUAL CAUTERY.

M. Voillemier made the following remarks on this subject in a clinical lecture :—All surgeons know how difficult it is to limit the action of the actual cautery, especially if it is wished to apply it to a limited point. The finer the point or the narrower the edge of the instrument, the more necessity there is for having a shoulder of thicker metal close to the edge or point, as a reservoir for the caloric. But the reservoir radiates he at on the neighbouring tissues, and by its nearness, though itmay not actually touch, is apt to cause burns of the first or second degree to a greater or less extent. And this accident is not without importance. It is the cause of the pains which are felt after every application of the cautery ; pains which are severe, may last several days, and the intensity of which is but little diminished by the continuous use of cooling lotions. After some days, the epidermis peels off, leaving the true skin bare often to a very considerable extent beyond the portion (perhaps the *small* portion) which had been completely destroyed by the cautery. These superficial wounds often last for a long time. Attempts are often made to prevent their occurrence by surrounding the parts intended to be burnt by wet rags or pieces of wood. These methods are, however, often ineffectual, and are apt to interfere with the proper performance of the operation. The following proceedings, more simple and more certain, I have used with great advantage for five years : —The part intended to be cauterised being first carefully wiped dry, one or two layers of collodion are painted on. These soon dry, as is shown by the white colour. Then the moment for action arrives ; not sooner, lest the vapour of ether which is disengaged should take fire on the approach of the red-hot metal. This little accident is not important, as it can easily be extinguished, but it is better to avoid it lest it alarm the patient. The cauterization can then be performed as usual. The collodion is at once destroyed at the points touched by the iron, the action of which it does not interfere with ; but it remains unaltered in the neighbouring parts, for which it forms a sort of artificial epidermis. This is very thin, but is composed of pure cellulose,—a body which conducts heat less even than wood, and effectually protects the tissues against the heat radiating from the metal. The operation over, if the collodion be removed, the skin is found white and healthy below it. It is better, however, to leave it, as, by the pressure it exercises, it seems to prevent swelling of the parts. It is unnecessary to cover the burnt part with wet rags, for the patient complains of no pain, as might be expected ; for the parts actually touched by the red-hot iron are disorganised and insensible : beyond these points, the skin is healthy, and not affected by the heat. This plan is very useful in the vicinity of joints, but still more so in the axilla or border of the anus, where the parts close to those we wish to touch are so near, It also enables the surgeon to apply the actual cautery with certainty and safety, even to the neck of the uterus. (*Gazette des Hôpitaux*, No 61, 1868 and *Edin. Med. Journ.*)

LIFE PROLONGED FIFTY-NINE DAYS BY NUTRITIOUS INJECTIONS ALONE.

The following is related in the *Deutsche Klinik*, No. 27, 1868 by Dr. Runge. A patient consulted this gentleman for stricture of the œsophagus in May, 1867. After varying success with bougies and local medications an abscess occured in the cellular tissue of the neck, April, 1868, and completely blocked up the œsophagus, so that not even liquid aliments could be taken. Injections of yolk of eggs, soups &c., were made, the patient being kept perfectly quiet ; and under this treatment alone, he lived from the 20th of April to the 18th of June, a period of 59 days. In the first week the patient got thin, and complained of an annoying sensation of thirst ; in the third week he felt neither hunger nor thirst, nor pain, and was but little thinner. The eighth week an inflammation of the large intestines was developed, and the patient died the week following. Dr. Runge thought that had it not been for this intercurrent inflammation which he seemed to regard as possibly curable, the man's life might have been prolonged several weeks longer. But it strikes us that such would, in all probability, be the result in all cases from this mode of alimentation and that this patient lived to the possible limit of life under the conditions.

LUMBAR HERNIA.

Q. C. Smith, M.D., reports (*Nashville Journal of Medicine and Surgery*) a case of this kind which had existed in a patient from her birth. It was situated in the left lumbar region, and continued to increase in volume until she was 15 years old. The tumour gave considerable pain during childhood, and prevented her from performing any labour or making great exertion. From the period of puberty until she was about 30 years old it was stationary, or it gave no particular pain or uneasiness. Nov. 11th, 1867, she fell from a waggon, dislocating her right ankle and receiving severe injuries upon different parts of the body, by which she was confined to her room for three months. She was disabled or the medical attendant failed to reduce the dislocation. At puberty the tumour was about half as large as a goose egg, which size it retained until the receipt of the injury, when it steadily increased in size and caused considerable pain. It now became about half the size of a new-born infant's head, and had the soft doughy feel common to omental hernia. The patient had suffered greatly from the effects of malaria, in consequence of which she had enlarged spleen and liver. The pressure of the enlarged organs and of the hernia upon the veins leading from the lower extremities caused œdema of the feet and ankles. Antiperiodic medicines were administered, and a supporter was applied to the hernial tumour. Under this treatment she rapidly recovered in health and strength.

Ptyalism.

Dr. **Ahrouheim** (*Deutsche Klinik*, No 35, 1868) presented before the Berlin Medical Society, two cases of chronic salivation in children ; caused by the careless application of ungt. hydrarg. to their bedsteads for the destruction of vermin.

Dr. Beer at the same time called the attention of the Society to a woman æt. 40 years, and unmarried, who had not menstruated in four month and was affected with ptyalism. An acrid saliva continually flowed from her mouth. Evident signs of pregnancy were not present, but most of the gentlemen were of opinion that the sympton was attributable to that cause.

ANATOMY AND PHYSIOLOGY.

WHAT IS NERVO-MUSCULAR PROSTRATION ?

ORDINARILY, perhaps always, the pathological condition in palsy is a lesion of the brain or spinal cord, in their substance or membranes, and it can be readily traced to one or the other of these as the centre whence the disturbing influences flow. Ordinarily, too, the lesion is the result of some ascertainable exciting cause, which points to some particular region as the seat of the lesion. How is it here ? No such " cause " guides us in the solution of the mystery. The brain exhibits no indication of disease or disordered action. The intellectual faculties are all intact. Speech is not disturbed. The will sends forth its mandates as in health, but the muscles in certain localities are powerless to obey. There is no symptom which clearly indicates cerebral congestion or inflammation. If, now, we turn to the spinal cord, we find little in the symptoms present which points to any lesion there. There may be congestion, but it is slight if it exist at all. There is no tenderness of the vertebræ, such as we find in affections of the spinal cord. There is no muscular contraction or spasmodic action of the muscular fibres. There is slight pain and a slight sense of fulness in the lumbar region ; but this may be satisfactorily accounted for by the jolting of the waggon, and the violent contact of that region with the low-backed seat. If, therefore, so general prostration of the muscular system be produced by lesion of the spinal cord, or of its membranes, that lesion, whatever its nature may be, must affect the whole extent of the cord, from the cervical vertebræ to its termination in the os coccygis. Could it exist without some one or more of the pathognomonic symptoms indicating it being present ? Could it thus obtrude its unwelcome face without displaying some of the prominences of its physiognomy ? It may be so ; but are there substantial grounds on which to base such an opinion ? (*Dr. L. C. Butler in the Boston Medical Journ. Jan.* 1869.)

◆

NOTICES TO CORRESPONDENTS.

To **CORRESPONDENTS.**—We would impress upon our numerous correspondents the necessity of making their lectures, Original Communications, or letters intended for insertion, as short as is consistent with the subject on which they treat. We find it necessary to intimate this to our many friends, in consequence of complaints continually reaching us from contributors, who are anxious to obtain an early publication for their papers.

IN deference to the wishes of a large number of our readers, we intend forthwith to devote several columns weekly to *excerpta* from the best British and Foreign journals, in order to keep our subscribers *au courant* with the progress of medicine and surgery in all parts of the world.

A NAVAL SURGEON.—The subject of your letter is under consideration. The author is an M.D., and not as you supposed. It is probable the present will be the last.

DR. WHITE (Macroom).—Macnamara's seventh edition of "Neligan's Medicines, their Uses and Modes of Administration," price 18s., free by post, or 16s. cash to a practitioner. Squire's (last edition) "Companion to the Pharmacopœia," is a good book, price 10s. 6d., but not so good as the former.

DR. BALTHAZAR FOSTER (Birmingham).—The communication will receive immediate attention.

DR. MACCORMAC.—The alteration has been attended to.

"Treatment of Scarlatina." by J. Johnston, M.R.C.S.Eng., received.

DR. COATES.—Under the circumstances you could not be held responsible.

DR. ALEX LEADMAN.—Certainly.

◆

BOOKS, PAMPHLETS, &c., RECEIVED.

A Manual of the Diseases of the Skin. By Balmanno Squire, M.B. London: John Churchill and Sons.

On Going to Sleep. By C. H. Moore. London: Robert Hardwicke.

The Modified Examination of the Pharmaceutical Society. By F. Harwood Lescher. London: John Churchill and Sons.

The Derby Reporter.
Southampton Times.
Lincoln Chronicle.
Somerset Gazette.
Melbourne Argus.
European Summary.
Boston Medical Journal.
Medical Times.
Spectator.
Public Opinion.
Parochial Critic, &c.

◆

Deaths.

BATE.—On the 20th ult., H. F. Bate, M.D., of Clifton ter., Maida vale, aged 33.

BLYTHE.—On the 15th ult., at Brompton park, Wm. F. Blythe, M.D., aged 27.

BROWN.—On the 19th ult., on the passage from the Piræus to Malta, Allan Brown, M.D., Staff-Surgeon, "Prince Consort" aged 48.

BUTLER.—On the 21st ult., at Abbeyview, Monkstown, Co. Dublin, Dr. Butler.

Advertisements.

NOTICE TO ADVERTISERS.

The Medical Press and Circular

The scale of charges is as follows:—

Seven lines and under	£0	3s.	6d.
Per line afterwards	0	0s.	6d.
One-quarter page	1	5s.	0d.
Half „	2	5s.	0d.
One „	4	0s.	0d.

The average of words per line is twelve.

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the OFFICE, on SATURDAY, by Two o'Clock.

ROYAL COLLEGE OF PHYSICIANS.

THE LECTURES OF THE PRESENT YEAR

Will be delivered at the COLLEGE, Pall Mall East, at Five o'clock on each of the following WEDNESDAYS and FRIDAYS.

GULSTONIAN LECTURES. — DR. J. HUGHLINGS JACKSON, Feb. 19th, 24th, 26th—On Certain Points in the Study and Classification of Diseases of the Nervous System.

CROONIAN LECTURES. — DR. JOHN W. OGLE, March 3rd, 5th, 10th—Regarding Certain Effects of Modifications of Nerve-Influence in Disease.

LUMLEIAN LECTURES.—DR. BARKER, March 12th, 17th, 19th—On Diseases of the Serous Membranes and some of their Results.

(By order of the President),
1869. W. COPNEY.

MENTAL DERANGEMENT.—Orchardstown House, Rathfarnham. PRIVATE ASYLUM. The Patients receive every attention and kindness under the care of Mrs. STANLEY, Proprietress, and her family. Dr. HENRY CROLY, F.R.C.S.I., Visiting Physician. Terms moderate.

PRIVATE RETREAT
FOR
THE UPPER AND MIDDLE CLASSES
OF BOTH SEXES,
MENTALLY AFFLICTED,
TUE BROOK VILLA,
NEAR LIVERPOOL.
Further information may be obtained on application to Dr. H. OWEN.
Vide page 1075, "Medical Directory," 1869.

THE MIDLAND RETREAT,
(Near Maryborough, on the Great Southern and Western Railway,)

FOR the Reception and Treatment of the Insane, and of persons suffering from a Disturbed state of the Nervous System, under the Direction of Dr. Jacob, Physician to the Maryboro' District Lunatic Asylum (containing 200 patients), Surgeon to the Queen's County Infirmary, &c. This Establishment consists of two separate and commodious residences—Anne Brook, for the reception of Ladies, Woodville for Gentlemen. Each situated on extensive grounds, with large, well-enclosed gardens. They are handsome, well-furnished country residences, where the patients enjoy the comforts and indulgences of a private house. The inmates have been secured the benefit of the professional services of the parochial clergy. Restraint is not, under any circumstances, practised, and the closest attention is paid to the medical treatment and general health of the patients. Evidence of the most conclusive character as to the efficient and superior manner in which the establishments are conducted, can be presented on reference to the Proprietor. There is daily communication, by means of public conveyances, with Dublin, Cork, Limerick, Waterford, Clonmel, Kilkenny, Carlow, Enniscorthy, Galway, Athlone, and the North of Ireland.

CITY OF DUBLIN HOSPITAL.

DR. ARCHIBALD H. JACOB
will deliver, during the ensuing Session,
A FULL COURSE OF LECTURES
on the
DISEASES OF THE EYE AND EAR,
and the
OPERATIONS NECESSARY FOR THEIR TREATMENT.

ALBERT LIFE ASSURANCE
COMPANY,
7 WATERLOO PLACE, PALL MALL, S.W.
LIVES ASSURED,
DISEASED AS WELL AS HEALTHY.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 10, 1869.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE
Case of Fistulous Communication with the Kidney. By Commander D. Pantaleoni, M.D. 111
Dropsy and its Pathology. Cases under the care of Edmund P. Sharkey, M.B... 112

HOSPITAL REPORTS.

MERCER'S HOSPITAL—
Removal of Breast for Scirrhus. Under the care of Dr. MacDowel 112
MEATH HOSPITAL—
Foreign Body in Bladder; Median Lithotomy performed by Mr. Porter .. 113
ST. GEORGE'S HOSPITAL—
Report of Clinical Lectures. By Mr. Hy. Lee 113

TRANSACTIONS OF SOCIETIES.

Medical Society of London 115
Dublin Patholog'cal Society 115
Odontological Society 117
Poor-law Medical Officers' Association.... 117

CORRESPONDENCE.

PAGE
John Hawkins on the Sanitary Condition of Nice.................................. 118
A Medical Teacher on Professional Education 118
J. B. Blackett on the Society for Relief of Widows and Orphans of Medical Men .. 119
J. W. Lane on Poor-law Medical Reform.. 119

Description of a New Ligament 119
On the Exhalations from Swamps 119

LEADING ARTICLES.

EDUCATIONAL REFORM.—No. IX. 120
PAUPERISM AND ITS CAUSES 121

SCOTLAND.

Edinburgh New Town Dispensary......... 123
The Scottish University System.......... 123

GERMANY.

Special Correspondence 123

NOTES ON CURRENT TOPICS.

Meat Preservation 124
The Naval Medical Service 124
Remedies for Snakebites 125
PAGE
Inebriate Asylums 125
Statistics of the Profession in Prussia 125
Excision of a Tumour..................... 125
The Preliminary Examination of the Royal College of Surgeons in Ireland 126
University of Cambridge 126
King's College Hospital.................. 126
Cornell University 126
Drugs and American Finance............ 126
The Cost of Cancer Curing 126
Snake Poisoning 127

LITERATURE.

A System of Medicine. Edited by Russell Reynolds, M.D. 128
Asthma: its Pathology and Treatment. By Henry Hyde Salter, M.D., F.R.S. .. 128
St. Bartholomew's Hospital Reports. — Liverpool Medical and Surgical Reports 129

Summary of Science 129

GLEANINGS IN MEDICINE, SURGERY, AND THE ALLIED SCIENCES.

Report of a Case of Gastrotomy........... 130
Hydatid Cysts of the Liver 130
Birth of an Extraordinarily large Child .. 130

Notices to Correspondents, &c.................. 131

Original Communications.

CASE OF FISTULOUS COMMUNICATION WITH THE KIDNEY.

By Commander D. PANTALEONI, M.D.

I SEE reported in the MEDICAL PRESS AND CIRCULAR of the 16th December an interesting case of a fistulous communication with the kidney in the lumbar region. It may, perhaps, prove also interesting to your readers to see recorded another case of such a communication which I had occasion to observe two years ago.

I was called in haste to see a patient, Mr. M., an American, who was labouring under the most excruciating pains, with tenesmus, bloody and mucous evacuations, fever, vomiting, and all the symptoms of an acute and neglected dysentery. It was the sixth day of illness, and considering the extreme exhaustion of the patient and the unusual symptom of the vomiting and violence of the fever, I had very little hope of saving the patient's life. However, under my usual treatment, and excluding carefully opiates of all kind, the patient recovered.

It was then the time when I could give attention to another illness existing for several years, and of which the patient's mother had given already some hints before.

Mr. M., born of healthy parents, enjoyed as a child good health, when by accident he had the misfortune to swallow a needle or pin, which was never passed, at least as far as a watching person could state it, from the bowels. The child, however, from that time began to suffer from frequent colics, having their origin in the left side of the abdomen, and accompanied sometimes with vomiting and very often with fever and inflammation. Nothing in the constitution could explain the constant return of those attacks, which did not seem to have the slightest connection with the diet, food, or any other common cause of illness. After a while the boy seemed to grow better, and longer periods elapsed between the attacks. It was hoped that he had entirely outgrown the illness, and he could even travel for two years. However, a sudden jerk, an extraordinary exercise, a shock seemed to bring out again one of those attacks which began to be always connected with vomiting, retraction of the thigh, and other symptoms of renal irritation.

It was after some severe attacks of the kind that in the left side of the abdomen, almost in the middle of the circumference, a swelling appeared with inflammatory action, fluctuation, and all the signs of an abscess. Dr. Nélaton opened it, and a large quantity of urine and pus came out and continued to ooze without ever ceasing. Any attempt to stop the running was followed by a renal colic and incessant sufferings, till the matter opened itself in another issue, a little higher or a little lower from the previous opening. In this way a fistulous communication was established with the kidney, and to prevent the inconvenience of the constant dripping, an ingenious contrivance was invented of some metallic tubes fixed in the fistulous opening and communicating through a long india-rubber tube, with an india-rubber bag fixed to the leg of the patient, and which occasionally could be emptied of its contents by an opening conveniently closed with a stopper.

Such was the case which was presented to my observation. I collected immediately the water passed through the fistulous communication, and I found, after many days of observation and measure, that the patient passed on the average five to seven litres in the twenty-four hours of liquid through the fistula, and that the quantity of the pus represented from the fifth to the fourth of the quantity of the water, an enormous quantity, and which proved to be such a drainage to the general strength of the patient, that I thought it impossible that life could be long prolonged if I could not succeed in diminishing the amount of the losses and improve the condition of the stomach, and of the general constitution.

I tried first the local means, but the most gentle injections proved too irritating, and I was obliged to give up any further trial in this line, as a renal colic followed each attempt. The sensibility of the kidney was such a one that if the patient slept too long on the right side without turning, and remaining a quarter of an hour in this position to favour the issue of urine and pus from the fistula, an attack was threatened, and squeamishness or vomiting began. I tried to introduce a longer metallic tube, so as to be able to inspect the part with the endoscope, but their introduction proved impossible for the same reason given above. I tried then the internal astringent remedies, but none proved of great avail, as the chief consideration to me was not to disturb the stomach with unpalatable or irritating medicine, and to keep its strength for food and reparatory nutrition. With a proper diet, with exposure to the sun, and tonics, the patient had won several pounds weight. He could walk a little again, was eating and sleeping well, and seemed to go on in a stationary condition as regards the illness of the kidney. I will add here that some water was always passed by the natural canal, and which seemed chiefly to come from the right kidney. This water, when the patient took care to lie on the left side, to let the matter freely flow out from the fistula, never contained pus or albumen, but if the patient was lying on his right side a small portion of pus came through the left side. Fever was going on in the bladder, and some albumen was discovered in the water naturally passed.

I left the patient at the end of March, and I heard from him in July. He continued well, but on my return home I learnt that he had, I do not know what new attack, and he had died, in his physician's judgment, from exhaustion. No autopsy having been made of the body, I cannot but give, such as it is, this imperfect observation, and will, therefore, avoid making any further remark.

DROPSY AND ITS PATHOLOGY.

Cases under the care of Edmund P. Sharkey, M.B.

(Continued from page 525.)

N. B., female, married, æt. 60, had an attack of erysipelas in January; has been recently attacked with anasarca, affecting body and lower extremities. Prescribed a mixture containing nitre, acet. kali, tinct. scillæ, spt. eth. nitr., and spt. junip. co., with relief of symptoms.

October, 1868.—Again attacked by dropsical symptoms, which caused considerable difficulty of breathing and orthopnœa. The same remedies, with the addition of calomel and bitart. kali, were tried, but without benefit, so that anasarca made progress and the orthopnœa was more distressing.

On 27th October prescribed ext. elaterii, gr. ⅓, which acted energetically, but did not remove the urgent symptoms.

Nov. 5th.—Scarified her legs; and as the action of the ext. elaterii was severe, ext. hyoscyami, gr. ij., were added to each dose. The best results ensued; anasarca was removed; her respiration became easy, and the relief has continued to the present date (Jan. 2, 1869). She takes the elaterium occasionally, and thus holds the disease in check.

Feb. 20, 1868.—P. D., male, æt. 35, attacked lately by melænea, which had been preceded by general abdominal uneasiness for some time. He is considerably weakened; his face is pale and pasty-looking; has some fulness of abdomen, with pain in left hypochondrium. ℞ Tinct. digitalis ol. terebinth. aa., ʒij.; glycerinæ, ʒi.; aquæ ad., ℥viij. ♏ Sum. cochl. amp., ij., ter. ℞ Mass. pil. hydr., ʒss., in pils. vj., divide; quarum sum., i., o. n.

25th.—℞ Mass. pil. hydrarg., p. digitalis, p. scill. rad., gr. i. ana. ♏ Ft. pil., ter die. His urine is acid, turbid when cool, coagulable by corrosive sublimate, not by heat or nitric acid. His bowels torpid. ℞ Tinct. iodin., ʒi.; aquæ ad., ℥x. ♏ Sumat. cochl. amp. ij., ter die. ℞ Massæ pil. hydrarg., ext. hyos. a., gr. i.; massæ pil. coloc. c., gr. ij. ♏ Ft. pil., ter die.

March 2nd.—Bowels confined, and he suffers from flatulence. To take a powder of calomel and jalap and a carminative mixture; also, when state of bowels requires it, pulv. jalap. comp., ʒij.

On the 8th March the following is the report:—He complains of great oppression from fulness of abdomen, in which fluctuation is evident; constipation increases the oppression, but is relieved by the powders of pulv. jal. comp. ℞ Massæ pil. hydrarg.; pulv. scillæ a., gr. i.; digitalinæ, gr. 1-50. ♏ Ft. pil., ter die. Applicetur, empl. vesicatorium hypochondrio sinistro. ℞ Iod. kali, ʒi.; ext. sarzæ, fluid ℥j.; aquæ ad., ℥xij.; sum. cyath. vinar., i.; ter die. Under this treatment, and the use of cream of tartar drink, he gradually improved; his gums were slightly affected, and the dropsical symptoms subsided. His general health was greatly restored, and he resumed his usual avocation as a farmer.

December 10, 1868.—I met him to-day on the road looking well; but he informed me he had occasional tendency to swelled ankles at night.

The following is a case of what may be called local dropsy, and presents some rather uncommon features, which give it a degree of interest:—

September 25, 1867.—J. F., a youth of 18, attacked by what seemed at first to be severe acute rheumatism, engaging several joints at the same time; his arms, shoulders, hips, knees, being simultaneously affected with such agonizing pain, and with such an amount of fever accompanying, that I at once proposed venesection, which was declined. I then ordered calomel gr. viij., opium gr. i., to be taken at night, and in the morning mag. sulph. ʒi.

His friends became dissatisfied at what they called "the severity of the medicines," and I heard no more of him at the time. I learned, however, that the disease had proved to be general osteitis; abscesses had formed successively on nearly all the joints; and when I was called to see him again he was emaciated to an extreme degree, and presented cicatrices of abscesses which had opened from time to time; but the most extraordinary feature in his case was the strange-looking morbid specimen which his right lower extremity exhibited. If I had seen the right leg, and nothing more, I should have called it a most aggravated instance of elephant leg, merely wanting the characteristic condition of the integument. While the calf measured thirteen inches, the instep measured seventeen inches; and as I stood at the foot of the bed no toes were visible, except the first joint of the great toe; the limb was, as it were, a large serous bag, evidently enclosing a greatly enlarged bone. An incision was made into the instep, which gave issue to a great quantity of serous fluid, and gradually reduced the limb, which, however, soon resumed its former distension, and required another incision. He died exhausted on the 12th of October.

I have thus selected from my case-book several cases, no two of which probably agree in their pathology, and from which I do not pretend to draw any general conclusions. I give them solely in the hope that they may furnish perchance a practical hint to some one having an apparently similar case or cases to treat. I would merely observe that, when the combination of digitalis with mercury and squill is considered to be indicated, digitaline is the most eligible preparation, being of uniform strength; and, as I before observed, the form of granules as prepared by Messrs. Homolle and Quevenne, is, in my opinion, the most convenient.

Hospital Reports.

MERCER'S HOSPITAL.

Removal of Breast for Scirrhus.

Under the care of Mr. MacDowel.

Mr. MacDowel lately removed the right breast of a patient suffering from scirrhus. The history of the case is—that the woman, aged sixty-four, fell upon a clothes basket about two years previously, when spreading clothes to dry. The breast continued sore after the injury, and about six months ago she first experienced pain of a lancinating character, and then a hard tumour was observed a little under and to the outside of the nipple. She sought admission and came into hospital the end of January, and Mr. MacDowel removed the tumour.

It was a well-marked example of simple carcinoma; the glands in the axillæ were not engaged; the tumour was very hard, movable in the subjacent parts, and the skin was not adherent. Two elliptical incisions and a few sweeps of the knife removed all; two small vessels required ligature. The wound was dressed with phenic acid, and drawn together by adhesive plaister. Great care was observed in administering the chloroform, as the heart sounds were weak.

An egg beaten up with half a glass of brandy was administered an hour before the operation, and half a glass of brandy with four drops of prussic acid and fifteen of tinct. of opium immediately after. In his remarks to the class on the case, Mr. MacDowel urged the necessity of "selecting" cases for operation in the disease, and if possible to induce the patient to submit to treatment before infiltration of the surrounding parts, or ulceration over the tumour had taken place. He also urged *the removal of the entire gland in all cases*, and also pointed out the necessity of the extirpation of any axillary glands which were enlarged.

The statistics of cases collected by Lebert, Paget, and others, hold out but small expectation of prolongation of life; still, he could not but believe that if the operation were performed easily, and before the cancerous cachexia were developed, a much more encouraging state of things might certainly be looked for, and he referred to the case of Mary Whelan, from whom he had removed a carcinomatous breast eight months previously, and who had since enjoyed excellent health and spirits.

◆

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. Thornley Stoker, M.D., L.R.C.S.,
Demonstrator of Anatomy in the Royal College of Surgeons in Ireland.

MEATH HOSPITAL.

Foreign Body in Bladder; Median Lithotomy performed by Mr. Porter.

John M., an active young man, aged twenty-three, a harness maker by trade, was admitted into hospital in May, 1868, suffering from a stricture, the sequence of gonorrhœa, contracted some three years previously, and in endeavouring to relieve which, by passing a gutta-percha bougie constructed by himself, he had broken the bougie, and left a portion of it behind in his bladder. This accident had happened about seven months before he presented himself to Mr. Porter, who, after his admission, commenced to dilate the urethra, which at first with difficulty allowed the passage of a No. 2 bougie, but which was gradually enlarged sufficiently to receive No. 6. He was then carefully sounded, and the foreign substance being detected, an endeavour to remove it through the urethra was made, which failed. An operation was then determined upon but refused by the patient, who insisted on leaving the hospital. He again presented himself, however, in the commencement of January of the present year, and submitted himself to treatment. His urethra remained of the same calibre as when he had left the hospital, giving passage to No. 6 bougie readily, and after some difficulty to No. 7.

The piece of bougie had now become the nucleus of a calculus, and the crushing operation not being admissible owing to the existence of the stricture, and from the fact of the foreign body being present, Mr. Porter proceeded on the 13th of January to remove it by means of the Median operation, the stone being sufficiently small to be so extracted. The man was chloroformed, the stone sounded for, detected, and removed rapidly and safely, the operation being almost bloodless. As the mass—which was very friable—was being extracted, and whilst in the wound in the perinæum, the pressure of the forceps broke it, the fragments being then taken away piece by piece, and the detritus washed out by a tepid-water injection. Mr. Porter's method of opening into the bladder is a combination of those recommended by Allarton and Sir Henry Thompson, the former surgeon dividing all the parts by transfixion, and the latter by dissection, whilst Mr. Porter prefers dissecting through the skin and superficial fascia, and transfixing the remaining structures.

The fragments of the stone, which was phosphatic, when washed and dried, weighed 140 grs., and in the largest of them was found imbedded the piece of gutta-percha, in length about three-quarters of an inch, and in diameter about one-eighth of an inch. On this fragment a well marked facet existed, but only one stone had been detected, and the other pieces showed no trace of a corresponding surface.

After the operation the patient was placed in bed, with his legs drawn well together, and was given a suppository containing one-quarter grain of morphia. He enjoyed a good night's rest, a luxury he had not known for more than a year. He made a rapid recovery, no medicine being necessary, save an occasional dose of Battley, and no topical application excepting a strip of adhesive plaister to the wound.

◆

REPORT OF CLINICAL LECTURES

DELIVERED AT

ST. GEORGE'S HOSPITAL.

By Mr. Henry Lee.

CASES OF MORTIFICATION, AND OTHER SECONDARY AFFECTIONS CONNECTED WITH DISEASE OF THE ARTERIES.

(Continued from the Medical Press, *Jan.* 27.*)*

Case III.—J. P., æt. 53, after a long previous indisposition, was suddenly attacked with violent pain in the back and loins. He apparently fainted from the effects of the pain, and did not recover.

Upon a *post-mortem* examination, the body was found loaded with fat. The omentum alone weighed more than a pound. The anterior and posterior edges of the right lobe of the liver both presented a discoloured patch. These patches were black in the centre, and gradually assumed a lighter shade towards the circumference, where the tissue of the liver appeared as if it had been dusted with gunpowder. The pancreas was almost entirely disorganized; a small portion, about the size of a Windsor bean, only remained connected with the duct on the right side. This retained its natural structure.

The remainder, of a saffron colour, presented a gelatinous mass, in which the duct terminated at about what would have been the junction of the middle third of the gland with its head. The inner coat of the gall-bladder was firm and rigid; the outer coat was very flaccid, and the two were separated by a gelatinous fluid. The capsules of the spleen and left kidney were filled with matter of the colour and consistence of black-currant jelly. The left kidney presented two cysts, containing together from ten to twelve ounces of fluid. The diaphragm, where it lay in contact with the spleen, was softened so as to be lacerated with very slight force.

The walls of the left ventricle of the heart were twice their natural thickness, and softened so as to be easily broken down by the finger. There was a small rim of bone between the right auricle and ventricle. The aorta-valves were not ossified, but on passing the finger into the aorta from the heart, a plate of bone, loosely attached, was separated. This led to a further examination of the aorta, which presented from the termination of the arch to the bifurcation a complete column of bone. Between these points spicula of bone radiated from the circumference towards the centre of the vessel. The pancreas and gall-bladder in this case were affected in a very different way to the liver, spleen, and kidney. They presented no black deposit, and appeared simply softened.

Case IV.—E. S., a young man, came under my care on the 2nd of January, 1868. On the outside of the legs corresponding to the distribution of the branches of the fibular artery were several irregular sores, covered by a gray phagedænic surface, and discharging a thin serous fluid. Portions of the neighbouring parts were enlarged with solid œdema. The edges of the ulcers were undermined and livid. In some parts obscure fluctuations could be felt under portions of skin very little altered in appearance. In other parts, where no fluctuation could be detected, the parts felt "boggy." The affection had at that time lasted nine months, and he had tried a great variety of remedies.

This patient remained under my care during the years 1866 and 1867; a variety of treatment was adopted during that period. The only remedy which appeared to produce any decided benefit was the local calomel-bath. This he commenced when I first saw him, and resumed on several subsequent occasions.

It was not, however, until the end of 1867 that the leg appeared permanently cured. On the 28th of February my patient wrote to me stating that his leg "appeared to have recovered its natural power, and felt in walking almost as strong as ever."

Case V.—Ellen S., æt. 32, was admitted under my care into St. George's Hospital on the 3rd March, 1868. She was married, and had four healthy children, the youngest five months old. On the outside of the left leg were a number of small round ulcers, presenting phagedænic surfaces, with livid undermined edges. The affection commenced two years previously, with a small swelling on the lower and outer part of the popliteal space. This increased gradually and slowly, and attained its full size a year ago, after which it subsided. The present ulcers had been in existence twelve months, and had become at times sufficiently painful to prevent her walking; there was no swelling of the foot.

This patient's history was carefully examined into, and no cause for the ulcerations could be found beyond the swelling in the popliteal space above mentioned.

The ulcers rapidly improved under local calomel fumigation repeated twice daily; and the patient left the hospital on the 1st of April.

Case VI.—Mrs. L., æt. 44, came under my care on the 12th January, 1868. She had had one miscarriage soon after her marriage nineteen years ago; and had not been regular for two years. When first seen, the leg and foot were swollen to about double their natural circumference. The swelling was caused by solid œdema. Ten or twelve ulcers in different stages of development existed down the outside of the left leg. Three ulcers in this case existed also upon the inside of the leg. The knee was contracted. Extensive induration occupied the popliteal space. She had been unable to walk for several weeks, and was apprehensive that she would not regain the use of her leg. The affection had commenced nine months previously; a small red lump then appeared over the head of the fibula. This was soon followed by swelling in the popliteal space and over the ankle. Small circumscribed oval tumours then formed in different parts. These in process of time became softened, and discharged a thick pus of the consistence and appearance of softened cream-cheese.

The treatment consisted of local calomel fumigation morning and evening, the application during the day of a lotion of sulphate of copper, and a carefully-applied bandage. Iodide of iron was given internally. Fresh abscesses, containing the same cheesy fluid, were opened on the 18th and 28th of February. The ulcers now all began to heal.

At the latter end of March the leg was reduced to about its natural size. The ulcers had all nearly healed, and the patient was able to walk.

September 3, 1868.—This patient called to show herself. The leg was now nearly straight. She could walk for half an hour. The ulcers all remained apparently permanently healed, with the exception of one spot the size of a pin, which still secreted some pus.

Case VII.—During the latter part of the year 1866 and in 1867, I saw, in consultation with Dr. Quain, a lady who for several months had had a number of small circular ulcers on her leg. These, as in the former cases, commenced with indurations in the cellular membrane. The skin covering them after a time became implicated. It would gradually become thin and give way; but previously to this, and even before the skin became discoloured, fluctuation could sometimes be detected in the subjacent parts.

In Case III. the diseased appearances followed exclusively the distribution of the branches of the cœliac axis and of the renal arteries. The theory of a *materies morbi* being conveyed through the blood could alone account for the simultaneous appearance of disease in such different parts. The case occurred many years ago, and the examination was conducted in a private house. No specimen could be preserved, or further details of the case would be given. In Cases IV. and V. the affection was confined to the parts supplied by the fibular artery, and in Cases VI. and VII. to parts supplied by the tibial and fibular arteries.

It is unnecessary to dwell upon the analogy between the process of softening in connection with diseases of the arteries of other organs, and the affections of the brain from the same cause, so ably pointed out by Dr. Kirkes. In both cases, however, Mr. Lee considers the changes observed to depend rather upon an alteration in the quality than the quantity of blood supplied to the parts. In an organ in which the anastomoses of vessels are so free as in the brain, it could hardly happen, while the quality of the blood remained unchanged, that the supply could be arrested through any one large vessel so as to affect exclusively any one part of its structure.

The disease, of which the above-mentioned cases afford illustrations, is a strictly local affection, confined generally to one limb, and attended with very little, if any, constitutional disturbance. It commences with small circumscribed swellings in the cellular membrane. The skin over these remains for a time of its natural colour. It becomes red, and subsequently livid. It then ulcerates, and some thick fluid that has formed in the tumours is discharged; the skin is now left undermined, with irregular livid edges. The patient may go about his occupation as usual, and appears to suffer very little in his general health; and were it not for the pain which he sometimes experiences, would be little inconvenienced by his malady. These abscesses are of very slow development; and as some heal, others will make their appearance; and thus the disease may continue for some years.

These abscesses will form in considerable numbers; each being separate and distinct from the others. When healed they may present the outline of a bunch of raisins flattened; the circumference of each separate patch encroaching more or less on its neighbours. They are generally accompanied with some swelling of the limb; and in one case this swelling attained a very considerable size. From the local nature of these tumours, from their chronic character, from the number of places simultaneously affected, and from their tendency to suppurate, Mr. Lee calls them "CHRONIC LOCAL MULTIPLE ABSCESSES."

In Case IV. there was a history of specific constitutional disease. In Cases V. and VI. there was no such history.

In Case VI. the ulcers existed on the inside as well as on the outside of the limb, and the swelling affected the foot as well as the leg. It is possible, therefore, that the tibial and fibular arteries both had to do with the production of the disease; and that the fibular artery alone was implicated in Cases III. and IV., where the swelling was confined to the leg.

In Case VII. the disease appears to have been communicated. The history is, however, not satisfactory, and there was no opportunity of carrying out any systematic plan of treatment. The case was most obstinate, and a number of medical men were consulted, but without benefit. The point of interest in the case is that the husband had what appeared from description to have been a similar affection some time before. The disease in him was also most obstinate, and the ulceration very extensive. He described a place in his leg that he could "put his hand into;" but this appears to have given him little inconvenience, and not to have interfered with his general health, as he hunted with it for a whole season. After his leg got well, which it seems to have done without any particular treatment, the scalp became affected. This affection, which came under Mr. Lee's care, was also most obstinate. Several small circumscribed abscesses, surrounded by induration, were open at the same time, discharging a large quantity of pus. These abscesses in places extended under portions of skin very little altered in appearance. This condition continued during many months, the patient's general health being unaffected.

The conclusions to be drawn from the cases and Mr. Lee's clinical remarks, which we have thus fully reported, may be summed up as follows:—The morbid products of diseases of the arteries (whether originating in them or communicated to them from other parts) may mingle with the blood. These morbid matters consist chiefly of the results of fatty degeneration, and of fibrin-like matter formed in the vessels. Such products, mixed perhaps with the *débris* of the arterial tissues, may either mechanically, or by inducing coagulation of, or deposit of fibrin from the blood, impede the circulation. The tendency to this deposition of fibrin, and the process of cell-development which may commence in such deposits in one of the larger arteries, may be continued to a much greater extent in the capillaries. The actions in these are essentially of the same nature as in the larger vessels, although the material in which they occur may have been transferred from its original site. The principal secondary effects attributed by Mr. Lee to the causes above mentioned are (1) gangrene, (2) softening, (3) solid œdema, and (4) chronic local multiple abscesses.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

February 1, 1869.

Dr. B. W. **Richardson**, F.R.S., President, in the Chair.

Mr. **Spencer Watson** narrated a case of

SLOUGHING POLYPUS OF THE ANTRUM,

and exhibited a specimen which had been extruded by an act of vomiting.

Dr. **Bateman**, of Norwich, read a paper

ON APHASIA.

The author confined his remarks to one point—the localisation of the faculty of speech. After reviewing the various terms (anandia, alalia, apemia, aphasia) applied to lesion of this faculty, the author stated his preference for the last, and connoted by it loss of the power of speech from whatever cause.

Many situations in the encephalon have been assigned to the faculty. Besides other portions indicated by other observers, the following were the most important:—

1. Schroeder van der Kolk placed it in the *corpora olivaria*, and the view was supported by Jaccond. The answer to this theory, according to lessons derived from seventy-two cases collated by the author, was, that in *three* only was there lesion of this portion; and examination of Schroeder van der Kolk's cases disclosed other important lesions besides that to which he attributed a causative relation.

2. Bouilland assigned it to the anterior lobes of the cerebrum. Cases seemed to give this theory a greater confirmation than the former; but it was opposed by the fact of there having been instances of the most complete destruction of both anterior lobes without loss of speech. Moreover, Velpeau brought forward the case of an idiot who could articulate although there was *congenital* absence of the frontal lobes.

3. Dax assigned the faculty to the left hemisphere; but

4. Broca arrived at the *ne plus ultra* of pathological topography by placing it in the posterior portion of the third left frontal convolution. The very case on which Broca built his theory has been assailed as to the facts concerning it by Béhier, under whose care the patient was before he came under the hands of Broca. Many other observations showed that this exclusive theory could not hold.

Comparative anatomy showed the probability of there being a near relation between speech and the grey sheath of the convolutions. Moreover, injury to the convolutions in dogs impaired the barking powers of the animals.

In illustration of the relation between speech and other intellectual functions, the author narrated a very interesting case in which, though there was no power of voluntary speech, there was an exaggerative faculty of mimicry.

In conclusion, the author doubted the existence of any *centre* of speech. Aphasia may depend upon a want of co-ordinate action, as well as upon lesions of the nervous system attended with no appreciable signs.

After some observations by Dr. **Rogers**,

Dr. **Hughlings Jackson** lucidly explained his views upon the questions. At first, observing aphasia, hemiplegia, and valvular disease of the heart to co-exist, he was inclined to the belief that in plugging of the cerebral arteries there was a *vera causa* of the symptoms. Soon, however, he found that clot as well as embolism could be a cause. His views in many ways agreed with the author's. Aphasia could be none other than a term of relation—it is a most *inconstant* quantity. He believed that the left side of the brain was, in most cases, the leading side, the right the automatic.

Dr. **Webster** believed that the situation of the centres of voice was in the anterior lobes. The tendency to use the right limbs required for its explanation no assumption of the diverse endowment of the two hemispheres. It is merely a question of education.

Mr. **Dunn** divided aphasia into (1) structural, (2) functional. He believed that the intellectual centre of speech was in the anterior lobes, the motor centres thereof in the corpora striata.

Dr. **Semple** considered the subject too difficult for dogma. There is a disturbance of equilibrium in these cases such as finds its parallel in the disturbance of electrical phenomena by external conditions.

After some observations by Dr. **Thorne** and Mr. **Hill**,

Dr. **Marcet** said he believed aphasia to be either organic or functional. It could occur without disease of the brain. There were cases of *temporary* aphasia, of which he cited examples.

Mr. **Rogers Harrison** believed that speech is not an intellectual function "pure and simple," but that it is the result of education.

Dr. **Routh** suggested the investigation of the pathology of the opposite error—loquacity—hyperphasia, as Dr. Bateman termed it. Chemical examination of the urine might throw some light on this obscure subject.

Mr. **Streeter** pointed out some anatomical errors. He objected that the so-called "fissure of Rolando" is no fissure at all.

The **President**, narrating some interesting experiments on congelation of the brain of pigeons, observed that pathological examination failed to detect any alteration of a brain whose function was impaired by cold. In reference to the subject of aphasia, as well as to other cerebral lesions, the lesson was taught that lesions presenting the most pronounced objective symptoms could exist without any sign detected after death.

The author, after having been congratulated upon an able paper, made a succinct reply.

DUBLIN PATHOLOGICAL SOCIETY.

December 19, 1868.

ANEURISM OF ABDOMINAL AORTA.

The morbid specimen exhibited a remarkable example of aneurism of the abdominal aorta, which occurred in a patient that was under Mr. Stokes's care in the Meath Hospital for some months at the close of the year 1867 and beginning of 1868. The patient was a man æt. forty-two, by occupation a cattle-drover. He had always been temperate, but was occasionally exposed to much hardship. Up to four years previous to his admission into hospital he was in perfect health. He never had illness of any kind, except fever when a boy. It was not rheumatic. He first noticed pain in the left side. Three months later it settled down in the back and became of a boring character, the pain was paroxysmal and preceded by numbness in the left arm. The paroxysms occurred about twice a day; sometimes at night also. His bowels were generally confined. On examining the abdomen a large abdominal tumour was found pulsating forcibly, and a distinct fremitus was felt on applying the hand over it. A loud rough murmur was also distinctly heard on applying the stethoscope over the tumour. There was one very remarkable and unusual feature in this case, namely, the extreme irritability and violent action of the arteries on the distal side of the tumour. The femoral and iliac arteries were always pulsating violently throughout, until the man's death. Mr. Stokes had never seen any patient suffer greater agony than this man endured. At first a paroxysm occurred about twice a day, but afterwards they became not only more frequent but also more violent. The only treatment that could be tried in this case was palliative—viz., the exhibition of opium, and he never met any case in which the subcutaneous injection of morphia produced a more beneficial effect. At first, when a paroxysm came on, a single injection of morphia, 10-15 minims of the liq. morphiæ was sufficient, but as they became more frequent and increased in intensity a much larger quantity was found necessary, and Mr. Kerans, who had charge of the case, drew his attention to the fact that shortly before the patient's death, a ten-grain solution of morphia was used, and an amount equal to one grain of morphia was injected two or three times in the day. This continued for several months, but at last he began to sink, when another remarkable symptom appeared, namely, dropsy; and the man died not from any rupture of the sac, or effusion of blood into the abdomen, but from exhaustion, pain, and pleuritic and pericardial effusions, which took place shortly before his death.

Autopsy.—There was enormous hypertrophy and dilatation of the left ventricle. The aortic valves were also insufficient, they were not capable of holding water, and were also much thickened, the other cavities of the heart were also dilated; there was great dilatation of the arch of the aorta and extensive etheromatous deposit all over it, which continued throughout its whole course. The lungs were healthy, but the pleura contained about thirty or forty ounces of fluid, there was also about six ounces of fluid in the abdomen.

There was a large aneurism low down in the aorta, about the size of a small cocoa-nut, which sprang from the posterior wall of the artery, partly eroding the third, fourth, and fifth lumbar vertebræ. The remarkable circumstances in connection with this case were its complications with cardiac and aortic disease, the situation of the aneurism being very low down; the peculiar throbbing of the arteries on the distal side of the tumour which appeared to be analogous to the violent arterial excitement in those cases of pericarditis that were associated with violent action of the carotids would lead them to suppose that there was some possible connection between the aneurismal formation and the inflammatory process. Mr. Stokes did not know of any similar case on record in which ascites occurred. This circumstance caused additional difficulty in establishing a diagnosis between this disease and cancer of the abdomen, which was generally associated with partial ascites; taking this remarkable complication of symptoms into consideration, this case in his opinion was one of extreme pathological and clinical interest.

Dr. Barton, at the request of his colleague Dr. Richardson, under whose care the patient was, exhibited a specimen of a diseased femur.

From the nature of the sequestrum, its peculiar condition, and there being extensive accompanying ostitis with corresponding constitutional disturbance, the amputation of the limb had become necessary. The disease was the result of an injury received two years before the present time; the man was thirty-six years of age, a cooper by trade, and received a severe crush between two heavy barrels; he was able, however, to walk a considerable distance next day. The day after he was attacked with acute symptoms of pain in the limb, which necessitated his remaining in bed, where he continued for some weeks.

An abscess formed, and was opened, and a sinus was left remaining at the upper aspect of the thigh; this sinus discharged a continual but not very large amount of pus, and during the following year a small piece of bone made its escape. In Sept. 1867, the man was admitted to hospital for the first time, and a probe passed down into the sinus detected dead bone. There was another opening in the posterior portion of the limb, but no dead bone could be found. After sometime he returned to his work. A year afterwards he was again admitted to hospital, when from excessive discharge, increasing pain, and lameness, he was obliged to give up business. This was in the month of Sept. 1868. A careful examination of the diseased bone was then made, at the bottom of the upper fistula some soft bone was felt as in ordinary necrosis, pressure over the femur caused a gush of healthy pus from the opening. He never saw any man labouring under necrosed bone suffer so much as this man did, so much so that to make a thorough examination without chloroform was impossible; the cause of which was explained subsequently The probe when passed into the lower opening came into contact with living substance, in the upper one, it came down on dead bone. The constitutional symptoms demanded some interference; night-sweats commenced, the patient's health began to deteriorate from the copious purulent discharge. Mr. Richardson feared that his health would run down and pyæmic symptoms come on, and therefore determined upon an exploratory operation to remove the sequestrum, and if that could not be done to remove the limb by amputation. The attempt was made to remove the sequestrum, but it was found impossible to do so, and the operation of amputation was completed.

Upon examination of the limb, a large sequestrum was found lying obliquely through the shaft of the femur, about six inches in length, movable indeed, but not upwards, and the lower part of it lay exactly behind the popliteal artery, which impinged upon its very end. The femoral artery was immediately below the upper opening. Not only was there this difficulty as regards the removal of the sequestrum, but they found a condition of chronic ostitis at the lower end. Dr. Barton exhibited a drawing showing the condition of the bone at the time of removal. It had a deep dull red colour, extending round the cancerous structure of the bone, which was cheesy and soft.

The specimen was interesting, not only from the difficulties which resulted from the peculiar position of the sequestrum, but also from the existence of chronic ostitis, which, while it accounted for the extreme pain which the patient suffered, rendered any operation short of amputation useless.

JANUARY 16, 1869.

Dr. Eames said the morbid specimen which he now exhibited was taken from the body of a boy who was admitted to Mercer's Hospital on the evening of the 24th December. His mother was in service, and he had been placed at nurse in the Dublin Mountains, and seemed to have been neglected. He had been ailing for a long time before his admission to hospital. When Dr. Eames saw him for the first time, on Christmas morning, he was complaining of great pain in the knee and ankle-joints, which were much swollen and reddened; he evidently suffered much pain when moved. The skin was covered with perspiration, which had the peculiar smell of rheumatism. On examining the heart, a loud to-and-fro sound was heard over its base, and on percussing it there was no increase in the area of dulness. On the next morning the peculiar sound was increased, but there was no increase in the area of dulness; and so he went on for two or three mornings, gradually getting worse. The pulse was 150.

About the 28th signs of effusion began to take place. The friction sound, which had previously been so loud that it could be heard by the ear an inch and a half from the chest, became lessened, and effusion took place into the pericardium. At this time he discovered that the boy had a very large bed-sore over the sacrum, which he ordered to be dressed.

The patient became worse; the effusion became very great, so that, as he lay on the left side, the dulness reached to the right nipple and to the lower border of the second rib. Having been obliged to go to the country, Dr. Mason kindly took charge of the case for him; and when he returned, on the 10th January, he found that the patient had an erysipelatous patch over the left eyebrow, which exhibited a considerable amount of tumidity. The boy, whose condition had, in fact, been very bad when he came into the hospital, began to decline rapidly, and finally died.

Autopsy fourteen hours after death.—On raising the sternum and costal cartilages, the pericardium was seen bulging forwards, its surface covered with a network of injected vessels. The sac was much distended, reaching upwards to the upper border of the second rib; on the right side beyond the right nipple; on the left it had pushed the lung upwards and backwards, and seemed to occupy the entire left side of the thorax. The diaphragm was horizontal, or even slightly convex downwards. The pericardium was tapped, and nine fluid ounces of straw-coloured fluid drawn off; about three ounces more could not at the time be drawn off, so that the liquid effusion reached twelve ounces.

On opening the abdomen pus was observed in the right iliac fossa. On raising the intestines this was found to proceed from a slit in the iliac fascia. The idea occurred to me that possibly there might be some connection between the bed-sore and this collection of purulent matter. The body being rolled over, the sore was found to follow a sinuous course to the sacro-iliac synchondrosis. A probe was now introduced, and readily passed between the sacrum and ilium. The cartilage was completely eroded, as was also the periosteum of the ilium in many places. Dr. E. exhibited the parts, pointing out the erosion of the cartilage. Pus occupied the entire iliac fossa, and following the course of the conjoined tendons appeared at the lesser trochanter. The left knee-joint was full of pus; the other joints free from pus. The liver, spleen, and lungs were carefully examined, but no trace of purulent deposit found in them. On slitting up the pericardium both the visceral and parietal surfaces were found intensely injected. Behind and above the apex the two surfaces were adherent over a space about the size of a two-shilling piece. There was a vast quantity of lymph laying upon the surface of the heart. About the great vessels the depth of this layer equalled fully half an inch. The endocardium and valves were very vascular, but free from lymphy deposits. On a very careful examination of the heart there was found a deposit of pus in the posterior wall of the left ventricle, just below the origin of the aorta. This deposit was about the size of a grain of No. 2 shot, and was within the muscular substance of the wall. Examined under the microscope it presented all the characters of pus. The fluid drawn off from the pericardium was also examined under the microscope, but no pus globules could be detected.

ODONTOLOGICAL SOCIETY.

At the usual monthly meeting, held on the 1st inst., J. Barrett, Esq., President, in the chair,

Mr. Sewill, M.R.C.S., read a paper—

ON THE COMPARATIVE VALUE OF THE MATERIALS USED IN TAKING IMPRESSIONS OF THE MOUTH.

Mr. Sewill's object was not so much to lay down any positive rules as to give his own experience in the hopes of raising a discussion.

The **Chairman** and other gentlemen gave their respective views as to the use of gutta percha, stense composition, plaster of Paris, and wax.

Mr. **Sewill**, in replying, rejoiced that the advocates of wax were so silent, while the Chairman equally regretted the circumstance, and considered it as by no means a conclusive argument against that material. No positive conclusion was arrived at as to which was the best material in all cases. The general opinion seemed to be that much depended on the nature of each individual case.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

A quarterly meeting of this Association was held at the Freemasons' Tavern, Great Queen Street, on Friday, the 29th ultimo.

Dr. **Rogers**, the President, took the chair, and delivered an address of considerable length, the object of which was to place before the meeting, first, the position of the Poor-law medical officer in this country at the present time; secondly, to point out the extent of his grievances, and the causes to which he believed them to be due; thirdly, to show, by the letters received from many eminent sources, that the cause had secured the attention and enlisted the sympathy of intelligent people; fourthly, to give the figures necessary for the elucidation of the question, and a comparison of two systems in operation together in an empire; and to show from that comparison, that the principle of increased medical facilities was founded, not only on sound theory, but borne out by absolute and he believed incontestable experience.

The Council presented their quarterly report, in which they announced the accession of many new members, and detailed their labours in obtaining Parliamentary support. They stated that promises of support had been received from 89 Members of the new House of Commons, and that a mutual interchange of good offices had been agreed upon with the Irish Medical Associations, who were very desirous of obtaining superannuation allowances.

Dr. **Rogers** moved the adoption of the report.

Dr. **Fowler** (East London Union) seconded the same, and in so doing expressed his concurrence in the President's opinion, that liberal medical treatment of the sick poor was the ratepayer's best economy. If this had been attended to before, Gathorne Hardy's Act would not have been needed. The figures under "medical relief" in the Poor-law return were very fallacious and unjust to the medical officers. The public fancied that all, or at least the greater part of this amount went into their pockets, whereas under this head were set down not only medical officers' salaries, but also drugs, appliances, wine and spirits, subscriptions to hospitals and institutions, in fact, anything spent over the sick.

Dr. **Dixon** (Bermondsey) moved the first resolution, that the salaries of medical officers had been fixed by the guardians without regard to any uniform standard of remuneration, and that for the most part they were inadequate for the onerous duties they had to perform. In support of the resolution, Dr. Dixon entered into statistics to show, that, when the cost by medicine had been deducted, the medical officer's average pay in the metropolis was 6½d. per case; and in the country districts, 1s. 9½d. To show the utter want of uniformity, some were receiving nearly 3s. per case, while others received only 3d. Their pay was worse, he contended, than that of skilled mechanics. Medical officers in the navy and even in gaols were far more liberally treated, and better considered.

Dr. **Welch** seconded the resolution. He had been 14 years medical officer in Bethnal Green. His work had very largely increased. In 1865, the number of cases was 1,213, and they had risen in 1868, to 2,198. During the prevalence of an epidemic the guardians retained the services of a professional man, and paid him for a very limited period £106 4s. He had made a calculation, based on this gentleman's rate of payment, and he found that according to the same scale he (Dr. Welch) was entitled to £1,600 a-year, and yet the guardians demurred to raising his salary of £120 a-year.

Mr. **Hogg**, a member of the St. Giles's Board of Works, moved that the President's address should be printed and extensively circulated, in order that the facts might be put well before the public.

Dr. **Firth** (of Rotherhithe) seconded the motion.

Dr. **Goddard** moved the third resolution, which concerned permanency of appointment. He maintained that to make a medical officer free and independent in the exercise of his duties, and not merely timeserving, he ought to be permanently appointed. He considered this quite as essential in a medical officership as in a chaplaincy.

Dr. **Thomas** seconded the motion.

Mr. **Benson Baker** moved the fourth resolution, that medical officers were justly entitled to superannuation, in common with the members of the Civil Service. Medical officers had no half holiday, no vacation, their occupation was uninterrupted. Therefore they were as much entitled, he considered, to superannuation allowance, if not more so, as any other class of public servants.

Dr. **Smythe** seconded the resolution.

The fifth resolution was moved by Dr. **Smythe** and seconded by Dr. **Claremont**, that a petition embodying those resolutions should be presented to the House of Commons. It was likewise resolved to send a copy of the Council's report and of the proceedings of the meeting to the Right Hon. the President of the Poor-law Board.

The meeting closed with a vote of thanks to the President and the Council.

SURGICAL SOCIETY OF IRELAND.

We are compelled, from pressure on our columns, to hold over the report of the above Society till our next issue.

Correspondence.

THE SANITARY CONDITION OF NICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the autumn of last year (1868), several letters appeared in the London *Times* respecting the sanitary condition of Nice. The statements they contained have never, so far as I have seen, been contradicted; nor, indeed, would it have been possible for anyone having regard to truth to have done so; but as another London paper, having a very large circulation, has recently been publishing descriptions of this place, in which everything is painted *couleur de rose*, and one of which winds up with the astounding assertion that English families will find themselves able to live here very economically during the winter, I think you would be doing good service to our countrymen if you would allow me to give them the results of my experience. Retired from the active practice of the profession, and wishing only "to husband out life's taper to the close," I have spent a large portion of the last four winters in this town, and am therefore, perhaps, tolerably capable of forming an opinion as to the climate and its average effects upon the constitutions both of the healthy and diseased. With regard to the sanitary condition of the town, it is impossible to deny that the abominations complained of in the *Times* continue in full and unabated force, as far as the drainage is concerned. To those of your readers who are not acquainted with Nice, it may be sufficient to say, that the town is traversed by a mountain torrent, and that into this the principal portion of the drainage of the town is brought down; the remainder is brought by several drains which open on to the beach near to the mouth of the river and close to the best part of the town, and the most fashionable hotels; here it is simply allowed to filter out on to the shingle and to fester in the sun; and inasmuch as the so-called river scarcely ever presents any appearance but that of a few isolated pools of water, I leave your readers to imagine what must be the effect of this ever-increasing mass of fœtid matter. It is true that during the last year a portion of the river opposite the Grand Hotel has been arched over, and a public garden is now in course of construction in it, so that at this particular spot it is possible to escape from the *mauvaises odeurs* which almost everywhere else assail you in walking by the river. The only other sanitary work that I am aware of has been the construction of an intercepting sewer in the upper part of the river, which collects the contents of a number of small drains, and discharges their united contents into the river by the old bridge. This, however, as far as the portion of town inhabited by the visitors is concerned, only intensifies and concentrates the mischief.

The effect of this state of things, as to the nature and amount of disease which it is capable of producing, evidently is likely to vary very much according to the condition of the atmosphere and weather—for instance, last year, when there was almost a total absence of rain during the entire winter, the air laden with dust and charged with the noisome exhalations of the river, became excessively irritating to the mucous membranes of the throat and nose, and a peculiarly distressing catarrh and every form of sore throat became almost universally prevalent, and sudden and violent attacks of diarrhœa were by no means uncommon; in some instances these complaints were accompanied by, or followed by, a peculiar form of imperfectly marked intermittent fever of a very intractable character, continuing in one case for upwards of two months, and only being finally got rid of by the patient removing to Pau. I remarked also the same form of fever in the winter preceding—1866-7. *This* year, owing to the circumstance of a very large and unusual amount of rain, it has been much more healthy; nevertheless, in a milder form, the same class of diseases has to some extent been developed.

With regard to the general effect of the climate irrespective of disease manifestly arising from defective sanitary arrangements, I must confess that, had it not been that other places such as Montpellier, for instance, have formerly been highly praised as sanitaria, which have now fallen altogether into discredit, I should have been utterly at a loss to understand how this could ever have acquired a reputation as a climate suitable for invalids—certainly for the diseases for which it has been usually recommended I can scarcely imagine one so little likely to produce beneficial results—subject to rapid and violent fluctuations of temperature—an amount of carefulness, which it would be vain to expect from the ordinary run of invalids, is absolutely necessary to prevent the most mischievous effects. Exposed not unfrequently to the scorching sun on the one side, and a bitterly cold wind on the other,—enveloped occasionally in a cloud of dust raised by the Mistral, not only is it impossible for the patient suffering from lung disease or bronchitis to derive any benefit from such an atmosphere, but the more hardy can scarcely escape from it with impunity; indeed, I have known several cases of visitors who have arrived here perfectly well being seized with catarrh immediately on their arrival, which has never left them so long as they remained here.

In far advanced cases of consumption I am satisfied that the lung breaks down more rapidly than in England, while the unhappy patient, cut off from home comforts and home nourishment, finds but a poor compensation in the slightly better climate and temperature, and sinks quickly and painfully into the grave. As might naturally be supposed in such a climate, rheumatic and neuralgic affections not only do not derive benefit, but frequently seem aggravated, by a residence in Nice—certainly they are among the ailments most commonly complained of by visitors here who have even been previously free from them. In some cases of scrofula, of dyspepsia, and hypochondriasis, the climate of Nice by the great number of dry and sunny days, and the opportunity it affords for out-of-door exercise to those strong enough to take it, is likely to be beneficial; and, to the latter class of patients, the distractions so freely provided may assist in taking off from himself much of his gloomy thoughts, but to the really delicate invalid the ceaseless round of balls and concerts becomes merely a danger and a snare. Lastly, as regards the cost of living here—too frequently a matter of very great importance to those in search of a less inclement climate than their own—the statement that families may live here cheaply, is simply untrue. The prices of everything at Nice have rapidly increased from what they were, even five years ago, and the hotels are certainly now as expensive as the best houses in Paris, while the food and accommodation provided are decidedly inferior. Those who have visited the Louvre or the Grand in Paris will know what this signifies.

That much might be done to improve the healthiness of the town by the adoption of a system of drainage sufficiently comprehensive to collect into one channel the whole sewage of the city and carry it out to a distance, instead of allowing it as at present to pollute the atmosphere of the most frequented and fashionable quarter, I do not deny; but until compelled (possibly by some epidemic visitation, which, by scaring away their visitors *en masse*, shall threaten them with absolute ruin), I fear that the good people of Nice are far too parsimonious to undertake so costly a work. Until, however, by some means this is accomplished, it is absolutely certain that every year Nice must inevitably become less and less desirable as a refuge for the invalid, and more and more dangerous as a home for the healthy. I am, Sir, &c.,

John Hawkins.

PROFESSIONAL EDUCATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The whole profession is indebted to you for the admirable series of articles on this subject now publishing in your columns. I do not agree with all the views expressed in those articles, but I am convinced that they constitute one of the most able expositions of the whole subject that has yet appeared. It must require courage on the part of the editor to give up his columns for such an exhaustive series on a subject we might have thought worn threadbare, and which many readers—disgusted with the twaddle that has been forced upon them by jejune contributors to other papers—might be likely to pass over the moment they caught sight of the title.

I congratulate you, Sir, on that courage, and the profession on possessing an organ presided over by one who has placed your journal in the position it has lately won for itself. However "flat, stale, and unprofitable" certain subjects may become by force of always being written and talked about, it must be certain that the profession must retain a vivid interest in points affecting its own composition, the position of its members, the rules by which it is governed, and the mode in which it is reinforced. Continue, Sir, to treat such subjects in the thorough and explicit manner you have introduced into professional journalism. Encourage writers who have mastered the questions they treat to afford the "strong meat" that some of us are able to digest, and for the sake of which we can put up with the appearance of much "milk" for weaker brethren.

I do not propose at present to enter on a statement of my differences with the opinions expounded in those articles; firstly, because it will be better to wait till they are concluded; secondly, because it would be unjust to force upon such a writer's attention opposite views while he is engaged in so admirably marshalling his own. On a future occasion I shall perhaps be glad to set forth my own notions.

I am, your obedient servant,
A Medical Teacher.

◆

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—By desire of the President of the Society for Relief of Widows and Orphans of Medical Men, I beg to forward you the following particulars, thinking the information may be acceptable to the members of the profession:—

During the last year, the total amount distributed in relief was £2,504 10s., the number of recipients being fifty-four widows and twenty-six children.

Additional relief was granted to two widows and two children from the Copeland Fund. This fund the directors were enabled, through the great liberality of the late Thos. Copeland, Esq., to form for giving additional assistance to widows and orphans already in receipt of ordinary relief, under special circumstances of unusual distress from great bodily or mental infirmity.

The Society, although at present able to meet the demands made upon its funds, cannot continue to do so unless well supported by the richer members of the profession. The number of applicants is yearly increasing, and likely to do so, as a reference to the list of members will clearly prove.

Trusting you will kindly accord a prominent notice in your journal of the foregoing statement,

I am, Sir,
Your obedient servant,
Jos. B. Blackett, Secretary.
53 Berners street, Feb. 4, 1869.

◆

POOR-LAW MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I see by your issue of to-day that you have altered the date of my letter on "Poor-law Reform" from *November 6th*, 1868, to *January 6th*, 1869. Now this materially affects some portions of my letter, and requires some explanation, as, since I wrote that letter, Dr. Lemon has either been called upon by the Poor-law Board to resign a portion of the districts he held, or else he has resigned a small portion of his own free will; this small portion has been advertised in one of our local papers, and I had a circular from the Clerk to the Board of Guardians of the Clun Union, requesting my attendance on the day of election, January 13th last. I append my answer thereto:—

"*Bishop's Castle, Jan.* 12, 1869.

"Gentlemen,—Perhaps your clerk will explain to you why a circular was sent me yesterday requesting my attendance at your Board-Room next Friday, relative to the appointment of a Medical Officer for Lydbury, North District, of the Clun Union.

"I have no objection to attend the poor of that district up to 25th March next, as "private patients," or for £15; but to take such a small portion of the Union at the salary you mention, I could not.

"When the districts about here are fairly divided, as they used to be when I came here, then my services shall be at your disposal for that formerly held by me.

"I remain, &c.,
"J. W. Lane, M.D.
"*The Board of Guardians, Clun Union.*"

Now this small portion, for which £20!! per annum is the salary, is, I should say, one of the worst to attend to, as some of the roads are not fit for travelling on horseback, and therefore you must walk. Of course my offer was not accepted, and how the poor are off I cannot say. This shows the greater necessity of a strong Central Board, who should have the power of appointments, and not leave such in the hands of parties who may, through being in power as "public bodies," make such the channel for venting their private malice, and the Central Board should consist of at least half medical men of some standing, who will see justice done to all.

I remain, Sir.
Faithfully yours,
J. W. Lane, M.D.
Bishop's Castle, Feb. 3, 1869.

◆

DESCRIPTION OF A NEW LIGAMENT.

O. Lannelong and A. Le Deutu—(*Arch. de Physiol. Norm. et Pathol.* 1. 448-450)—describe a ligament which arises from the posterior layer of the sheath of the sterno-thyroid muscle, inserts itself at the inner surface of the first rib, behind the sterno-clavicular articulation, and is thence continued to the anterior surface of the pericardium. This band includes the remains of the thymus gland. It serves to fix the pericardium at its anterior portion, and is the counterpart of the "ligamentum vertebro-pericardiacum," described by Béraud, which attaches the posterior surface of the pericardium to the spinal column.

ON THE EXHALATIONS FROM SWAMPS.

Prof. J. H. Salisbury communicates to the *American Journal of Medical Sciences* an elaborate article, giving an account of the numerous observations and investigations regarding the origin and cause of intermittent fever. Dr. Salisbury found on microscopic examination of the salivary secretions and expectorations of those labouring under intermittent fever, and who resided upon ague levels, and were exposed to the evening, night, and morning exhalations, and vapours arising from stagnant pools, swamps, and humid low grounds, that there occurred in these secretions a great variety of zoosporoid cells, animalcular bodies, diatoms, desmidieæ, algoid cells, and filaments, and fungoid spores. Constantly and uniformly found in all cases, and usually in great abundance, were minute oblong cells, either single or aggregated, consisting of a distinct nucleus surrounded by a minute cell-wall, with a high clear apparently empty space between the outside cell-wall and the nucleus. They were not fungoid, but cells of an algoid type, resembling strongly those of Palmellæ. In persons residing above the summit plain of ague, these bodies were invariably absent. By a series of carefully conducted experiments and observations the following facts were ascertained:—1. That cryptogami spores and other minute bodies are mainly elevated above the surface during night. That they rise and are suspended in the cold damp exhalations from the soil after the sun has set, and fall again to the earth after the sun rises. 2. That in the latitude of Ohio, these bodies seldom rise above from 35 to 60 feet; above the lowlands. In the northern and central portions of the State they rise from 35 to 45 feet; in the southern from 40 to 60 feet. 3. That at Nashville and Memphis they rise from 60 to 100 feet and more above the surface. 4. That above the summit plane of the cool night exhalations, these bodies do not rise, and intermittents do not extend. 5. That the day air of malarial districts is quite free from palmelloid spores and from causes that produce intermittents. Palmellæ belong to the lowest known vegetable organism; the several forms of this type which are constantly attendant on intermittent malarial diseases have received the generic name gemiasma, of which Dr. Salisbury enumerates six species. In another series of extended observations, the local effects produced in the mouth and air passages by inhaling these cells are minutely described. They cause a dry feverish constricted feeling in the mouth, fauces, and throat, increasing until the fauces become parched and feverish, normal mucous discharges become checked, and the feeling soon extends to the bronchial and pulmonary surfaces, which also become dry, feverish, and constricted, with a heavy congested sensation and dull pain. These peculiar symptoms generally last several hours after leaving the bog. The author has made experiments relative to the production of intermittent fever in localities entirely free from malarial influences, by carrying boxes filled with surface earth from a malarious drying prairie bog, covered with the palmellæ to these localities, and exposing persons to their emanations. Attacks of intermittents were the result. The investigations of Dr. Salisbury must be considered highly important, as they seem to establish positively the *fons et origo* of malarious fever.

Registered for Transmission Abroad.

The Medical Press and Circular *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price 5d. Stamped 6d.*

By Post to Annual Subscribers, £1 2 6
„ *If paid in advance,* 1 1 8

⁂ Post-Office Orders and Cheques to be drawn in favour of
A. A. Tindall, 20, King William-street, Strand, London
„ 3, Lincoln-place, Dublin,
Maclachlan & Stewart, South Bridge, Edinburgh.

Sole Agents for the United States.
Messrs. Kelly and Piet, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 10, 1869.

EDUCATIONAL REFORM.—No. IX.

THE MEDICAL CURRICULUM.

If the requirements of the College of Physicians and the requirements of the College of Surgeons of England be added together, the product represents the curriculum which has to be passed through by the medical student who desires to obtain respectable medical and surgical qualifications. But on comparing the compulsory attendance on lectures, dissections, and practice exacted by these examining bodies, with the time allotted to performance, the very singular result is arrived at that, for at least the first eighteen months of the four years assigned to professional study, more work is demanded than can be accomplished in the time allowed for it. This was clearly shown by Mr. Rivington, in his "Remarks on the Necessity for a Revision of the Medical Curriculum," which paved the way for the important Report issued by the Council of the Medical Teachers' Association, on the alterations required in the present obligatory conditions of study. According to Mr. Rivington's calculation, which was "based on the physiological axiom that eight hours' work in the twenty-four is as much as can be expected from ordinary human beings, this compulsory attendance would take up eight hours every day for 468 days. In fifteen months there are 456 days—65 Sundays and 391 working days. Well, it might have been thought sufficient to provide for these 379 working days only; but, such is the pious and fostering care of the licensing bodies, that between them provision is made also for 89 days which do not exist. And so the work of these 89 non-existent days must be crammed into the midst of the 379 days which are already provided for, and provided for, be it observed, without any allowance for reading or sustaining life during the eight working hours."

In point of fact, conformity is impossible, and, most perniciously, the burden of choice and rejection of attendances is thrown upon the student, who often makes short work of the matter by not attending anything at all. He finds himself expected by the regulations to be learning, in the first eighteen months, the most incongruous subjects; to be acquiring a knowledge of the human body in disease before he knows anything about it in health; to be listening to instruction on diseases and injuries to parts of the body of which he scarcely knows the names, much less the composition and structure; to be involved in knotty questions of the causes of changes of which he is totally unacquainted with the nature and course; to be hearing harangues on scientific subjects which have little or no bearing upon the great object of his studies at the hospital; and to prove practically the error of one of Euclid's cardinal axioms by being in several places at the same time. This happy plan of mingling incongruous subjects; of allowing theoretically no time for private study; of compelling the body without regard to the effect of compulsion upon the mind; of exalting far above other educational instruments lectures, which the very conditions under which they are produced and delivered render liable to every possible defect; of allowing professors to wander at will over collateral subjects irrespectively of the end for which their partial cultivation was deemed desirable; of making regulations which, as those who have made them know, are not, cannot, will not, and ought not to be kept—is the outgrowth of that utter indifference to the medical profession as a corporate body which, from time immemorial, has distinguished the action of the Legislature and Ministers of the Crown. Partial evils have been met by partial remedies. Now a College has been created, and now an Apothecaries' Hall, neither "born great," nor having "achieved greatness," has had greatness "thrust upon it." Then a University has sprung up, and been endowed with the power of granting medical degrees and licences. Each of these and other similar institutions is allowed to possess the power of making any conditions it pleases for its diplomas; and as each issues its regulations in accordance with the particular ideas, more or less liberal, and the motives, more or less lofty, of its Executive Council, we arrive at last at arrangements which are exceedingly inconvenient to aspirants to the medical profession, as well as inimical to the production of first-class teaching powers. Finally, as a sop to a discontented Cerberus whose utterances are becoming too clamorous, up rises a Council, obtained by a distillation of the most conservative elements of the corporations, armed with a merely permissive authority, of construction necessarily loquacious and expensive, and as little representative as possible of the profession whose destinies its deliberations and decisions must materially influence and control. The glorious liberty of Britons, the abhorrence of centralization, the passion for little local centres of self-government and small pettifogging institutions, the aversion to comprehensive legislation on behalf of the medical profession, for fear of disturbing the flock of quacks which exist in our midst, fostered by the credulity and ignorance of the community which they fleece; the absence of the faculty of organization have brought us in the nineteenth century to this pass. We have now to recur to first principles, and to mould out of existing institutions, stubborn and inflexible as they have grown by dint of the possession of exclusive privileges, lucrative perquisites, and close constitutions, that simple machinery which could have been produced with the greatest ease with a fair field and no favour before us. We have to retrace our steps, and to win back our way until the light shall

> Break on this night of longing,
> Where hand in hand we grope,
> Through wastes of vain endeavour,
> 'Neath stars of fruitless hope.

The corporations can aid us if they will. We cannot expect them, of their own mere motion, to exhibit that single-mindedness which might imperil their sources of income and support; but we may reasonably ask them, under the condition of retaining their revenues intact, to adopt necessary measures of improvement. Cannot they simplify their schedules? Cannot they manumit the student from attendance on second courses of lectures? Cannot they abolish the regulations which compel the student to be attending practice before he has passed his first professional examinations? Cannot they remit compulsory attendance on courses of botany and elementary chemistry? Cannot they make the certificates of attendance on practice such as shall be guarantees of the possession of a certain amount of manual dexterity and skill in physical examination? Cannot the College of Surgeons throw overboard its obsolete objections to union with the College of Physicians in the conduct of a joint examination for a double qualification in medicine and surgery? These measures are not difficult of accomplishment, nor do they involve pecuniary loss. We fancy that we see the way clear to an ultimate saving for both Colleges by a diminution in the number of examiners. We are certain that the time demands that the College of Surgeons should no longer permit adhesion to a regulation contravening the intention of a recommendation of the Medical Council that there should be four years' professional study to stand in the way of joint action with the College of Physicians for the common good. But the act of union would be a work of time, while the other changes which we ask for may be accomplished speedily. Let the College of Physicians, let the College of Surgeons, let Apothecaries' Hall *at once* strike off the fetters. Let them *at once* reduce compulsory attendance to the limits of propriety and common sense. What are the liberal members of the executive councils of these bodies doing that we still find retained in their regulations compulsory attendance on *two* courses of anatomy, physiology, surgery, and medicine, and compulsory attendance on the wards and on clinical lectures before the first examinations have been passed? Pending the result of the sifting and weighing and searching which the principle of compulsory attendance will have to undergo, would not the supporters of compulsory attendance on lectures and practice act wisely by effecting the remissions which we are now advocating? Would they not strengthen their position instead of weakening it? And would not the radical reformers and undiscerning levellers lose some of their strongest arguments in favour of universal destruction? But, above all, would not the student be immensely benefited and relieved from regulations which are an excuse for neglect and deficiency of application to the idle dissenter, and real stumbling-blocks and blind guides to the industrious and conscientious conformist? That such alterations have not already taken place must be simply due to the circumstance that they have not been mooted in the councils of the licensing bodies. We cannot believe that if attendance on second courses of the same lectures on the same subject, were discussed in the Council of the College of Surgeons, or in the Council of the College of Physicians, a majority would not be in favour of remission of one of the courses. We cannot believe that there would not be a similar majority in favour of abolishing regulations compelling attendance on practice before the first examinations have been passed. We will pass over our other suggestions, and adhere to these two. If any Councillor is on our side, why does he not do battle in the cause? What are the Councillors of the College of Surgeons elected last year under the banner of reform doing to prove their sincerity? For what is Mr. Simon waiting? Is he expecting the arrival of his altered Report from the Medical Teachers' Association, and has he retired, like Achilles, to his tent? It is the part of wisdom to be content with gradual results, with partial achievements, with a succession of small conquests when complete success is not possible at a single stroke. "In all negotiations of difficulty a man may not look to sow and reap at once, but must prepare business, and so ripen it by degrees."

◆

PAUPERISM AND ITS CAUSES.

The question of Pauperism is, alas! the question of the day. All other topics seem of but little importance in comparison with it. Hence, we see that meetings are talked of in all quarters, to discuss the all-absorbing subject of what is to be done with our poor, and especially with our sick and poor brethren. "The poor ye have always with you," is a constant saying of some, when we wish to discuss the question. Let us once for all say that, did we believe in this literally, we should despair of the future of the race, and betake ourselves to scepticism and enjoyment of the hour. To admit, as some seem, especially our Conservative friends, that poverty is always to exist, is to admit that human science and human forethought are of no avail. A million of paupers out of 20,000,000 inhabitants in England and Wales! It is disgraceful to the intelligence of the age. The country which produced the illustrious Malthus, and in the language of which Adam Smith, Ricardo James and J. S. Mill, have written their immortal works, is still perhaps more grievously smitten with the dire curse of poverty than any of the European States at the present moment. France has no such an army of paupers as ourselves; neither has Prussia, nor any other of the German States. To such an extremity are we arrived, that, in some districts the poor's-rates threaten to eat out of house and home the honest and industrious workman and shopkeeper, and, as in Poplar, to render it rather preferable for the struggling among them to enter the workhouse than to keep house any longer. How is it that we come to have such a wonderful state of affairs as this? Where is all our vain glory and boasting about our being the most remarkable people in the world gone to? Is this all our science can do for us? No! Of knowledge we believe we have plenty, at least those who are acquainted with the question have enough knowledge to cure, nay, to prevent the recurrence of such a state of affairs. Unfortunately for us, every person thinks he can talk about poverty without studying the science which investigates the subject of wealth, viz. political economy. We are not surprised at this in the uneducated multitude, but confess to some little amazement when we hear the ignorance of that science betrayed by such gentlemen as Dr. Stallard and other members of our learned profession of medicine. What would Dr. Stallard or others, who speak so cavalierly of that most important component part of the science of society, political economy, say to the views of a person upon operative surgery, who had never studied anatomy or physiology? As to our own brethren of the priesthood, we beseech them to follow the noble examples of Whately and Chalmers, and, if they are anxious to tread in the footsteps of the Master, who said, "Love one another," let them remember that in order to perform that duty, they must know how to perform it according to the way in which Nature permits it to be done How ashamed Chalmers and Whately would have been of the meaningless tirades so often heard from the mouths of some "reverend brothers," about the hard-heartedness of the rich, and the wickedness of the poor! The cause—that is, the great cause—of the astounding poverty we at present wallow in, is, and is almost entirely ascribable to the fact, that this nation increases far too fast; and hence, although our towns are so unhealthy that the death-rate in them is often above 30 in 1,000 annually, whilst the mortality in country districts is frequently not more than half that figure, we are continually over-crowded, and our lower stratum pauperized, miserable, and degraded. Look at the number of infants that die of hardship and poverty annually. No less than 132 in 1,000 children die every year under the age of five in Liverpool, and only 33 in 1,000 in country parts. Look, too, at our emigration. More than 5,000,000 of our population left the shores of the British Islands, from 1815 up to 1855, or in forty years. Never was any emigration comparable to this in the history of the world. Our charities are most extended. The amount of gratuitous work done—among the poor, for example—by many a struggling medical man, is incredible, and injurious to the poor themselves, indeed tends to pauperize the whole of the community. And yet the modish benevolence of the moment talks always of new charity, and of new means of relieving the deserving poor. Now, we must just say for our ownselves, we should not like to have charity given to us, and why? Because charity means that we are of no use, *i.e.*, that we can do so little that any labour of ours is not worth anything, and that some other person is to work both for us and for himself. What a humiliating view of human nature is his who looks on charity as the solution of this great question! In a new country, such as the Western States of America, or in Australia, the work of every person is valuable, because there are few hands and much to do.

Are we never to arrive at such an earthly paradise on this side of the Atlantic? Is our science so paltry, our practical knowledge of the arts of life so slight, that we are always to have in our midst a number of persons who contribute nothing to the production of the country, although they desire to do so in order to live? Here is the solution of the difficulty, we believe. We have, it appears, very large families in this country; on an average, 4·5 children to each couple. Now, if so many are born, they must have some fate or other. Many die in towns before they reach the age of five; many of consumption and fevers from the wretched fare they live on and the bad air they breathe; many emigrate: and yet, so great is the number of births, that the capital we possess is only capable of maintaining a certain proportion of the remainder, and is inadequate to prevent some of us from relying on the charity of our more fortunate countrymen.

Have we realized how rapidly our race has the power of doubling its numbers? Chalmers believed that when people were supplied, *ad libitum*, with food, they could double their numbers in fifteen years. In twenty years this has several times taken place in new countries, as in the United States, from 1790 up to 1810, when the population, without counting emigrants, increased from 3,929,000 to 7,239,000, or nearly doubled itself. Supposing that some great discovery could enable us to get food as rapidly as in the Western States of America, our population could, if it liked, increase by the year 1889, to 60,000,000 in the British Islands. It is this tendency of ours to increase and multiply that keeps up our fatal and awful pauperism. Shall we, ere long, open our eyes to this fact? Is there enough of intelligence in our people to look it full in the face, and accept the hard fate which Nature has assigned to us, of either breeding very slowly, or being starved and dying like the lower animals? We know not how to reply to this. Certain it is that the illustrious Malthus not only discovered this most important of all facts about seventy years ago, but that his own work was admirably explanatory of the theory, and that Mr. J. S. Mill and others have long and eloquently inveighed against the evils produced by large families, and yet, we have sciolism on all sides. On the other hand, we believe that the virtues of emigration are not so strongly insisted on nowadays as they used to be. That plan is a miserable palliative to the evils of over-population, and people begin to see that it is so. And there is every now and then an allusion, usually in the form of an invective, to the views of Malthus and Mill, showing that persons are not *all* ignorant that the cause of the poverty and pauperism which surrounds us is to be looked for in our "Large Family System." For example, Mr. Laurie, at the Dialectical Society, and Mr. Matthew Arnold, in the "Cornhill Magazine," have both expressed themselves manfully as being utterly opposed to the British Philistine, with his large family and his conceited assumption that *his breed*, as Sir William Wilde amusingly terms it, can never be too numerous. The most pointed expression, however, is that of Mr. J. S. Mill, the greatest of living writers on philosophy and political economy. In p. 227 of his work "On the Principles of Political Economy," he says:—"Little improvement can be expected in morality until the producing of large families is regarded with the same feelings as drunkenness, or any other physical excess; but, while the aristocracy and clergy are foremost to set the example of this species of incontinence, what can be expected from the poor?"

This view of the cause of pauperism is so trenchant, so *positive*, that, until the assertions made by Malthus, Say, Chalmers, Whately, and the Mills, be met by a denial, it is of course needless to meet any side issue. Either pauperism *is* caused by large families, or it is *not*. If it is, then that error should first be set right; if it is not, then the science of political economy is a delusion, and the sooner we know this the better, and commence to build up a new science. For our ownselves we believe that the subject of the causes of poverty will soon come before the community for ventilation. And we have enough faith in the common sense of mankind to believe that such views as those we have endeavoured to explain in these few words will get a fair hearing. Bigotry and Puritanism are fast disappearing, and the *mauvaise honte*, or false shame, so peculiar to ourselves and our American cousins, is also much lessened, so that, although the subject is a delicate one, we doubt not that we shall not be content much longer to starve, as many of us have done, for want of a little patience and science.

SCOTLAND.

EDINBURGH.

The report of the Managers of the Royal Infirmary was read by the Secretary at the annual meeting of the subscribers. On the whole, the state of things was satisfactory, and the Chairman considered that by the economy they had practised an example had been set to many of the more wealthy and charitable institutions in the city. No deaths had occurred in Edinburgh from small-pox in 1868, showing the great benefit of the compulsory Vaccination Act.

EDINBURGH NEW TOWN DISPENSARY.

During the past year there have been 4,740 cases attended to at the dispensary, 3,768 patients treated in their own houses, 276 midwifery cases, and 818 vaccinations—making a total of 9,602 cases which have received the attention of the medical officers of the institution.

Mrs. Jean Johnston, Logan, amongst other legacies, has left £200 to the Glasgow Royal Infirmary.

St. Cuthbert's Parochial Board held their half-yearly meeting on the 2nd inst. In the report it was stated that the total number of lunatics chargeable to the parish in various asylums on 14th November was 210, being an increase of four on the six months, and a decrease of five as compared with the corresponding period last year. The sum paid for support of the lunatics during the six months was £1,837 15s. 2d., being an increase of £124 4s. 1d.

The Hawick Town Council met on the 2nd instant. The Provost stated that the trustees of the Scott Bequest Fund had offered £80 towards the establishment of an hospital and dispensary in the town. He thought it would be a great thing if such an institution could be had on a small scale, and suggested that the subject be submitted to the Sanitary Committee. On the subject of the drainage of the burgh, after some discussion, during which figures were quoted to show that the death-rate had very sensibly decreased of late years, it was agreed that underground sewerage be not proceeded with at present.

THE SCOTTISH UNIVERSITY SYSTEM.

Mr. Moncrieff's speech at his installation as Lord Rector of the University of Edinburgh brings forward again the comparative merits of the English and Scottish University system. Few only of those who most warmly advocate the English system have been so blinded by prejudice as to see no value in that prevailing in Scotland. It is easy to understand that many like the idea of domestic discipline which leads to the Oxford and Cambridge restrictions, while the laxity of that discipline, or the impossibility of thoroughly carrying it out, has to others been worse than nothing at all. On the other hand, the freedom, "the touch of nature" to be found in the "bare garret up three stories," which so pleases Mr. Moncrieff in the Scottish student's "home," has more reality and more romance in it, and is a better preparation for an active career than the most luxurious College life can compass. Young men cannot help feeling a kind of growth when they are called upon to think and act for themselves, to provide for their own wants, to measure their liabilities, perhaps to economize for the sake of completing their education, instead of being placed in a sphere where they must live in a certain style, and cannot control certain expenses. We can conceive no better education—using the term in its broad sense—than that which the student bestows on himself, who with the goal before him of a liberal education, casts away all encumbrances, denies himself needless luxuries, curtails his comforts, steadily restricts his expenditure, learns to despise the vanities and follies of fashion and style, and, by dint of steady industry, achieves his end. Such a man will be fit for any position in which he may be placed. He will have philosophy enough to support an earnest, quiet performance of humble duties, and independence and spirit enough to rely upon himself for success. Modification perhaps may be found advisable, but certainly the principle of liberty for University students is not likely to be infringed. It has worked well; it has turned out armies of young men, many of whom have won the laurel, and all of whom have worthily borne the burden and the heat of the day.

Mr. Moncrieff spoke also of the unsectarian character of the Scottish Universities, in a manner that shows how thoroughly he appreciates this "brightest jewel." He threw back the charge of bigotry with which we are so often taunted, in a manner worthy of his position as Lord Rector of the University of Edinburgh, Member of Parliment for the sister institutions of Glasgow and Aberdeen, Lord Advocate, Dean of the Faculty of Advocates, and leader of the Scottish Liberals. A "bigoted people" indeed! Our southern friends who so often repeat the taunt should, as Lord Advocate Moncrieff observed, "judge us by that crucial test of bigotry—education." When they have opened wide to all comers the gates of knowledge, that they now suffer to be guarded by sectaries, it will be time enough to talk of our intolerance. Catholic or Protestant, Churchman or Dissenter, it matters not to us, students of all races, all religions, all opinions, are welcome to come to the fountain of knowledge, to sit together under the same professors, to emulate each other in the same studies, and to carry on together a rivalry in learning which has proved beneficial alike to themselves and to the nation. It is this freedom, this unsectarian character of our Universities, which have attracted the attention of all, which have brought men of all creeds from other countries, to study and graduate here, and which, prior to the establishment of the University of London, afforded the only opportunity of obtaining a degree to those who could not give their assent and consent to the formularies of the established sect. This is the one reason why all English M.D.'s who are not churchmen came northwards for their degrees.

◆

GERMANY.

(From our own Correspondent.)

Vienna, January, 1869.

At the conclusion of my last letter, I commenced a few remarks on the specialists of Vienna by referring to Hebra, whose reputation as a dermatologist must be familiar to English as it is to all continental readers. As I see specialism attracts much attention here, it will be a good time to continue these notes.

I shall only allude to those men who are the acknowledged leaders, and whose scientific knowledge places them in the front rank of the army of diligent veteran doctors.

Amongst the specialists are to be particularly noticed the syphilographers, Sigmund and Herrman. They are antagonistic in most of their views. Dr. Sigmund, Professor of the Clinic of Syphilis at the Great Hospital, is the Ricord of Vienna. He employs the system of mercury and syphilisation, not excluding all other old or new remedies. Sigmund is one of the most clever professors; he was operator and head-surgeon of a large department of surgical cases in the Great Hospital. He is the son-in-law of the old celebrated chemist, Meissner (inventor of the plan of warming rooms by calorifères). He occupied himself very particularly with chemistry, and knows as well as anyone the qualities of the different mineral waters and climates of Europe, mostly by his own experience; and wrote a very good work "Southern Climatic Winter Resorts" ("Südliche Klimatische Kurorte").

Dr. Herrman is head-physician in the syphilitic section of the Hospital of Wieden, and his principle is, *no mercury*; and he is convinced that the diseases called, ordinarily, secondary syphilis, and tertiary syphilis, are nothing but *hydrargyrosis* or mercurialism, or abuse of mercury, because he has remarked just the same symptoms in the miners of Idria (the great mines of mercury), and never saw these signs in syphilitic persons who had made no use of mercury. Dr. Herrman employs in his treatment of syphilis iodine and gold in their different preparations, besides the principal remedies of the vegetable kingdom, and his results are as satisfactory as those of Dr. Sigmund.

There are two cliniques for surgery, and their heads are both eminent men. The one (the elder) is Professor Dumreicher, who was made a baronet for his merits in the war of 1866, in the campaign of Bohemia, at the battle of Sadowa. The other, Professor Billroth, was formerly at Zurich.

There is an Imperial institution (Josephinum), for military physicians and surgeons. There are also eminent professors. The most eminent operator and clinical professor of surgery is the counsellor Count Dr. Pithe, who was the head-surgeon in the Italian war of 1866, at the battle of Custozza.

The Professor of Anatomy, Engel, and the Professor Schneider, of chemistry, in the same Josephinum (called so after the founder, the immortal Emperor Joseph II.), are both eminent men in art and science.

The brightest star in the sky of the University of Vienna is Dr. Hyrtl, professor of human and comparative anatomy. His preparations and injections are the first in the world, and excited the highest admiration in each of the Exhibitions of London and Paris. He is member of the Academy of Sciences, and a rare example of combination of the greatest *savant* and the best and most popular teacher. His lectures are the most instructive, practical, and agreeable, which could be found. He knows how to interweave political, religious, and social questions, with dry anatomical demonstrations. He speaks a classical Latin.

Amongst the oculists, Dr. Taeger excels in diagnosis by means of the ophthalmoscope; Professor Arlt in his operations.

Amongst aurists, Dr. Gruber and Dr. Pollitzer must be mentioned. The latter is the originator of the simple mode of inflating the tympanum universally practised for both diagnosis and treatment by aural surgeons, and called after him Pollitzer's method.

One of the best schools, and the greatest credit to humanity, not only in Austria but in the whole of Europe, is the hospital and the two clinics for midwifery. Every pregnant woman (in the last three months), when poor and from very distant countries, is received in a special part of the hospital, and employed in little services towards other patients. They remain till the time of delivery; then they are received, like all other women in this period, at one of the two clinics, the one attended by the midwives and the other by the physicians (alternately one day the one, the next day the other). Students do not attend here, only qualified practitioners. For each clinic there is one professor, one assistant, and a head midwife. Each physician who attends the course is obliged to be present the whole day and night, when his turn comes; that is to say, for each arriving pregnant woman one physician is deputed according to the order of the inscription. The same method is followed in the clinic for midwifery. When a pregnant woman enters the room for reception, she is at once examined by the head midwife of the clinic, and if there are symptoms of approaching delivery one of the qualified student-physicians is deputed to remain at the bedside of the patient day and night, or at least not to leave the room, but to examine her from time to time to watch the course of the delivery. When there is nothing abnormal in the case, but all is right, the delivery takes place without the help of the assistant, whose apartment is in the middle of the clinique; but he is called immediately when there is an abnormity. After the delivery (six to twelve hours) the mother goes to the next room, a large saloon for puerperal women. If she is weak she is carried there with her child. She remains there from nine to fourteen days. On recovery she is removed to the institution for nursing mothers, where she may be called upon to partly suckle the child of one of the mothers who may have died in the hospital.

Notes on Current Topics.

Meat Preservation.

The preservation of meat by the aid of carbonic oxide gas, the process invented by Professor Gamgee, and which that gentleman is at present employed on in New York, was brought practically under the notice of the Society of Arts by Mr. Hardwicke on the 13th of last month. Previously to the meeting, a piece of beef and some mutton chops prepared by the process, having been cooked, were tasted by the members of the Committee present, who recorded their opinion that the beef and mutton were untainted and well preserved. Some members detected an acid taste in the beef, and others noticed nothing peculiar. The mutton was pronounced to be slightly flat. It was, however, the opinion of the Committee, that the mutton exhibited was of inferior quality of meat. Professor Gamgee's process is thus described in his patents:—"The animals are, when this is possible, killed by causing them to inhale carbonic oxide gas. The animals are then bled and dressed in the usual way, and the flesh may then be sold as human food, and even if it has travelled any distance it will retain a fresh and bright appearance longer than ordinary killed meat. The flesh may further be preserved as follows:—Firstly, by being placed in a closed chamber or vessel containing carbonic oxide gas alone, or a mixture of carbonic oxide and air for a period varying from two to twenty-four hours. Secondly, by simple fumigation of the entire carcase, after the action of carbonic oxide, by means of sulphurous acid gas alone or in combination with hydrochloric acid gas." Mr. Hardwicke informed the Committee that on the 4th December, 1868, Professor Gamgee, having had the animals killed in the manner described above, caused a large air-tight tank to be filled with two quarters of beef, two hams, eight sheep, and a large hog, when they were subjected to his process. This was done in New York. On the 12th the tank was opened, and the meat removed from it. On the 16th the carcases of four sheep, a quarter of beef, and half a hog, were wrapped in cloth separately, put into one large, rough packing-case, and forwarded to England by the Royal Mail-ship *Cuba*, arriving on the 30th. The meat exhibited was part of that so sent. The cost of preserving the carcase of a bullock was from 2s. to 3s. Professor Gamgee believed, from inquiries he had made, that the cost of transit would be considerably under a halfpenny per lb. He was informed, he said, that in Kansas a bullock in condition for killing could be purchased for £1, and to that had to be added the 3s. for curing and the cost of conveyance to this country. That would enable the meat to be sold at 3d. or 4d. per lb. here, and leave a good margin of profit to the adventurers.

The Naval Medical Service.

We read with much pleasure in the *Times* that the intention of abolishing the office of Director of the Medical Department of the Navy either never existed or has been abandoned. The degradation of the Medical Service to a mere branch of the executive would be a simple stultification of the policy to which Liberal Governments have hitherto adhered, and it would, we believe, be the last blow to the efficiency of this most important department of the Service, already sufficiently depreciated by the mismanagement of the Admiralty.

Remedies for Snakebites.

Professor Halford, of Melbourne, has recently been experimenting upon dogs in pursuance of his researches on the subject of snakebite. He has demonstrated very satisfactorily the good effect of injections of ammonia into the veins. His example has been quickly followed, Dr. Dempster, of Beechworth, having by this means brought about the recovery of a man who was bitten by a black snake. Dr. Dempster injected altogether into the saphena vein about twelve minims of the Liq. Ammoniæ Fortiss.

Inebriate Asylums.

The cause of the repentant drunkard is one which should enlist the heartfelt sympathies of the compassionate, and it is one to which we have devoted our pages from time to time with a most earnest desire that we might awaken the public attention to the subject. The condition of the unfortunate maniac is indeed pitiable, and the benevolent interference of the State is not wanting to the effort for his reclamation. Yet the hopelessness of cure in the majority of cases necessarily tends not to dull our humanity but to discourage our efforts. Why is it that we give no thought to the condition of the maniac—in whom our efforts may in all probability be rewarded by success—in whom the effects of the disease are reflected far and wide amongst innocent persons, and who craves our help to save him from the dominion of his own overpowering passions? Surely our much-placarded philanthropy is disgraced by the sight of tens of thousands of our countrymen hastening and dragging with them in their race their helpless families to present misery and future perdition, and by the fact that we are anticipated in a humane response to their appeal by the American people. In establishing Inebriate Asylums we would be entering on no doubtful speculation. The way has been shown to us, and the benefits well proven by the experiences of the New York State Asylum.

We learn from the *World* the following facts :—

Since May, 1867, when the new life of the Asylum began, 310 patients have been received, 230 of them coming in during the year which has lately closed. Of these 220 have been discharged and 82 remain. Of guests thus entertained 146 had wives and 164 unmarried, showing that celibacy is either an incentive to hard drinking, or that hard drinking causes men to avoid family responsibility. The habitual drunkards number 163, the periodical ones 147. Some came of themselves for voluntary relief ; others were brought by friends. Suffering from one or another form of delirium were 96 ; 34 had convulsions ; 73 were in general good health, but sought escape from the temptation that did so easily beset them ; and 101 were set down as cases in which this legacy of moral weakness had been inherited. After one trial of the beneficent influences of the Asylum, 113 left it thoroughly reformed. Eleven returned after one relapse, and four after a second. With no hope of retrieval 25 were expelled ; nothing definite could be ascertained about 68. Four died and three had to be transferred to the madhouse—insane beyond the chance of recovery.

Is it not a noble work of the State to send out the eleven out of every twelve of these pests of society, whom it has been enabled to reclaim, as good citizens and reformed members of society? and would not the sacrifice of labour and expense be amply justified even on the score of hard economy?

Statistics of the Profession in Prussia.

At the end of the year 1867, the following was the proportion of doctors in the principal towns of Prussia :—

Berlin -	- 649	doctors, or	1	per	973	of population.
Breslau -	- 224	„	1	„	731	„
Cologne -	- 114	„	1	„	1,071	„
Kœnigsburg	- 114	„	1	„	922	„
Magdeburg	- 73	„	1	„	1,117	„
Hanover -	- 97	„	1	„	800	„
Frankfort -	- 113	„	1	„	692	„
Dantzig -	- 64	„	1	„	1,220	„
Stettin -	- 53	„	1	„	1,335	„
Aix-la-Chapelle	53	„	1	„	1,204	„
Elberfeld -	- 21	„	1	„	2,952	„

—(*Annales de la Société de Médecine d'Anvers.*)

The following are the subjects for the essays for which prizes will be awarded by the Imperial Academy of Medicine during the ensuing year :—

Academy Prize. — Traumatic intracranial effusions. 1,000 francs.

Portal Prize.—The state of the bones, especially of the vertebræ, in cases of visceral cancer. 1,000 francs.

Madame Bernard's Prize.—Can neurosis be diathetic? and, if so, point out the special characters which diathesis impresses upon each neurosis. 800 francs.

Barbier Prize.—For the discovery of means tending towards the cure of diseases considered incurable, such as hydrophobia, cancer, epilepsy, scrofula, typhus, and cholera. 3,000 francs.

Capuron Prize. — The precursory and concomitant phenomena of milk secretion. 1,000 francs.

Godard Prize.—For the best work on internal pathology. 1,000 francs.

Orfila Prize.—Digitaline, its isolation and chemical tests. What pathological changes result from poisoning by it? 6,000 francs.

Itard Prize.—For the best book or memoir on practical medicine or applied therapeutics, published more than two years ago. 2,700 francs.

Lavison Prize. — For the establishment of exact and sufficiently numerous facts in men or animals who have passed from one climate to another, the modifications, alterations of function and organic lesions, which are attributable to acclimatation. 2,000 francs.

Ourches Prize.—For the discovery of a simple means of recognizing with certainty the signs of actual death, such as may be capable of being put in practice by uneducated persons. 20,000 francs.

For the discovery of means for the same object, such as galvanism, electricity, or other procedure requiring the aid of an educated person. 5,000 francs.

Saint Lager Prize.—For the experimentalist who may, by the administration to animals of the waters of a country in which goître is endemic, produce a thyroid tumour.

Excision of a Tumour.

The following interesting case has been forwarded to us for publication :—William Lee, aged forty-eight years, from Knockadea, had a fatty tumour weighing two pounds and the growth of over three years, successfully cut out from below the right hip last week by Dr. O'Connell of Kilmallock, ably assisted by Dr. Bennett, of Bruff. The patient is now out of all danger. The tumour is preserved and to be sent off to a museum.

The Preliminary Examination of the Royal College of Surgeons in Ireland.

The Council of the College at their last meeting decided, in compliance with the recommendation of the General Medical Council, on extending their curriculum in general education. The resolution of the Medical Council passed on the of , provided that after the expiration of the year 1868 no certificate of preliminary examination should be received unless it set forth that the candidate had been examined in geometry (the first two books of Euclid) and algebra (to simple equations). The College has therefore added these subjects to their examinations, and all students who commenced their education subsequently to 1865 will be required to answer in them at future examinations.

The Royal College of Surgeons in Ireland deserves the credit of having been in advance of the requirements of the Medical Council in the matter of preliminary education, for they have for very many years required from their candidates a knowledge of the Greek language, which has only last year been adopted by the Medical Council, and which will not be compulsory until the year 1871.

University of Cambridge.

The authorities of Trinity College have determined to give henceforth a Fellowship, once in three years, for proficiency in Natural Science. The examination will be open to all graduates of the University whose standing after the B.A., B.M., or B.L. degree does not exceed three years.

It will take place at the usual time of the examination for the Fellows, *i.e.*, early in October.

Clare College offers a Scholarship for Natural Science of the value of £50 a year, tenable for three and a half years. The examination will take place on March 17, and will be open to all students who have not commenced residence in the University. Further information may be obtained from the Rev. W. Raynes, Tutor of the College.

King's College Hospital.

An appeal *ad misericordiam* has been made on behalf of this hospital, which the liberality of the public is not very likely to leave unanswered. The annual expenses of the hospital are nearly four times larger than its income, so that there is a continually increasing debt, and the possibility of the institution being so straightened as to reduce it below the mark at which the examining boards will recognize it as a school of medicine has been publicly hinted. This would be a great misfortune, for, in spite of the constitution and regulations of the college and hospital, they no doubt meet an educational want, and notwithstanding great dissatisfaction at the mode of appointing officers, the present professional staff is not to be surpassed. In the presence of the recent revelations about our charities, and the mode in which money is collected and distributed, it will be no matter of surprise if many of the hospitals should come short and feel more closely pinched than ever. It is useless to ignore this possibility, and it will not be advisable for an institution thus in debt to neglect revising its rules and re-arranging its management. King's has obtained a great position, but cannot afford to neglect the signs of the times. May her friends read them aright!

Cornell University.

Our readers will be pleased to learn that the first term of this new experimental institution has closed, and that the results are gratifying to its generous promoter and all friends of education. The co-operative system has been found to work perfectly, and many pupils have been able to maintain themselves while obtaining a complete education. It is probable that Mr. Cornell has solved a great problem for Brother Jonathan, and certainly all on this side of the Atlantic wish him God-speed in his work.

Drugs and American Finance.

From an official report laid before Congress by a "special Commissioner of the revenue," we learn that drugs and chemicals are very disproportionately taxed. A new duty is levied on nearly half of the articles thus classified, and the duties bear no relation to their value. It is said that on opium and the alkaloids the duties are so excessive that a brisk smuggling trade is in full operation. We cannot forget that this condition of things is likely to lead to great mischief by introducing drugs of inferior quality. Adulteration is likely to flourish where so much scope for it exists, and few things are more calamitous than the inability to secure the physician's advice with medicines of the best quality.

The Cost of Cancer Curing.

The profession has long made up its mind on the subject of cancer cures, and those who profess to effect them. The public seems likely to hear something, if we may judge from the following legal intelligence, extracted from the *Times* of the 26th ult., under the head "Court of Queen's Bench":—

EX PARTE FREWEN, IN THE MATTER OF ONE JOHN PATTISON, A MEDICAL PRACTITIONER.

This was an application on the part of Mr. Charles Hay Frewen, of Oakham (at one time a Member of Parliament, and at the last election a candidate), against one Dr. John Pattison, lately of 26, Welbeck street, Cavendish square, for a criminal information on account of certain letters and publications by him directed against Mr. Frewen, and alleged to be libellous and tending to a breach of the peace. The matter, which was rather of a peculiar nature, had arisen thus:—From the affidavits it appeared that in the latter part of the year 1866, Dr. Pattison was called in to attend Mrs. Frewen, who was suffering from cancer, and he attended her until the 9th of February, 1867, when she died. Dr. Pattison had already received the sum of 150 guineas for his attendance, but he claimed a further sum of 100 guineas, which was refused. In May, 1867, an action was commenced to recover that sum, as the balance of a claim of 250 guineas, but that action had not been prosecuted. Various letters, however, had been sent since by Dr. Pattison to Mr. Frewen, couched in terms extremely offensive, and casting upon him the reproach of shabby and disreputable conduct in disputing the demand made upon him. In one of these letters, moreover, in October, 1868, Dr. Pattison sent an account of the case of Mrs. Frewen, which he hinted that he intended to publish in a professional journal, entering into very painful details of the sufferings of the deceased lady. Mr. Frewen had, in the meantime, referred the doctor to his attorneys, and in order to free himself from the annoyance, he had returned the later letters through the dead-letter office. Upon this the defendant had sent them open, so that anybody could read them, and in his last letter threatened that he should have the next written upon cardboard and sent to Mr. Frewen's Club.

The Hon. George Denman, Q.C. (with him the Hon. Alfred Thesiger), on an affidavit of these statements, moved on behalf of Mr. Frewen for a rule for a criminal information against Dr. Pattison. The learned counsel said he had a difficulty in reading the statement of the case which the defendant threatened to publish, entering as it did into all the painful details of that most painful disease under which the deceased lady had suffered. But there was, he submitted, amply enough in the expressions used by the defendant towards Mr. Frewen to justify this application. They imputed to him the most shabby conduct in disputing this demand, although Mr. Frewen had already intimated that he was ready to meet it in any proper way. The language used towards him by the defendant was of the most offensive character, and he had actually sent his later letters open, so that anyone could read them, and he threatened that the next would be written on cardboard and sent to Mr. Frewen's Club.

The Lord Chief Justice.—You have stated quite enough, Mr. Denman, to entitle you to the rule.

Rule *nisi* for a criminal information against Dr. Pattison.

Snake Poisoning.

From time to time our readers are made aware of the efforts made to meet this accident, and of other investigations undertaken respecting it. They have heard that Professor Halford, of Melbourne, has bestowed much attention on the subject, and will, therefore, be prepared to hear that the plan which has seemed to him most likely to be effectual—the injection of ammonia into the veins—has at length been employed on the human subject with a satisfactory result. We believe a case has also been tried in New South Wales, but we have not yet received any particulars. It may be a question as to whether any part of the sum offered by the Indian Government for the discovery of a remedy for snake bites may not be fairly due to Prof. Halford. Here are some particulars of the successful case: A railway workman picked up on the line an apparently dead snake, left there by a fellow workman, who thought he had killed it. The head was crushed flat, and the serpent was without sign of life; but as the man who took it up was carelessly handling it, putting his finger to its crushed head, with the remark "that it would never bite again," all at once he became conscious that his finger was pricked. He threw down the snake, but from ignorance or carelessness went about his business as before. Becoming very drowsy he proceeded to lie down, previously telling one of his mates what had occurred. The latter immediately set about procuring medical assistance, but by the time it arrived the man was comatose, and his lower extremities paralyzed. Galvanism and other usual remedies were applied, but without effect. In this extremity the medical man first called in sent for Professor Halford, knowing that he had experimented on the effect produced on the blood corpuscles by the poison of the snake, and that by the injection of ammonia into the circulation through a vein he had counteracted the effect of the poison. The case to which he was called was so obviously a desperate one under ordinary treatment, that it could not be made worse by the trial, and the remedy was applied, as follows:—An incision was made through the skin, exposing the superficial radial vein, and the point of the syringe being introduced into the vein the injection (of ammonia) was completed. The beneficial effect was marvellous and immediate. From an almost pulseless state, and from a stupor verging on death, the patient speedily became conscious. The recovery was continuous, and we expect shortly to receive a full and detailed history of the case.

Since we commented some few weeks since upon Mr. Baker Brown's arrangement with his creditors, we have learnt, and are happy to state, that the instalment of five shillings in the pound, mentioned by us, was but a preliminary agreement, a provision having been officially made for the ultimate payment of the remaining fifteen shillings; the celerity of this latter payment being somewhat dependent upon the health and continued activity of Mr. Baker Brown.

The report which has been very widely circulated, that the Queen would this year open Parliament in person, has been semi-officially contradicted, the state of her Majesty's health being such as not to permit the exercise of her much-to-be-desired prerogative.

The Marquis de Moustier, late French Ambassador to this Court, and a statesman of acknowledged ability, has just died of heart disease. He had been in feeble health for some time, and the loss of office, under circumstances which were anything but creditable to some members of the French Cabinet, is thought to have pressed very heavily upon the mind of the deceased. His death occurred on Friday last.

We hear that the effect of the reductions in the Army Medical Staff will be so large that no fresh admissions to the service are likely to take place for a year, if not a longer time.—*Army and Navy Gazette.*

A conference will be held on Thursday next, in the rooms of the Society of Arts, at which his Grace the Archbishop of Canterbury will preside, on the subject of the prevention of pauperism and crime in the metropolis. The distinct question to be raised is "the expediency and means of obtaining united action on the part of managers and dispensers of private charity and of Poor-law relief in the metropolis."

The *Gazette des Hôpitaux* announces that subnitrate of bismuth has been employed in large doses with wonderful success in Algeria as a specific for dysentery.

At the Royal Institution on Thursday next, at 3 p.m., Dr. Foster will read a paper on "Involuntary Movements;" on Friday, at 8 p.m., Mr. Greville Williams, on "The Poisoners of the Sixteenth and Seventeenth Centuries;" and on Saturday, at 3 p.m., Professor Odling, on "Hydrogen and its Analogues."

We understand that representatives from the London Charities will hold a conference to-morrow at the rooms of the Society of Arts, in the Adelphi, on the subject of the prevention of pauperism and crime in the metropolis. The Archbishop of Canterbury has consented to preside

It is said that the Government has resolved to adopt the Universities Tests Abolition Bill of Sir John D. Coleridge.

A piece of plate and an address were presented to Dr. MacGowan, proprietor of the *Medical Mirror*, by the inhabitants of Martock, in consequence of his intended removal from that town. The testimonial consisted of a splendid silver épergne and plateau. The address, which expressed their regret at his leaving, and their appreciation of his kindness and liberality during his residence among them, contained 102 signatures.

The *Lincolnshire Chronicle* says:—We never knew more illness than there is at the present time in most, or we believe all the parishes around Spalding. No house escapes, and almost every inmate suffers. It is said by some to be a bad form of influenza.

Dr. Chadwick, in addition to £17,000 for charitable purposes, has presented a donation of £5,000 to the town of Bolton, where he long practised, for the erection of artizans' model dwellings, and an orphan asylum.

Mr. C. Southard, the acting sanitary inspector of Exeter, is endeavouring to provide the poorer inhabitants with better habitations. He believes, from what he has seen, that the evils of overcrowding can hardly be exaggerated.

The notes in the Registrar-General's Quarterly Return show that the increase of mortality, in almost every case where it has occurred and where a reason is assigned, has been the result of overcrowding, or bad dwellings, or neglect of cleanliness and sanitary precautions.

At a meeting on the 28th ult., the Royal College of Physicians resolved to have printed, immediately, 1600 copies of "The Nomenclature of Diseases."

A verdict of £1,000 was awarded to Mr. J. Angus, M.R.C.S., whose child was run over by one of the vans of the Great Northern Railway. The child's thigh was fractured, and two of his fingers obliged to be amputated.

The late John Carew, Esq., besides numerous bequests to his relatives, has left £400 to the Devon and Exeter Hospital; £100 to the Training College for Nurses; and £250 each to the Deaf and Dumb Institution, the Dispensary, the Blind Institution, and the Female Penitentiary.

Professor J. Ville has discovered that the waters of certain lakes in Tuscany contain a large proportion of sulphate of ammonia. The water also contains boric acid.

Literature.

A SYSTEM OF MEDICINE.[1]

In our former notice we confined our remarks for the most part to Volume I. of this remarkable collection of professional lore, edited so skilfully by Dr. Russell Reynolds. Volume II. is equally bulky, equally learned, and equally various. It contains some of the best essays that have lately appeared, and is a complete library in itself. Publishers and editor are alike to be congratulated on their *magnum opus*, and the profession will look with interest for the appearance of the next volume.

Our regrets at not having more space to devote to it are lessened by the fact that we shall often find opportunities of recurring to the individual contributions. These are their names:—First, under the head of Diseases of the Nervous System, we have both general and partial forms of disease. Under the former, which includes a list of eighteen, we may mention insanity, ecstacy, catalepsy, sunstroke, paralysis, hypochondriasis, hysteria, and others which will not fail to interest the readers; and under the second as many as twenty different forms, which will equally repay perusal.

The second part consists of Diseases of the Digestive System, such as disorders of function, neurosis of the stomach, ulcer and cancer of the stomach, with many others, followed by addenda and notes.

The new edition of Dr. Salter's excellent and well-known Treatise on Asthma[1] makes, with the appendix and tabulated cases, a goodly volume of 464 pages, remarkably well printed, and got up altogether in first-rate style.

Chapter I. is devoted to the various Theories of Asthma. In our perusal of this chapter we looked with interest to see what more was said for or against the theory that asthma may be caused by *paralysis* of the bronchial tubes.

Dr. Walshe has said, in his work on "Diseases of the Lungs and Heart," that "bronchial asthma may depend on a *plus* or a *minus* state of the contractibility of the muscular fibres of the bronchial tubes; in the former case it is spasmodic, in the latter paralytic."

Dr. Fuller also, page 366 of the second edition of his work on "Diseases of the Lungs," says, "There is a form of bronchial asthma in which there are strong reasons for doubting whether the symptoms are not attributable to paralysis, rather than to spasm, of the bronchial muscles."

Such being the dicta of two eminent pulmonary pathologists, we naturally are anxious to hear what Dr. Salter says on the question of the paralytic theory of asthma.

Admitting that some of the phenomena of a fit of asthma might well be explained by assuming a paralytic state of the bronchial tubes (supposing these tubes to be engaged in expiration), yet Dr. Salter will not accept this explanation, for he denies that the bronchial tubes are agents of respiration.

"They *are* not, because they *cannot* be, agents of respiration (p. 21). There is one reason that, independent of many other considerations, forbids the possibility of it; it is that respiration is under the influence of the will, that it may be varied at pleasure—quick or slow, superficial or deep—while the contraction of the bronchial tubes, like that of all organic muscles, is essentially involuntary. This conclusive argument is well urged by Dr. Budd, in his paper on Emphysema and Asthma, in the Medico-Chirurgical Transactions."

We have not room here to quote the argument as set forth by Dr. Budd, and quoted by Dr. Salter at pages 22-23, but we must confess ourselves unconvinced, and still adherent to the belief that there may be such a disease as bronchial asthma due to a more or less paralysed condition of the muscles of the bronchial tubes. We should think that few would deny the possibility of the muscular coat of the urinary bladder being affected, sometimes by paralysis, sometimes by spasm.

The muscular coat of the bladder is, like the bronchial muscles, composed of pale unstriped involuntary muscular fibres, and these, in the act of micturition, act very well in unison with certain voluntary muscles.

"In breathing" (says Dr. Budd), "however rapidly we perform this act, we perceive no difference in the ease with which successive acts of respiration are performed. This is a proof the most decisive, that the fibres of the bronchi have no independent rhythmical motions of contraction."—(Salter, p. 23.)

By analogous reasoning we might argue that the muscular coat of the bladder has no motion of contraction in expelling the urine, and we might deny the possibility of retention of urine from paralysis of the muscular coat of the bladder. As a question of therapeutics we believe those cases tending to paralysis of the bronchial muscle are the ones that get good from pure bracing air, galvanism, and small doses of strychnia or nux vomica.

The very able and masterly way in which various other theories of asthma are disposed of by our author is, to us, thoroughly convincing; but we cannot conclude that the *spasm* theory is the only true one, we cannot as yet give up the paralytic theory as an occasional cause of true asthma, independently of co-existent emphysema.

Dr. Salter's Chapters on the Pathology, Ætiology, and Phenomena of Asthma, are most interesting, and contain much that is new and the result of careful observation and study.

Much space is wisely assigned to the treatment of asthma, both during the paroxysm and in the intervals. Rules for treatment by diet, by climate and locality, by stimulants, sedatives, and medicines generally, are given concisely and in a way that shows the author to be no mere theorist, but one constantly handling and using the means of cure that he recommends to his readers.

Finally, the appendix of narrative cases, of which there are goodly number, illustrating peculiar forms of asthma—as, for example, hay asthma, cat asthma, ipecacuan asthma, &c.—form matter both interesting and entertaining to the reader.

---

[1] A System of Medicine. Edited by Russell Reynolds, M.D. London: Macmillan and Co.

[1] Asthma: its Pathology and Treatment. By Henry Hyde Salter, M.D., F.R.S., Fellow of the Royal College of Physicians; Physician to Charing-cross Hospital, and Lecturer on the Practice of Medicine in the Medical School of the Hospital. Second Edition. Churchill, New Burlington street.

We must not omit to notice the 223 tabulated cases, against the comparatively small number of 44 in Dr. Salter's first edition. The work of tabulation, done as these cases are done, must have been very arduous; but the results are well worth the labour, and help to render complete certainly one of the best treatises on asthma that we have ever opened in any language.

HOSPITAL REPORTS.[1]

We have often remarked on the impossibility of doing justice to the volumes issued by the various hospitals, and last year made use of some of these by condensing cases—a plan we may try again. The two volumes before us are worthy of the schools that produce them. In the first will be found some of the more finished essays of metropolitan teachers; in the second, similar contributions from provincial men.

Summary of Science.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

(Specially Edited and Compiled for the Medical Press and Circular.)

By C. R. C. TICHBORNE, F.C.S., F.R.G S.I., etc.

ON THE MODE OF SEARCH FOR STRYCHNINE IN A CASE OF POISONING.

M. Cloetta proceeds as follows when wishing to determine the presence of strychnine in blood, urine, or animal tissues:—The liquid to be examined is purified by the addition of sub-acetate of lead. The filtrate is deprived of the excess of lead by sulphuretted hydrogen, refiltered, and then evaporated to dryness. The residue is treated with ammonia for twenty-four hours, agitated with double its volume of chloroform, and the chloroform solution evaporated to dryness. The residue from this evaporation is then treated with two centimetres of water, acidulated with nitric acid; to this is added a drop of a solution of bichromate of potassium. After some hours it deposits crystals, visible to the eye, of chromate of strychnine; with the aid of a microscope the characteristics of the salt may be determined. M. Cloetta can show, by manipulating in this manner, the presence of 1-20th of a grain of strychnine in 650 centimetres of urine.

COLCHICINE.

Colchicine is an amorphous powder of a yellow colour. It has little or no odour, but a very bitter taste. It is a very feeble base, but still restores the colour of red litmus paper. The most characteristic peculiarities of this alkaloid are—1stly, a violet, or blue colouration, which it takes with oxidizing agents—such as a mixture of sulphuric and nitric acid; 2ndly, weak acid produces a yellow; alkalies affect it in a similar manner. The iodomercuriate of potassium precipitates it, even when the alkaloid is dissolved in 27,700 times its weight of water. Tannin and phosphomolybidic acid also precipitate it. The colchicine forms salts with acids, but they are rapidly changed into a mixture of resin and colchiceine. In preparing this substance, it is, therefore, necessary to avoid the action of acids, or alkalies, and it is also necessary to manipulate in the cold. It was impossible to find glucose amongst the products of decomposition of colchicine after the transformation of this alkaloid into resin and colchiceine. (M. Maisch, *Mon. Scient.*)

VAPOUR DENSITY OF CHLORIDE OF AMMONIUM.

M. Marignac has attempted to determine the latent heat of the volatilization of sal ammoniac, with a view to determine this vexed question. He considers the results of his experiments to be only a crude approximation, but sufficiently accurate for the purpose. He endeavoured to measure the amount of heat consumed in volatilizing the salt. A large cylinder of iron is supported in a case, the sides of which are made bad conductors. The iron cylinder is heated red hot. When the cylinder has cooled down to a certain temperature (500°), the substance to be volatilized, enclosed in a silver or glass tube, is introduced. The tubes are withdrawn when the thermometer marks 420°. The loss of weight gives the amount volatilized. Comparative experiments made with this apparatus, without and with substances, enable a calculation to be made. Operating with sal ammonia, the largeness of the number compared to that which expresses the latent heats of volatilization and its concordance with that which expresses the heat from ammoniacal gas and hydrochloric acid, prove, says M. Marignac, that sal ammoniac is partially decomposed when converted into vapour. There is little doubt that this is correct, but that the decomposition is only partial. All recent experiments have joined to prove this view, and thus the anomalous vapour density of chloride of ammonia is accounted for.

SCHONBEIN'S TEST FOR HYDROCYANIC ACID.

This test, which is stated to be one of the most delicate, is made in the following manner:—

Three grammes of guaicum resin are dissolved in 100 grammes of alcohol. Pure filtering paper is then dipped in the solution. This paper ought to remain white. A second solution is then made by dissolving 2-1000 of a decigramme of this salt in 50 grammes of water. When it is intended to test for hydrocyanic acid, a little fillet of the guiacum paper is moistened with the solution of sulphate of copper, and brought into contact with the substance to be tested. It does not matter whether the hydrocyanic acid is dissolved in water or is present in the air, the paper becomes blue immediately.

CREATININE IN PUTREFIED MILK.

M. Commaille submitted skimmed milk to putrefactive fermentation in a vessel closed by a piece of paper. The liquid, on filtering and evaporating, yielded, by successive treatment with alcohols of different strengths, crystals containing a considerable quantity of mineral substance. These crystals, when dissolved and treated with nitrate of silver, gave a voluminous cheesy precipitate, which, when treated with boiling water, yielded a small quantity of needle-shaped crystals, which proved to be nitrate of creatinine. The double nitrate of silver and creatine, and the double chloride of zinc and creatinine, were formed. It is therefore probable that the milk is like urine, in which, if left to the air for some weeks, no creatine can be found—only creatinine.

Creatine is found much more frequently in fresh animal substances than creatinine. Creatine has not been recognized in milk because of the large quantities of things with which it is associated. The author then states that it is necessary to consider creatine as one of the constituents of milk. He gives the following as the composition of that substance according to our present knowledge.

Fatty matter	Butter.
Albuminoid substances	1. lacto-albumin. 2. caseine.
Pseudoprotein matter ...	Lactoprotein.
Crystallizable nitrogenous matter (amines)	1. urea. 2. creatine.
Organic acids (little known) ...	
Colouring matter and odorous substance	
Mineral matter	
Sugar (very abundant)	Sugar of milk, or lactine.

Journal de Pharmacie et de Ch.

INFLUENCE OF COLOURED RAYS ON PLANTS.

The Paris correspondent of the *Chemical News* mentions some experiments by M. Cailletet "On the Influence of Various Coloured Rays on the Decomposition of Carbonic Acid by Plants." M. Cailletet makes use of coloured glass bells.

Leaves of the same plant, and of equal surface, decompose the same volume of carbonic acid when they act on identical gaseous mixtures, and exposed to the same luminous source.

Coloured leaves* nearly always contain a certain quantity of chlorophyll, but decompose carbonic acid slowly; whilst the white part of the leaves of the *aspidestra elatior* and such plants are without decomposing action.

The absorption of carbonic acid and the disengagement of oxygen, more or less mixed with nitrogen, appertain exclusively to the parts of the plants which contain the green matter. The rays were passed through a concentrated solution of iodine in bisulphide of carbon. This solution was only permeable to the obscure rays of heat. Carbonic acid, mixed with air, suffered no decomposition, notwithstanding the prolonged action of solar rays. The divers coloured rays have, on the contrary, a special action, more or less powerful, on the dissociation of carbonic acid. From an inspection of M. Cailletet's tables it would seem that the coloured rays which favour most chemical decomposition (as regards chloride of silver) are those that favour decomposition of carbonic acid the least. Yellow induces the largest decomposition and red next.

---

[1] St. Bartholomew's Hospital Reports. Vol. I.—Liverpool Medical and Surgical Reports. Vol. II.

* A remarkable exception to this fact was shown by Mr. Tichborne to exist in the leaves of the Virginian creeper and similar plants. The red leaves of this plant do not show the chlorophyll bands.

PURIFICATION OF SULPHIDE OF CARBON.

M. Millon purifies sulphide of carbon by washing repeatedly with distilled water; it is then placed in a large vessel upon quick lime. After twenty-four hours' maceration, it is distilled from the lime. It is then received upon turning of copper, previously heated, and again reduced by hydrogen. The object of this being to destroy the fatty matter with which it is contaminated.

The bisulphide of carbon, formed in this manner, has an ætherial odour, which is not very agreeable, but which is very different from the fluid which is ordinarily known under that name.

This bisulphide is used by M. Millon to extract the odour of delicate flowers.

FORMATIONS OF ARTIFICIAL MINERALS.

M. Becquerel has endeavoured to get the hydrated minerals by the use of parchment paper. In a vessel formed of this paper he placed aluminate of potash, and plunged this into a solution of nitrate of copper. The nitrate of potash is produced; but instead of aluminate of copper in the paper vessels, crystals of hydrate of alumina are formed, and in the other vessel, crystals of hydrate of oxide of copper are produced.

If the aluminate of potash is replaced by silicates, hydrated silica is obtained, hard enough to scratch glass.

Gleanings in Medicine, Surgery, and the Allied Sciences.

CASE OF GASTROTOMY.

Dr. Henry T. Fox reports the following case in the *Australian Medical Journal*:—J. H. M., æt. 41, states that during the past eight months he has been suffering from increasing difficulty in swallowing his food. At this date when we first saw him, he could only swallow liquid, of which a small quantity percolated into the stomach, causing pain in its transit, while the remainder was soon after ejected. His account of the process of swallowing was very graphic, referring the stoppage to a point corresponding to the junction of the ensiform cartilage to the sternum, he said the food came against something on the left hand side of the passage and was forced towards the right, and then drop by drop found its way downward. Neither then not at any future time did he suffer from acute or darting pains, until within two or three weeks of his leaving the hospital. His body was in good condition, and his complexion clear and rather high coloured; careful examination revealed no indication of disease of the heart or large vessels, nor of the lungs. The account of falls which he had received, and of the subsequent hæmorrhage threw a doubt on the diagnosis of a scirrhous growth, and we did not think it judicious with the knowledge of that hæmorrhage to attempt the passage of a bougie, and perhaps open a track into a possible aneurism. The passage of food into the stomach became more and more obstructed, and at last the œsophagus was impervious even to a drop of water; he lost flesh very fast, and was evidently rapidly sinking. I visited him on the 23rd, he was very faint, and the pulse exceedingly feeble from the exertion of recently defæcaing, the first time he had passed anything from the bowels for three weeks. I found him well informed as to the dangers of gastrotomy, and that at best it offered only a means of temporarily ameliorating his sufferings. But knowing that he was still desirous of the operation, at half-past three p.m. I operated. I made a straight incision of about four inches in length in the course of the left linea semilunaris, beginning where that line commences at the intercostal cartilage. Having divided the various muscular and fibrous layers until the peritoneum was exposed, I raised that membrane with my dressing forceps, and made a small opening sufficient to introduce a director, on which I slid a sharp pointed curved bistoury, and divided the peritoneum for a distance corresponding to a little more than half the external wound. As this division exposed the stomach sufficiently for the subsequent proceedings, I did not extend the incision upwards, and consequently did not even see the left lobe of the liver, and it is worthy of note that the stomach was found without any difficulty, although it was much contracted. I fixed the organ with a small hook, and made an aperture in it about one inch and a quarter long, carefully including the punctures made by the hook in the line of the incision, and avoiding the vessels running along the great curvature. I next sewed first one side and then the other of this aperture to the corresponding edges of the external wound with a continuous suture; having completed this I secured the tails of the external wound with harelip pins, which were inserted as deeply as practicable without touching the peritoneum. The end of an elastic tube was now introduced, but from the contracted state of the stomach only to a very short extent, and some beef tea and wine were injected, but the bulk regurgitated by the sides of the tube, and he appeared to suffer more from this first injection of food than from any part of the operation. The tube was left in and the patient was removed to bed; during the operation he became rather faint and his pulse sank, but he soon rallied, and at the end of an hour was in good spirits, his pulse 100 with better volume; at this time I tried injecting milk, but a large proportion still escaped. 24th, 9 a.m. Has not slept much, is calm and sanguine, has a better pulse, tongue moist and clean though pale, has not allowed any injection of broth during the night; on my insisting on injecting some, no regurgitation ensued. 5 p.m. Going on well, quantity of urine much increased; removed the elastic tube, which was inconveniently long, and inserted a shorter one; this change was made without causing him any pain. 25th, 10 a.m. Has slept well, complains of slight cough, which renders him uneasy; in other respects doing well. 26th, 9½ a.m. He passed a very bad night, through the cough, pulse quick, urine high-coloured; the line of incision, which is united, shows a faint red margin. I did not remove the harelip pins, through fear that the agitation of coughing might break up the recent adhesions. He died on the 27th, at 4 a.m. The autopsy seven hours after death was necessarily very meagre. There was firm union in the tails of the incision, and the edges of the aperture in the stomach were adherent to the skin and subcutaneous tissue, but were readily torn apart with the handle of the knife. The peritoneal surface of the pyloric extremity of the stomach was covered with recent lymph, and the ascending colon was adherent to the parietes of the abdomen. On opening the œsophagus a scirrhous deposit was found occluding the passage for the space of about two inches; this mass did not descend nearer the cardiac orifice than half an inch, and was larger and more prominent on the left side than on the right.

HYDATID CYSTS OF THE LIVER.—THE IMPORTANCE OF THE VIBRATION AND MUSICAL NOTE IN DIAGNOSIS.

Dr. Keyes presented to the New York Pathological Society, on behalf of Dr. Van Buren, a quantity of hydatid cysts of the liver, discharged per rectum. In regard to the question of diagnosis, an important point came up for consideration, having reference to the existence of the hydatid vibration, and of the musical note described by Rayer and Briancon. None of the gentlemen present at the first examination, after the most repeated and careful trials, were able to make out the existence of either. In this connection Dr. Keyes stated that Briancon, who refers to the existence of the vibration and musical note as important, if not pathognomonic symptoms, had made a number of experiments with bladders partially filled with fluid and hydatid cysts, and had found that when the hydatids were slightly in excess of the fluid, the vibration and musical note were most distinct, but that they decreased in intensity to absolute disappearance, in proportion to the relative excess of the fluid. The examination of the contents of the cysts by the microscope disclosed nothing but the presence of the hooks of the echinococcus. The fluid contained no albumen.

BIRTH OF AN EXTRAORDINARILY LARGE CHILD.

Dr. Brotherston, of Alloa, communicated to the *Edinburgh Obstetrical Society*, the following record of the birth of a gigantic fœtus:—I was called upon Wednesday morning last, about half-past five, to attend on Mrs. F., Alloa, who was in labour with her seventh child. Matters went on as usual till the head was expelled, and I expected that the next pain or so would terminate the delivery; but, on the contrary, though the pains were severe, and I applied a moderate degree of traction to the head during nearly twenty minutes, I could not deliver the body of the child; the shoulders appeared to be the obstacle, and the right arm-pit could be reached by the finger without much difficulty. I sent for Dr. Duncanson, who came immediately, and he brought my instruments with him; we then applied the blunt hook to the right axilla, and, by traction of no ordinary kind, extracted a dead male child of the following dimensions:—Weight, 17 lbs.; length 23½ inches; circumference round the head over the occipital and frontal prominences, 15 inches; circumference around shoulders, 20 inches; circumference around chest, 15½ inches; circumference around stomach, 17 inches; from funis to sole of foot, 10½ inches; from funis to head, 13 inches; circumference of thigh, 9 inches; length of leg from trochanter to heel, 10½ inches; length of arm, 10 inches. The measurements were taken in my presence by Dr. Duncanson and Mr. F., the father of the child. Mrs. F. is making a very favourable recovery. The father is six feet high,—a very proportionate man, and rather good-looking, aged 44; weight 13 stone. The mother is 5 feet,—rather stout, aged 40,—was never weighed, but looks about 11½ stone. The child was perfectly formed in every way—no signs of hydrocephalus whatever. This will be seen by the measurement of the head, which was 15 inches, and well formed. The child was living when the head was expelled from the pelvis and vulva, as it gave a convulsive effort, as if trying to pull back the head occasionally. This lasted, I think, about ten minutes. When these efforts went off, I believe the child died. I suppose the cause of death was pressure of the cord, the body of the child being of such a size as to effect this most readily. When the child was extracted, it was quite dead; its right humerus gave way near the neck, from the pressure of the blunt hook. There was no hæmorrhage afterwards worth mentioning—just what is usual. Dr. Keiller thought this was about the heaviest child he had ever heard of. He had shown a fœtus some time ago, which had been delivered by craniotomy, and whose shoulders were so large that great difficulty had been caused in extraction. Even now, although preserved in spirit for such a length of time, this child still looked a giant, but he did not think it would weigh more than 14 lbs. He had heard of an American baby which weighed 19½ lbs. at birth. Dr. Pattison said there was a child in Dr. Thatcher's museum which weighed 16 lbs.

CIRCUMSTANCES WHICH RENDER THE USE OF TIN VESSELS NOXIOUS.

Dr. Delahaye observed in 1866-67, during the hot weather, in many old patients in hospital, all the usual symptoms of lead-poisoning. He searched everywhere for the cause of these phenomena, and his attention was at last attracted by the tin tankards in which the old men kept their cider at hand all day, to quench the thirst, which resulted from the oppressive heat. The analysis proved that the cider in barrel was perfectly pure, although the reagents detected traces of lead in the liquid which had remained all day in the tin vessels. M. Delahaye concluded from these facts, of which he gave a succinct explanation—1. That under certain circumstances the lead which constitutes a certain part of the tinning of these vessels, may communicate poisonous properties to them. 2. That the phenomena are favoured by high temperature, which sets up acid fermentation—by the alcoholic habit, and by advanced age. 3. That in the cases of poisoning which he experienced, the mixture of sulphur and honey, prescribed by M. Lutz is very effectual, and that coffee as a nutriment is an excellent means of sustaining vital powers and combating the depression, which is observed in these cases.—*Journ. de Méd. et Chirurg. Pract.*

NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—Subscriptions for the year ending Dec. 31st, 1868, are now due. Subscribers resident in England will greatly oblige by forwarding the usual amount, 22s. 6d., either by cheque or P.O.O., made payable to A. A. Tindall, 20 King William street, Strand, London.

Subscriptions in Ireland to be sent to 3 Lincoln place, Dublin, and in Scotland, to Maclachlan and Stewart, South Bridge, Edinburgh.

Advance subscriptions, 21s. 8d. post free per annum, for the current year, can also be paid as above.

THE SIAMESE TWINS.

To the Editor of the Medical Press and Circular.

Dear Sir,

I find that your printer has by implication led your readers to suppose that I am the *entrepreneur* who has taken in hand the Siamese Twins, whose advertisement appears in my column in the midst of my announcements. My friends may possibly give me credit for some versatility, but though I appear in public myself sometimes, I do all in my power to prevent the "public exhibitions" of my clients, whose business I seek to conduct in the most private and confidential manner. I am not, therefore, "the proprietor" of the Siamese Twins, who came to England to be *separated*; indeed, I am *uniting* my clients in bonds of partnership, which I trust may prove sufficiently advantageous to be permanent. My experience brings me into contact with many "wonderful living curiosities" amongst the members of my profession, but my duty is to draw the veil of charity over their failings and eccentricities, rather than allow them to "make their appearance" at the "Egyptian Hall," Mansion House, or any other Halls where medical students occasionally distinguish themselves, except the Apothecaries' Hall, where by the "Powers," I always wish them success.

Please, therefore, to put the Siamese Twins in their right place, and as a compensation for the mistake send me and my friends tickets of admission to examine those "wonderful living curiosities."

I am, yours truly,

J. Baxter Langley.

Dr. MacEvers (Cork).—It does not appear to us that the fact of Dr. Nedley being an estimable practitioner, or even a friend of our correspondent, Dr. MacEvers, is sufficient qualification for the office of physician to his Excellency the Lord-Lieutenant of Ireland. Our objection to Dr. Nedley's appointment on professional grounds would be equally applicable to hundreds of practitioners of equal mediocrity. We hold that it is a gross abuse of political patronage to confer upon an undistinguished and unheard of practitioner the post of honour for which claimants of equal political claim, and infinitely superior professional attainments were plentiful.

If Dr. MacEvers can favourthe profession with any single reason why Dr. Nedley should be preferred before Dr. Mapother, Dr. Lyons, Dr. Robert MacDonnel, or a score of other gentlemen of position, and with equivalent political claims, we shall be glad to hear him.

"A **Suggestion** for the Sanitary Improvement of Towns and Dwellings," by Dr. Z. Johnson, F R.C.S., &c., received.

Dr. J. Stuart Vesey.—Your communication on "Cancer of the Penis" will appear in an early number.

P. O.—The present series of "Medico-Social Pencillings" is nearly finished. If we find the majority of our readers approve of them, it is possible another series might be commenced, when the suggestions that if our "facetious writer would take up the charities and workhouses, he would do much good, as he can be grave as well as gay, and in a form that is open to impressions from either," and any other suggestion we may be favoured with, will be taken into consideration.

Communications with enclosures received from Mr. Erichsen, Dr. Williams, Fulham; Mr. J. Baker Brown, Mr. Pomfret, Hollingsworth; Mr. Cooper, Brentford: Dr. Percival, London; Dr. Atherton, Thatto heath; Mr. Rigg, Much Woolton; Dr. Furnival, Brompton; Dr. Verdon, London; Mr. Birchenall, Macclesfield; Mr. Dobbs, Newport; Dr. Johnson, London; Dr. Sedgwick, London; Mr. Tuckett, Clydash; Mr. Kiddle, Dr. Dowsland, Weaverthorpe; Mr. Cockcroft, Hurworth; Dr. Camps, London; Dr. Hunter, Aberdeen; Mr. Popjoy, Accrington; Dr. Jenner, Dr. Kiernan, Buckfastleigh; Mr. Daniell, Kegworth; Dr. C. Young, Yarm, Mr. Warnock, Birmingham: Dr. Morgan, Dublin; Dr. Lane, Bishop's Castle; Dr. Davys, Swords; Mr. Davies, H.M.S. Duncan; Dr. Leadman, Leeds; Mr. Adams, London; Mr. Smith, Aberdeen; Mr. Fuller, Dr. Johnson, Kilkenny; Dr. Morell Mackenzie, London; Dr. Pantaleoni, Nice; Dr. Smith, Ferbane; Dr. Sheridan, Oulart: Dr. Hemphill, Clonmel; Dr. Crely, Aylesbury; Dr. Cowie and Co., London; Dr. Temple, Monaghan; Dr. Rawson, Carlow; Dr. Marshall, Dromore; Dr. Rainsford, Rathmines; Dr. White, Macroom; Dr. Boxwell, Ballycogly; Dr. McClelland, Banbridge; Dr. Nolan, Wicklow; Dr. Elliott, Waterford; Dr. Crathers, Nice; Dr. Jones, Cork; Dr. Talateau, Portarlington; Dr. Cuppaige, Castlerea; Dr. Harold, Castleisland; Dr. Swan, Abbeyleix; Dr. Coghlan, Kilmacthomas; Dr. M'Neary, Garvagh; Dr. Bourke, Limerick; Dr. Ridley, Tullamore; Dr. Dickson, Ballynahinch; Dr. Crean, Wexford; Dr. Keown, Belfast; Dr. Pentland, Drogheda; Dr. Kelly, Kilconnell; Dr. Graham, Cashel: Dr. Walsh, Clogheen; Dr. Halpen, Acklow; Dr. Lang, Killane; Dr. Taylor, Newtownlemavady; Dr. McCrea, Clondakin; Dr. Emerson, Kilkenny; Dr. Nadin, Tipperary; Dr. Martin, Portlaw; Dr. Busteed, Castlegregary; Dr. Robinson, Cushendall; Dr. Sharpe, Cootehill; Dr. Stafford, Newcastle; Dr. Frame, Comber; Dr. Moore, Rockcany; Dr. Stewart, Portadown; Dr. Lane, Newtownlimavady; Dr. Smith, Londonderry, &c., &c.

If Surgeon Davies, R.N., will favour us with his address, he will receive a private note.

M. J. B.—See previous reply.

◆

BOOKS, PAMPHLETS, &c., RECEIVED.

The Theory of Ocular Defects. Translated from the German by R. Brudenell Carter, F.R.C.S. London: Longmans, Green & Co.

Town Life among the Poorest. By J. Edward Morgan, M.A., M.D. Oxon. London: Longmans, Green, & Co.

On Pyæmia or Suppurative Fever. By P. Murray Braidwood, M.D., &c. London: John Churchill and Sons.

Guy's Hospital Reports, Vol. XIV. London: John Churchill & Sons.
The Marseilles Medical Journal.
Bible Animals. Part XIV.
Public Health.
Pharmaceutical Journal.
The Homœopathic Review.
The Practitioner.
Science Gossip.
The Monthly Microscopical Journal.
The Glasgow Medical Journal, Nos. 1, 2.

◆

APPOINTMENTS.

Heslop, T. P., M.D.—Physician to the Queen's Hospital, Birmingham, vice B. W. Foster, M.D., resigned.

Huxley, J. U., M.D.—Surgeon to the Torbay Infirmary and Dispensary, Torquay, vice Isaac B. Toogood, M.R.C.S.E., resigned.

Toogood, I. B., M.R.C.S E—Consulting-Surgeon to the Torbay Infirmary and Dispensary, Torquay, on resigning as Surgeon.

Wright, E. P., M.D.—Professor of Botany in Trinity College, Dublin, vice Alex. Dickson, M.D., appointed Regius Professor of Botany in the University of Glasgow.

◆

Deaths.

Armstrong.—On the 1st inst., George Hillas Armstrong, M.R.C.S.E., of Duke street, St. James's, aged 66.

Craine.—On the 25th ult., Robert E. Craine, M.R.C.S.E., of Ramsay, Isle of Man.

Advertisements.

NOTICE TO ADVERTISERS.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a mos valuable medium for Advertisements of Books, Vacancies and Appointments, Sales, and Transfers of Practices, Surgical Instruments Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under...............	£0	3s.	6d.
Per line afterwards.................	0	0s.	6d.
One-quarter page....................	1	5s.	0d.
Half ,, ...	2	5s.	0d.
One ,, ...	4	0s.	0d.

The average of words per line is twelve.

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at th OFFICE, on SATURDAY, by Two o'Clock.

Now ready, price 10s., post free,

THE CLERGY LIST FOR 1869, containing Lists of the Clergy in Great Britain and Ireland, the Colonies, and Places Abroad; Benefices in England and Wales, with Post Towns, Incumbents, Curates, Value, Population, Patrons, &c.; Patronage of the Crown, Lord Chancellor, Bishops, Chapters, Universities, Private Patrons, &c.; Benefices arranged under their Ecclesiastical Divisions; with Population of the several Dioceses.

London: George Cox, "Ecclesiastical Gazette" Office, 20 King William street, Strand.

WORKS BY DR. PROSSER JAMES.

SORE THROAT AND THE LARYNGOSCOPE.

By M. PROSSER JAMES, M.D., M.R.C.P. &c., Lecturer on Forensic Medicine at the London Hospital, Physician to the North London Consumption Hospital, &c. Second Edition, illustrated with plates from photographs. 5s.

"The diseases are severally succinctly described, and the various discussions to which they have given rise are briefly alluded to. In the face of a dispute in Germany as to priority, Dr. Prosser James claims credit for completing Liston's idea without German aid."—*Archives of Medicine.*

"We must refer the reader to the work itself, from which we have derived many valuable hints."—*London Medical Review.*

"A sound, practical little work, without even so much as a trace of the bookmaking puffery of the age we live in. . . . . If we were to attempt to select all the little excellencies which make Dr. James's book a practical compendium of throat disease, we should extend our notice beyond the space allotted to us. . . . To our author the credit is due of being the first English author who pointed out the uses of the laryngoscope. . . . In conclusion, we cordially recommend the little work for general perusal, because it is full of faithful and clear description of disease and hints on their nature and treatment, remarkable for their sound, practical, common sense."—*Medical Mirror.*

"Every medical man should have Dr. James's pamphlet on his consulting-room table, and no patient should start on the journey to Vichy without one of these excellent guides, to help to while away the tedium of the journey."—*Medical Mirror.*

II.

THE CLIMATE OF SAN REMO AND OTHER WINTER STATIONS IN THE MEDITERRANEAN, INCLUDING NICE, MENTONE, CANNES, AND HYERES. 1s. 6d.

"A series of useful notes derived from a personal experience of the localities referred to, and will be found profitable to all who require information regarding these health-resorts."—*Abstract of the Medical Sciences.*

III.

A VISIT TO VICHY, comprising a Sketch of its MINERAL SPRINGS and THERMAL ESTABLISHMENTS, with a Notice of the MEDICINAL USES of the VICHY WATERS, SALTS, and LOZENGES. Fourth Edition. 1s.

"Intending visitors and medical men generally, can hardly do better than avail themselves of Dr. James's pamphlet, which will put them quite *au courant* with the latest researches on its waters, and with the cases in which they are likely to be useful"—*British and Foreign Medical Chirurgical Review.*

"Contains a good deal of useful information."—*Brit. Med. Journ.*

"Written in a pleasant style, and well adapted to give practical information."—*Med. Times and Gazette.*

London: John Churchill and Sons, New Burlington street.

Just published, price 6s.

BRAITHWAITE'S RETROSPECT, New Volume from July to December, containing Abstracts of the most practical Papers in all the Medical Journals and Transactions of Medical Societies for the last six months; each Volume also contains a small dictionary or Synopsis of Medical Treatment.

Also for the above period, separately, price 2s.

MIDWIFERY and the DISEASES of WOMEN.

By WM. BRAITHWAITE, M.D., late Lecturer on Diseases of Women in the Leeds School of Medicine; and JAMES BRAITHWAITE, M.D.

London: Simpkin, Marshall, and Co.
Edinburgh: Oliver and Boyd. Dublin: Hodges, Smith, and Co.

DR. LIONEL BEALE'S WORKS.

ON KIDNEY DISEASES, URINARY DEPOSITS, AND CALCULOUS DISORDERS. Third Edition, pp. 500, 70 plates, 25s. [*October 1st.*

THE MICROSCOPE IN MEDICINE. Third Edition, 58 plates, 16s.

London: John Churchill and Sons.

HOW TO WORK WITH THE MICROSCOPE. Fourth Edition, 21s. [*Now ready.*

Harrison, Pall Mall.

THE LIVER: ITS DISEASES, AND THEIR TREATMENT. [*Preparing.*

⁂ These Works are illustrated with upwards of 1500 figures copied from nature.

WORKS BY BAKER BROWN, F.R.C.S. (Exam.),

SURGEON TO THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN.

Late Surgeon-Accoucheur to St. Mary's Hospital.

ON Surgical Diseases of Women. Third Edition Revised and Enlarged, demy 8vo, cloth, price 15s., fully illustrated.

On Ovarian Dropsy. Second Edition, Re-written and Enlarged.

On Scarlet Fever and its Treatment.

London: Robert Hardwicke, 192 Piccadilly.

ALBUMINURIA, with and without Dropsy, in connection with Disease of the Kidneys, Heart, Liver, and Lungs; also in Pregnancy, Fevers, and Diseases of the Nervous System; its Pathology and Treatment.

By GEORGE HARLEY, M.D., F.R.S.,
Professor in University College, and Physician to Univ. Coll. Hospital

Also, by the same Author,

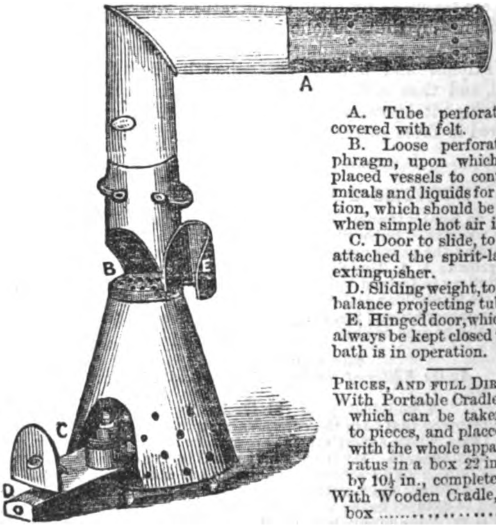
DIABETES: its various Forms and different Treatment. 8vo., price 2s. 6d.

London: James Walton, 137 Gower street.

SURGEON-MAJOR WYATT'S

PORTABLE

HOT AIR AND MEDICATED VAPOUR BATH.



A. Tube perforated, and covered with felt.

B. Loose perforated diaphragm, upon which can be placed vessels to contain chemicals and liquids for evaporation, which should be removed when simple hot air is used.

C. Door to slide, to which is attached the spirit-lamp and extinguisher.

D. Sliding weight, to counterbalance projecting tube A.

E. Hinged door, which should always be kept closed while the bath is in operation.

PRICES, AND FULL DIRECTIONS.

With Portable Cradle, which can be taken to pieces, and placed with the whole apparatus in a box 22 in. by 10½ in., complete.	£3	5	0
With Wooden Cradle, without box	2	12	6

NETTLETON & CO., Patentees, 4 Sloane square, Chelsea

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 17, 1869.

CONTENTS.

PAGE

LECTURE.

West Kent Medico-Chirurgical Society.—Session 1868-9 133

ORIGINAL COMMUNICATIONS.

Further Experience in the Treatment of Phthisis Pulmonalis, &c.. by Pancreatic Emulsion. By Richard J. Kinkead, A.B., Lic. Univ. Dublin, L.R.C.S.I., L.M.D. 134
On Fissures of the Anus, and Ulcers at the Lower Extremity of the Rectum. By Holmes Coote, F.R.C.S., Surgeon to St. Bartholomew's Hospital............ 135
On the Changes Produced by Direct Chemical Addition on the Physiological Action of Certain Poisons. By Drs. A. Crum Brown and Thomas R. Fraser.... 136

HOSPITAL REPORTS.

Lock Hospital—

On the Occurrence of Chronic Genital Sore of a Peculiar Nature. By Mr. Morgan, F.R.C.S.I., &c., Surgeon to the Westmoreland Lock Hospital, and to Mercer's Hospital, &c. 137

PAGE

TRANSACTIONS OF SOCIETIES.

Surgical Society of Ireland 139
Dublin Pathological Society 141

LEADING ARTICLES.

The Virtues of Drugs.................... 142

SCOTLAND.

Edinburgh.—Society for Relieving Persons with Incurable Disease 143
Night Asylum for the Houseless 143
Infirmary Site 143
St. Andrew's............................ 143
Aberdeen 143
Stirling 143
Kirkcaldy 143

FRANCE.

Arsenic as a Cure for Consumption.—The Mortality of Hospitals.—Correcting the Press 143

NOTES ON CURRENT TOPICS.

Pruning the Medical Department of the Army 144
The Navy Curtailment Commission 145
Public Health 145
Phenic Acid as a Febrifuge 145
Prolonged Anuria 145
Medical Relief in Paris 146
Experiments on Coughing 146

PAGE

Sir D. J. Corrigan's Parliamentary Candidature 146
The Vaccination Act in England.......... 147
The Presidency of the Medical Council .. 147
Pauperism of London 147
Winter Climates and the Sanitary State of Winter Health Resorts 147
Medical Constitution of Brussels 148
Medical Military Tailoring 148
The Decimal System in Germany 148
Retrenchment in the Army Medical Department 148
Medico-Social Pencillings of London Life and Practice. No. XI. 149

CORRESPONDENCE.

C. Toogood Downing, M.D., on Suggestions in Medicine.—No. I 150

GLEANINGS IN MEDICINE, SURGERY, AND THE ALLIED SCIENCES.

Medicine.................................. 152
Pharmacy 152
Army Medical School, Netley............ 153
Notices to Correspondents, &c............... 154

Lecture.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.

Session 1868-9.

Dr. Thorowgood, on being elected President of the above named Society, gave the usual Introductory Address at the commencement of the present Session.

After complimenting the members on their satisfactory financial condition, the President proceeded to take a brief survey of the progress of Medical Science during the past twelve months. Allusion was first made to the doings of preventive medicine and sanitary science during the past year; the various epidemics of fever at Winterton, Guildford, and Terling were severally noticed as illustrations to show how distinctly these outbreaks of fever can be traced to imperfect drainage and pollution of the water supply, and how entirely preventible they are if people will but take reasonable precautions. Speaking on these subjects Dr. Thorowgood said:

"The outbreak of typhoid fever at Winterton in Lincolnshire, in the years 1865-66, particularly attacked a group of thirty-five houses at the west end of the town; and here within the twelve months, out of 145 inhabitants 100 contracted fever, and 17 died of it."

The next point adverted to was the late researches of Dr. Buchanan into the effects of subsoil drainage in diminishing the mortality from phthisis in several districts in England. It was shown by statistics that where efficient drainage had perceptibly dried the soil that the mortality from phthisis had diminished both too uniformly, and also in too great an amount to be regarded as an accidental coincidence. Thus the death-rates from phthisis in the fifteen under-mentioned towns had, after improved land drainage, fallen per centum as follow:—

Salisbury	49
Ely	47
Rugby	43
Banbury	41
Worthing	46
Leicester	32
Macclesfield	31
Newport	32
Cheltenham	26
Bristol	22
Dover	20
Warwick	19
Croydon	17
Cardiff	17
Merthyr	11

Passing from this subject to notice the improvements effected in the management of workhouses, and the good likely to accrue to the mercantile marine by the introduction of the Merchant Shipping Act of 1867, whereby a pure supply of genuine lime-juice is secured for the seamen in this service, the lecturer proceeded to speak of recent researches by Dr. Sanderson and Mr. Simon, on the inoculability of tubercle, as well as of the highly interesting experiments made by Dr. Thudichum on the chemistry of diseases as investigated by the spectroscope.

The concluding part of the address exhorted to a more diligent study of practical therapeutics, and was as follows:

Since the great business of us doctors is to cure people of the various ills to which they are liable, it becomes us, in looking back, to observe what advances have been made in our methods of dealing with the diseases and mishaps incident to human life.

In surgery we find the antiseptic treatment, brought prominently into notice by Professor Liston of Glasgow, to be steadily gaining ground; it seems as if now the tendency of surgeons was towards the practice of treating wounds by pouring in oil and wine, rather than by the water dressing once so highly commended for its simplicity and suitability to all kinds of wound or injury.

In illustration of the antiseptic plan allow me to relate briefly a case of Mr. Syme's in the Edinburgh Infirmary.

On the morning of August 10th, J. Dart, æt. 53, going out to cut grass about 30 miles from Edinburgh, fell upon his scythe and inflicted a severe wound of his knee-joint.

He was put into a cart and taken to a station, whence he travelled by rail to Edinburgh. It then appeared that a wound four inches long extended obliquely across the knee, dividing the quadriceps extensor tendon, and affording free access to the joint. The cavity was freely sponged with carbolic acid; the cut edges, which had been widely separated, were drawn together by sutures; a pledget of carbolic oil was placed over the wound, and a splint was applied to keep the limb straight. Not the slightest constitutional or local disturbance followed, the pulse never rose beyond 63, on the fourth day the wound was healed, and on September 13th the patient left the hospital with the limb strong and flexible.

At the Great Northern Hospital Mr. Adams has had many very successful results in cases of wounds and compound fractures by following the principles of the antiseptic treatment; all wounds are washed with ether, either at once, or after a preliminary cleansing by water.

Thus we see surgeons coming now once again to a sort of modification of the old-fashioned "vulneraries" with which they used to treat wounds years ago.

As in surgery, so in physic, we are tending now, I believe, much more towards a positive system of drug healing than we were even a few years ago, when the expectant school was so active in teaching, that people got well whether they had drugs, or whether they had not, and often a deal faster without them than with them.

This expectant school of physicians unquestionably formed a most wholesome reaction against the ridiculous polypharmacy and rude farrier-like practice of wholesale bleeding, which had been so much in vogue previously, and which was often the destruction of the patient; but it is contrary to all we know of man and his instincts to believe that he will, when sick and ill, be content with the assurance that there is no use in his taking medicine, but that if he is quiet his disease will naturally pass away in process of time.

Almost as naturally as a dog when ill goes and eats dog-grass, so a man when ill feels that there must be something to be got at in nature which, though foreign to his usual habits of diet, will nevertheless be salutary for him in his time of distress; hence comes the art of drug-healing, which, as an art helped and supported by science, will be sought and required by all some time or other, so long as they are in the flesh.

During the last year the experiments of Dr. John Harley have added much to our knowledge of the action of conium, henbane, and belladonna.

With nicotine one case of tetanus has been fairly cured by Mr. R. Harrison, and Dr. E. Watson is able to report six cases of tetanus cured by the extract of the calabar bean, this bean appearing in its action to resemble nicotine, but to be safer and more manageable. If the patient is not able to swallow, then the tincture of the bean must be injected hypodermically, and a liniment made with the tincture should be rubbed down the spine.

As a sign of therapeutic progress, I may mention the care that is now taken in the administration of alcohol in disease. Only a few years ago at King's College Hospital, the consumption of brandy was something enormous, now many cases of uncomplicated pneumonia and febrile diseases are treated, and get well in a most satisfactory way, without the use of any stimulant at all.

In another year, thanks to Drs. Thudichum, Dupré, and Anstie, we are likely to have much added to our knowledge of the effect of alcohol on the system in health and disease.

I can, in concluding, merely name among the doings of the year the introduction of nitrous oxide gas as a useful anæsthetic in dental surgery; it appears now to have been used in several thousand cases, and without any accident. The first idea of this gas being of use as an anæsthetic we owe, as is pretty well known, to the bright genius of Sir Humphrey Davy.

There are other matters I wished to have mentioned did our time permit, among them Professor Haughton's Experiments on Food, Work, and Disease; also the excellent and interesting Gresham Lectures of the Past Year, by my friend, Dr. Symes Thompson.

I wished too to have said a few words respecting certain very carefully conducted experiments (as Dr. Carr can testify), on the action of mercury upon the liver, instituted by Dr. Hughes Bennett. For my own part I doubt how far we may legitimately infer the action of mercury on the liver of a bilious man from experiments made on a healthy dog; and it appears that the results of the experiments do not accord with the practical experience of most of us, which certainly tends to teach us that mercurials are what we call cholagogue, or bile-producing medicines.

From the matters I have brought before you, rather in a discursive than in a regularly systematic way, I think you will say that we doctors, in our constant warfare against disease, may rejoice and be glad when we look at the progress we have lately made in all branches of our art. We must still persevere and fight our battle against popular prejudice, ignorance, superstition, bad air, bad water, bad drainage, and all the diseases arising from these or any other causes. We must learn to practise treatment in the widest sense of the word. Sometimes all we have to do is to watch carefully our patients as they pass through those of the acute specific diseases which we know must run a definite course. In these cases our treatment consists in supporting the strength and watching against any sudden complication that may arise, such, for example, as the inflammation of any important organ, such as the lung or brain. In these cases—

> Est medici *curare*, auroque remunerat æger;
> *Sanare*, e cœlo, munere gratuito.

It is not always, however, that the sick man can remunerate the care of his physician with his gold, and we must all learn to regard it as one of the privileges of our order to be able to give priceless services to our sick fellow creatures without fee or reward.

Above all things we must remember that we are always students and learners, from the very time when we first enter at the hospital, even up to the solemn hour when we, passing from earth ourselves, learn what that event is in itself, to the aversion of which from our fellow men our lives and energies have been, as we would humbly trust usefully devoted.

◆

Original Communications.

FURTHER EXPERIENCE IN THE TREATMENT OF PHTHISIS PULMONALIS, &c., BY PANCREATIC EMULSION.

By Richard J. Kinkead, A.B., Lic. Univ. Dublin, L.R.C.S.I., & L.M.D.

Perhaps the strongest tendency of the human mind is to generalize facts, to "carry up our knowledge into unity." Were it not for this faculty, the varied phenomena of the world would be unintelligible; their very number would confound us; and our finite intelligence would be incapable of comprehending their infinite variations. But this principle of our mind teaches us to assort them into classes, and so reduce them to the range of our capacities. This love of unity, whilst it, by making the incomprehensible comprehensible, opens wide a gate to knowledge, and guides to new discoveries, also leads the unwary into error. "Hardly is there a similarity detected between two or three facts than men hasten to extend it to all others," and thus a theory is formed; "and if perchance the similarity has been detected by ourselves, self-love closes our eyes to the contradictions which our theory may encounter from experience."

In no profession does this faculty of the mind lead to more glorious results or graver errors than in the medical. We have innumerable theories of disease—some true, others false; but no disease surpasses tuberculosis in the number and variety of its theories. Most of these having their foundation on one or two similar facts, all other points, even if at seeming variance, are explained on the system of the happy author of the theory.

But, fortunately, our treatment does not depend on the truth or falseness of these theories. Long observation has shown what remedy is likely to prove useful, what medicine will alleviate suffering. I do not intend in this paper to discuss the relative merits of any of the multitudinous phthisical theories, nor do I purpose to consider the treatment of pulmonary consumption in its entirety; but leaving out climate, regimen, hygeic regulations, &c., to restrict myself to what is its most important, but yet only partial treatment—the oleaginous.

That tuberculosis is a constitutional disease, and that tubercles are merely the effects, the products of this systemic affection, is demonstrated more clearly as our clinical and pathological researches become more extended and more accurate. The nearer we approach to a knowledge of the causes of the origin of the bad habit of body which produces tubercle, the more successful we will be in not only curing, but also in preventing this terrible malady. In fact, our only hope rests on our knowledge of it as a constitutional affection.

However divided on other points, physicians are unanimous in recommending fat, or rather oils, in tuberculosis. This shows the very general belief, that the quantity of fat contained in food is either not assimilated, or that a sufficiency is not digested to supply the necessary amount of respiratory food. The conviction that it is the fatty assimilation that is out of order is steadily gaining ground.

The intense dislike to fats generally manifested by tuberculous patients, frequently existing before any physical signs of disease can be detected, and the inability to retain them on the stomach when taken, indicate a deficiency of digestive power.

Two questions now naturally arise—

1st. What causes this deficiency of digestive power?

2nd. How does the non-assimilation of fat cause the production of tubercle?

I do not attempt the answer of the latter—it is still a debated subject; indeed many doubt whether tuberculosis is caused by oleaginous food not being assimilated. To anyone interested in this question I would recommend the study of Dr. Horace Dobell's little work on Tuberculosis, which contains the most rational hypothesis I have yet seen on the subject.

Since, then, the digestion of oleaginous food is incomplete, since it in some way causes the deposition of tubercle, and since physicians for the most part are agreed that the introduction of fatty matters into the system affords the best prospect of curing the disease, the great question for the practical physician is how this may best be effected.

"The efforts of the practitioner should be directed to the digestive rather than the pulmonary system, that the kind of morbid nutrition in the body generally, and altered morphological changes in the tissues of the organ where the deposit takes place, appear to be chiefly due to the excess of albuminous, and deficiency of fatty elements in the chyle. It has been now fully shown, especially by the observations of Dr. Bennett, in the first instance, confirmed by the extensive experience of the physicians of the Brompton Hospital for Consumption in London, that such treatment as is directed to remove the mal-assimilation of food frequently checks the tendency to the repeated occurrence of tubercles, while those that previously existed remain harmless; that general symptoms and physical signs may disappear completely; and that even extensive excavations in the pulmonary tissue may heal up and cicatrize." To improve the faulty nutrition, "it is of all things important that fatty matters should be assimilated in large quantities."[*]

Until a short time ago, cod liver was without doubt the best medicine we possessed, and that it is a most valuable one is, I think, an undoubted fact; far superior to other animal fats and oils which have been tried, such as cream, butter, neatsfoot oil, &c.; fat meats, as pork, mutton chops, bacon, &c. But when we try to administer cod liver oil we are met by a difficulty which it is often impossible to overcome, that is, to enable the patient to take it; for if we can overcome the distaste to fats of all kinds which usually exists, and induce our patient to try it, in most cases we find that the stomach will reject even very small quantities of the oil, and although in some cases it may at first be retained, yet, after a short time, it will be rejected. In many instances we can by no means overcome this intolerance of the stomach. That this is not due to the excessive acidity of the strumous dyspepsia, present in nearly all tuberculous patients, is, I think, proved by alkalies so signally failing to procure the retention of the oil.

If we examine, then, the effects of cod liver oil, we find in some it is retained, and acts most beneficially, even performing a cure. In some it is retained, and acts beneficially for a time, but then its good effects cease, and the patient gradually gets worse. In others it is retained for a short time, and then rejected before it does much good; and in others it is not retained at all. There are a few cases in which the disgust to oils is so great that even an attempt to take it cannot be made.

What is wanted, therefore, is a remedy which will aid the good effects of cod liver oil in those cases in which it is retained, and which will supply its place in those in which the oil is rejected, and (as in phthisis it is necessary to succeed in getting a large quantity of oleaginous food assimilated) will educate the stomach to retain cod liver oil and other fats. The agent that will, I believe, do this is pancreatic emulsion, the credit of introducing which belongs to Dr. Horace Dobell.

The emulsion has many advantages over cod liver oil. It will be retained where the oil has been rejected. This has been proved by experience. In patients of my own I have found it to be the case.

In 1867, Dr. Dobell published a "Report on the Experience of Medical Men who have used Pancreatic Emulsion of Fat." In collecting materials for this report, amongst others the following question was asked—"Have you found that patients can take the emulsion when they cannot take cod liver oil?" Thirty-two medical men sent answers to his queries; twenty-nine of these answered this question in the affirmative.

In a report of cases treated by Dr. Freke in Steeven's Hospital, the same testimony is borne:—"The emulsion and cod liver oil was tried in six other cases of pulmonary consumption under Dr. Freke's care, in all of which it produced a speedy and well-marked improvement in the digestive organs, and proved far superior to the oil alone. In no single instance did it disagree, and in several instances patients who were at first *quite unable to take cod liver oil, even in small doses*, found that a few drachms of pancreatic emulsion enabled them readily to do so."[*]

This report also bears very strong testimony to the truth of a statement that I made in a former paper on the subject, that "after the emulsion has been administered for some time it will be found that cod liver oil will agree in those cases in which before it did not."

(To be continued.)

◆

ON FISSURES OF THE ANUS, AND ULCERS AT THE LOWER EXTREMITY OF THE RECTUM.

By Holmes Coote, F.R.C.S.,

Surgeon to St. Bartholomew's Hospital.

The amount of pain which the presence of fissures of the anus or small ulcers at the lower extremity of the rectum may cause to the patient is often so great as to excite the surprise even of the surgeon. I may mention in illustration the case of a lady lately under my care, who, without knowing exactly the cause, assured me that she had been for the last eighteen months worn out by suffering, and was unfit for the performance of any domestic duty. The pain was not confined to the bowels, but extended to the loins, hips, and thighs. During the day she often felt as if "her legs would give under her," and at night time the rest was disturbed by cramps. More than all, she complained of sudden irritability of the bladder and urethra, rendering the desire at once to expel the urine almost uncontrollable, and this act was followed by a feeling of tenesmus, perhaps by a slight escape of fæcal matter, and by an access of pain in the region of the fissure.

---

[*] Aitkin, Practice of Medicine, vol. ii., page 280.

[*] Cases under care of Dr. Freke. Reported by S. Flood, M.B. Medical Press and Circular, October 7, 1868.

These pains are not fanciful nor exaggerated. I have had under my care strong and otherwise healthy men, and delicate women in all stations of life, and sooner or later with them all, the suffering caused by this apparently slight affection is such as to render them prostrate, and willing to undergo any operation for relief.

When the surgeon examines the patient, he may at first see but little to attract his attention: one of the folds of integument about the anus seems a little fuller than the rest; upon closer inspection the skin will be found red, excoriated, and superficially ulcerated, the parts, however, packed together so as to constitute a "fissure." It has none of the appearance of a "tuberculous" ulcer, and possibly the explanation usually given by the patient is the correct one, namely, that it came on by the act of straining in defæcation. Such patients are for the most part inclined to constipation of the bowels, and many, as is well known, show great neglect on matters of this sort, which are all-important to health.

It is fortunate for the patient that in these cases relief may be afforded promptly and completely. All that is needed is to throw the parts into a state of rest, when the pain disappears and cicatrisation is soon completed. The mere stretching of the ulcerated structure by the introduction of the finger, or of the small speculum into the anus, is often followed by immediate alleviation of all the symptoms. Indeed, Recamier recommends this method of treatment; he stretches the fissure until he lacerates it, and thus, perhaps, a state of the most perfect rest—muscular as well as otherwise—is temporarily produced. It has found favour with some of our own surgeons (vide Duigan, *Dublin Hospital Gazette*, Sept. 15, p. 277, 1860).

I prefer the division of the fissure by means of a straight knife introduced along the finger. The loss of blood is trifling, the pain momentary, and the relief at once complete. Indeed, the very aspect of the patient is changed when the surgeon revisits him.

The bowels had better be kept quiet by opium for a few days, and then relieved by mild aperients, such as sulphur and senna.

Nélaton and Trousseau recommend for the treatment of fissures of the anus, enemata of ext. krameriæ, gr. 75, to water, ℥iij., used morning and evening, and retained fifteen to twenty minutes, as long as there is pain on returning the injection. When the pain has ceased they may be used once a day, or once every two days. It is also useful to apply locally a magma of bismuth, one part to three of glycerine.

In cases where patients have declined the usual operations, I have obtained benefit from the use of carbolic acid.

Some extremely interesting cases illustrative of this affection have been described by Mr. Hilton, surgeon to Guy's Hospital ("On Rest and Pain"). In one case an anal ulcer produced retention of urine and symptoms of pregnancy. The patient, a young lady, aged twenty-two, withdrew from society, and passed her days lying on the sofa. In former times this would have been called "hysteria." By careful examination, however, the seat and nature of the disease was discovered, and complete relief given by the usual operation (p. 291, op. cit.). In another case an anal ulcer was accompanied by pain along the sciatic nerve, over the left hip and loin, with pain in the right leg (op. cit., p. 932). Arterial hæmorrhage has been cured by division of the ulcer. In a case under my care, that state of morbid irritability of the vagina, now called vaginismus, was kept up by a similar morbid condition, and was also relieved by the division of the ulcer.

These remarks do not apply to cases of extensive ulceration of the mucous membrane of the rectum, but to those conditions which have been well arranged under three heads: 1st, the crack or fissure of the anus; 2nd, a superficial ulcer, almost invariably co-existent with varicosity of the veins of the rectum; 3rd, an excavated ulcer situated between the external and internal sphincters (J. Prouse, *British Medical Journal*, 1860).

◆

ON THE CHANGES PRODUCED BY DIRECT CHEMICAL ADDITION ON THE PHYSIOLOGICAL ACTION OF CERTAIN POISONS.*

By Drs. A. Crum Brown and Thomas R. Fraser.

In this paper the authors communicate the first results of an attempt to discover the relation which must exist between the chemical constitution and the physiological action of a substance. As the chemical constitution of the majority of physiologically active substances is unknown, they investigate the subject by examining the physiological action of a substance before and after the performance upon it of a definite chemical operation, introducing a known change in its constitution.

This comparison leads to a suspicion that physiological activity is in some way connected with *chemical condensation*, by which term the authors mean susceptibility of addition, whether the addition takes place by the increase of the atomicity of an atom, or of a group of atoms. This suspicion receives some confirmation from the fact, that such of the stable combinations of pentatomic arsenic and antimony as have been examined physiologically, are stated to be inert, while all the soluable compounds of triatomic arsenic and antimony are active; similarly, the aromatic bodies are, as a rule, more active than the corresponding fatty bodies.

The poisonous alkaloids thus examined, and included in this paper, are strychnia, brucia, thebaia, codeia, morphia, and nicotia. The authors give details of the processes followed in obtaining the iodide and the sulphate of the methyl-derivatives of these bases, and they describe their physiological effects.

Twelve grains of iodide of methyl-strychnium, subcutaneously administered, produced no effect on a rabbit, weighing three pounds. Fifteen grains were recovered from, after symptoms; and twenty grains was a fatal dose. When exhibited by the stomach, twenty grains of this compound did not cause any symptom; while the same rabbit was rapidly killed by one-tenth of a grain of strychnia, given in exactly the same way. Twenty grains of iodide of methyl-strychnium contain about fourteen grains of strychnia.

Both the iodide and the sulphate of methyl-strychnium produced symptoms altogether different from those of strychnia. There were no convulsions, nor was there the slightest exaggeration of the reflex function; the symptoms were those of paralysis, and death was produced by the asphyxia that this occasioned.

Brucia and thebaia act in the same way as strychnia, and it was found that iodide and sulphate of methyl-brucium and methyl-thebaium have the same action as the analogous strychnia compounds.

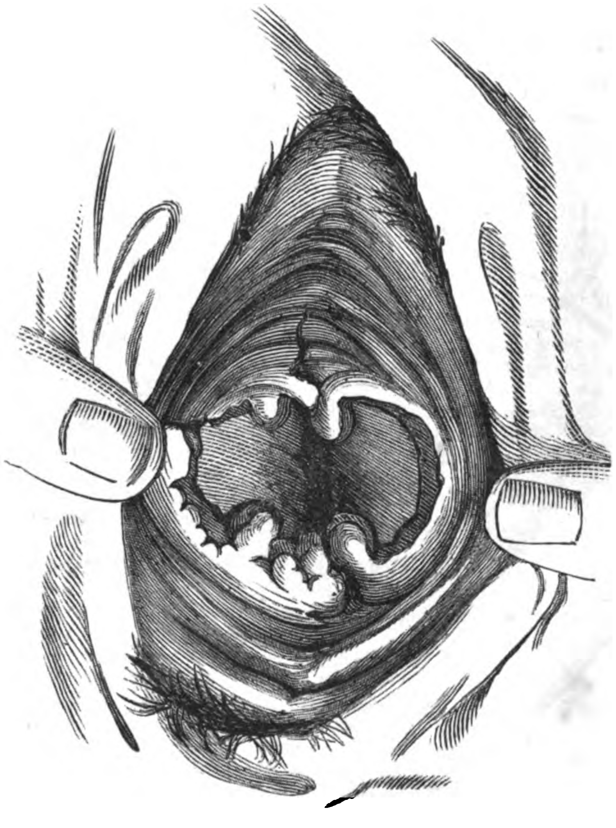
Recognizing the possible fallacies connected with experiments with such a substance on rabbits, the authors determined to observe the effect on man. One of themselves, accordingly, took, on one occasion, half a grain of

---

* Abstract of a Paper read before the Royal Society of Edinburgh, Jan. 6, 1868.

ON THE OCCURRENCE OF CHRONIC GENITAL SORE OF A PECULIAR NATURE.

FIG. I.



BY MR. MORGAN, F.R.C.S.I., &c.

iodide of methyl-morphium as a powder, and on another, one grain (containing about three-fourths of a grain of morphia), but on neither occasion was there observed the slightest soporific or other effect.

The authors have also investigated the action of iodide of methyl, and they obtained no evidence in support of the extremely improbable hypothesis, that some of the changes produced in the action of the substances they had examined might have been due to the addition of the physiological action of the methyl compounds. They conclude by discussing the possible causes of these modifications, by pointing out some of the practical applications of their results, and by promising to examine how far iodide of methyl may prove an antidote to the poisonous effects of these vegetable alkaloids, whose fatal dose it increases. In a recent paper "On the Physiological Action of Methyl and Ethyl Strychnia," MM. Jolyet and Cahours publish in *Comptes Rendus*, Nov. 2, 1868, results almost entirely corresponding with those of Crum Brown and Fraser, and announce them as their own discoveries, but have since yielded to them in priority as to the strychnia compounds.

◆

Hospital Reports.

LOCK HOSPITAL.

ON THE OCCURRENCE OF CHRONIC GENITAL SORE OF A PECULIAR NATURE.

By Mr. Morgan, F.R.C.S.I., &c.,
Surgeon to the Westmoreland Lock Hospital, and to Mercer's Hospital, &c.

A form of chronic sore is of comparative frequency in the wards of the Lock Hospital. It bears no definite relation to the age of the patient, or even to the temperament; the robust, the young, and the debilitated presenting much the same appearances; although this form of sore no doubt appears more specially to affect those who have been for some time dissipated. The illustrations, which were taken as average examples of the affection, give a general idea of the local characteristics, which may be thus tabulated :—

1st.—They all have extreme density of the edge.

2nd.—They have great elevation of the edge, sometimes to even a quarter of an inch in height.

3rd.—They have a smooth, non-granular surface.

4th.—They secrete no pus, but a thin discharge.

5th.—They have a great extent of surface, often exceeding a crown piece in size.

6th.—They are extremely insensible, and difficult of irritation.

7th.—They are, my experience teaches, incapable of auto-inoculation.

The patients are not affected by inguinal enlargements, nor have suffered from buboes, although the sore has existed many months, the insensibility of surface being such that no inconvenience or pain was caused by intercommunication, and the extent of the sore was almost unperceived by the patient. As a rule there is evidence of a lurking syphilitic taint co-existing, but in no special form. I have seen gummata, papules, pains only, the birth of syphilitic children only, nodes and periostitis, as complications.

All the patients positively date the sore as commencing at a certain time and in the form as it exists for months. It is eminently not auto-inoculable, as I have repeatedly tried to procure auto-inoculation both before and after irritation, but without results.

After most careful inquiry I cannot ascertain that this sore has been communicated to others. In one case the same man cohabited with impunity for five months, the woman producing at the eighth month a syphilitic deadborn child. Though by no means certain, I am hardly inclined to think it communicable as such, for these patients generally continued their unhappy course of life for months before admission; in one instance, I am assured, for ten months continuously. I select the following cases as illustrating this form of sore. The woodcut shows the general aspect of the edges and surface, which are remarkable.

Case No. I.—*Chronic Sore of eleven months' duration.*

E. M., admitted April 1st, 1868 (Ward No. 6, Bed 6), æt. thirty-four, gives the following history. First unvirtuous fourteen years ago. Thirteen years since got a sore and suppurating buboes on both sides. Was subjected to full mercurial treatment at that period, and had no subsequent constitutional symptoms. Afterwards she married and lived with her husband eight years, but never was pregnant. Three years before admission her husband died, and she returned to her former life, and got a sore, which appeared in December, 1867. During the subsequent four months, till admission, she was living irregularly, pursuing an unvirtuous life. She states that the sore was but little painful, and secreted abundantly.

Coming under my care May 13, 1868, she presented the following evidences—is thin; looks much older than she states her age to be; has no pains, rash, or other constitutional signs. The internal organs are healthy; menstruation continues, but is irregular.

On examination, a large sore entirely occupying the orifice of the vagina was found, presenting all the appearances shewn in the illustration (Fig. 1), the edges being extremely dense, elevated, and welt-like, and of a whitish colour; the surface of the sore red, smooth, and secreting a scanty and thin pus; the sensibility very low, so much so that the patient had no idea of the extent of the ulcer. The inguinal glands were not enlarged. She was ordered large doses of iodide of potassium with bark, nutritive diet, and bisulphite of lime wash to the sore.

July 16.—She now got an attack of severe periostitic inflammation of the left tibia and ankle, which was resolved by blisters, fomentation, and rest, the iodide of potassium being increased in quantity per dose now to fifteen grains. She also had a periostitic attack of the sternum and clavicle, which was very resistant to treatment; and shortly afterwards suffered much from an ulceration of the upper gum, exposing the fang of the canine tooth. This healed, however, with rapidity, from local applications. As the genital sore remained obstinate notwithstanding local irritation and treatment, and as its appearance and conduct resembled much a lupoid ulceration, I determined upon the cautious administration of arsenic. I commenced with two-drop doses of Fowler's Solution, and afterwards gradually increased it to four, but the patient could not bear beyond this amount. In five or six days the sore showed slight indications of amendment. Being thus encouraged in the view I had taken, I now applied the solution five drops to the ounce as a lotion. The sore from this date gradually and steadily healed, and the general health improved. A gumma which formed on the thigh, and occasionally painted with R Iodinii, resolved itself, and the patient was discharged cured Nov. 26, 1868.

On Dec. 18, 1868, the patient was re-admitted, suffering from a gumma on the thigh, now ulcerating and painful. A sore has now formed at the posterior part of the vagina, in the cicatrix of the original. It has not the appearance characteristic of the chronic sore, but is more that of a rent from violence, and shortly afterwards healed.

On a review of this case, assuming the account to be true, which I believe it to be, we find no constitutional signs to have succeeded the first sore, and that the reception of a fresh poison dates altogether from the formation of this last as a primary, followed by well-marked constitutional manifestations—periostitis, gummata, ulcerated gum, and pains; the primary, though at first painful, soon took on the chronic character. I repeatedly used auto-inoculation, but invariably with unsuccess, equally whether the sore had been artificially stimulated or not.

From the serpiginous and chronic nature of the ulceration, its insensibility and chronicity, and its specially yielding to the influence of arsenic, I look on the ulcer as being in the first instance received as a specific sore, and becoming, under peculiar constitutional conditions, of a chronic or lupoid nature, but how far capable of contagion I hesitate to pronounce.

CASE No. II.—*Chronic Sore of six months' duration.*

No. 2 illustrates again this form of chronic sore occurring in a younger and more vigorous subject, accompanied by a well-marked papular eruption, and deafness from syphilitic myrengitis.

M. J. (Ward No. 2, Bed 7), admitted 10th March, 1868, æt. twenty-one, is stout, and apparently strong and vigorous; unvirtuous four years. Three years ago got a primary genital sore, which was treated without mercury. The inguinal glands of one side were enlarged, but did not suppurate. She remained free from any after consequences, pursuing an unvirtuous life till January, 1868, when she got a sore, small and painful at first, but gradually extending outwards on the nympha, and becoming insensible compared with its extent. After suffering with this for four or five weeks she came to the hospital; in addition having a well-marked papular eruption over the body generally, but specially developed about the back of the neck and shoulders. She was also deaf, and had some slight discharge from the ear, but was otherwise in robust health and good condition. The sore exceeded the size of a crown piece, and extended out on the nympha, presenting the hard, dense, cuticular edge shown in the illustration (No. 2). The surface was like red plush, devoid of granulations, but secreting tolerably freely. The characteristics of the sore in this patient were, however, not by any means so marked as in the preceding case, and there was more sensibility of the surface. I looked on the sore as being in that state bordering on chronicity, but not thoroughly established. I therefore treated it by local applications, stimulating lotions of sulphate of zinc, alternating with lotio nigra, repeated stimulation with nit. argeniti, nit. cupri, R iodinii, and carbolic acid. With some of these stimuli it was touched well every third day, the patient kept in bed, and treated by the internal administration of iodide of potassium, in gr. xv. doses, with bark.

Under the influence of this vigorous treatment the sore gradually yielded and healed, leaving the peculiar indentation always remaining as the site of the sore; the surface healing by a skinning process, and not by centripetal granulation.

She was discharged cured July 9th, 1868, having been upwards of six months a sufferer.

Reviewing this case, the local sore is found with papular eruption, syphilitic deafness, and preceded some three years previously by a primary treated without mercury. The characteristics of the sore, as will be seen by the illustration, were not so marked as in the preceding, and there was more sensibility of surface. I looked on this as being in that state bordering on chronicity; I therefore treated it principally by local stimuli, as before mentioned. Auto-inoculation always proved unsuccessful.

This patient has been lately again under treatment for ulcerated throat, but has no other symptom; the indentation corresponding to the original sore is well marked; her condition and general health is otherwise good.

CASE No. III.

Chronic Sore of fourteen months' duration.

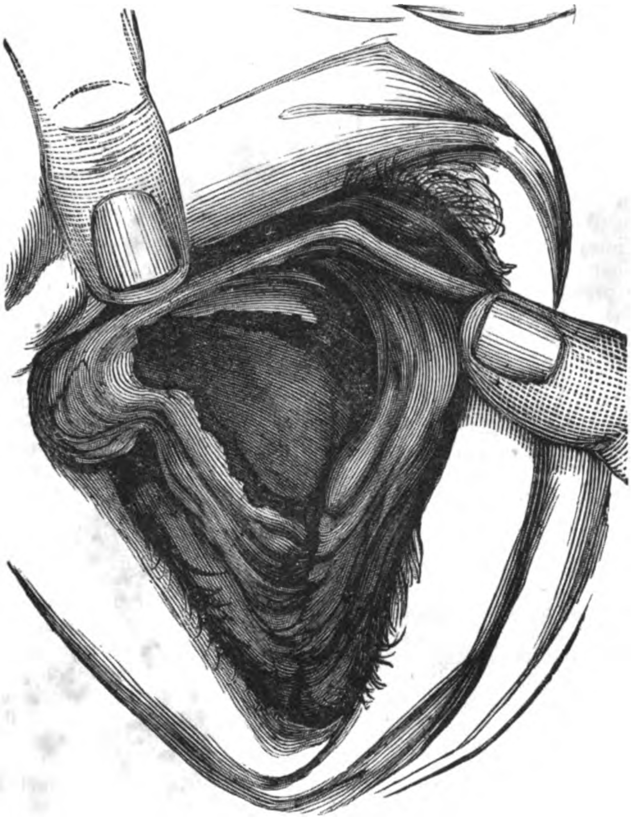
F. R., aged twenty-six (Bed No. 5, Ward 1). Unvirtuous for seven years. Having been two years on the town, contracted a sore and bubo, for which she was treated in the hospital without mercury, and was discharged cured. She remained free from any symptom for a period of about two years, when she suffered from an extensive eruption, for which she was again admitted to hospital, submitted to mercurial treatment, and discharged cured. No further symptoms presented themselves till about July, 1867, when a sore formed at the side of the vaginal orifice, which gradually increased in size, yet without causing much pain. She was admitted to hospital in October, 1867, about three months subsequent to the first formation of this sore (during all which time she was pursuing her unfortunate course). She was now treated for three and a-half months, but though not cured, she left, and resumed her mode of life for eight weeks, when a papulo-squamous eruption having manifested itself, she again was admitted on March 3rd, 1868, and subjected to a mildly mercurial treatment by the exhibition of the compound calomel pill. Under this influence the eruption gradually yielded and the general health improved, but the sore remained.

In the first week of July, 1868, another crop of papular eruption appeared, some of the papules being isolated and some in clusters and annular. On the 27th of July the patient complained of lassitude and debility. On the next day a bulla had formed on the right thigh; during the next forty-eight hours another bulla on the left thigh; the next day another over the mons veneris. These bullæ were very tense and dark-coloured, filled with a sanguineous fluid, and surrounded by a blush or areola extending to three inches around, of a vivid red, shading off gradually. When broken, the cutis was found superficially ulcerated, leaving dark-coloured stains. A fourth and fifth bulla formed at succeeding periods on the shoulders, but were small, not exceeding the size of a fourpenny-piece, whereas the first nearly equalled a billiard ball in size. The bullæ were not interfered with, but simply kept covered and warm. Ten-grain doses of iodide of potassium and bitter infusion were given every six hours. Moderate stimulants and nutritious diet ordered. On examining the genital sore it presented all the characteristics shown in illustration (No. 3). The edges were cut out, greatly elevated and whitish, the surface devoid of granulation, red in colour, and almost insensible to pain. Having now lasted upwards of a year, during part of which time the patient was under the influence of mercury, which caused the disappearance of the eruption without inflaming the sore, I looked on this as a good case for testing the arsenical treatment. I therefore ordered three-drop doses of Fowler's Solution three times daily, and a lotion of Sol. Fowleri, ʒij.; R. opii, ʒij.; aqua ℥x. This application caused some irritation and stimulus to the ulcer, which gradually healed, the "welt-like" circumference disappearing, and the ulcer "skinning over." This is invariably the way that cicatrization takes place. There is no centripetal or healing process; long after the healing of the sore a well-marked cup-like depression and cicatricial margin is seen; and I have had one remarkable case under observation, where the cup-like depression left by this sore was to be seen nine years after the original affection. She was discharged cured. In this case the sore had merged into the true chronic or semilupoid condition, and required the full influence of the arsenical course to effect its cure. The extent of the ulcer was very great, and the margin as dense as cartilage. Auto-inoculation, though carefully performed, was unsuccessful, and the constitutional infection was evidenced by the presence of eruption. This woman was, while suffering from this sore, living irregularly, and if the sore were contagious, must have caused frightful mischief among the community.

The illustrations have been carefully taken of the exact size of the sores, and No. 3 shows well the irregular and welt-like edge which circumscribes the ulcer. There is another remarkable fact connected with their occurrence, that they affect mucous or mucoid surfaces. On another occasion I intend to illustrate cases of extensive ulcerations of the rectum, the entire urethral tract, and the mucoid surface of the vulva, lasting for over twelve months, and of extreme intractability; and I have had lately an opportu-

ON THE OCCURRENCE OF CHRONIC GENITAL SORE OF A PECULIAR NATURE.

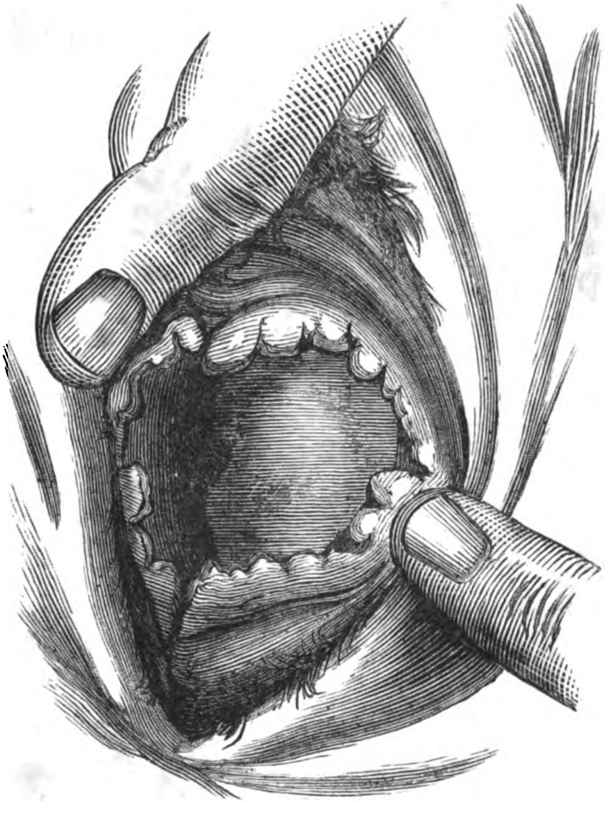
FIG II.



BY MR. MORGAN, F.R.C.S.I., &c.

ON THE OCCURRENCE OF CHRONIC GENITAL SORE OF A PECULIAR NATURE.

Fig III.



By MR. MORGAN, F.R.C.S.I., &c.

nity of examining after death a case where the entire urethra was taken away by this chronic ulceration, the opening of the bladder equalling a sixpence in circumference. No urine had been retained for months, the coats had thinned extremely. These cases furnish remarkable examples of the transition stages of the more chronic forms of this protean disease.

◆

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

The Society met on Friday evening, the 22nd of January, in the Albert Hall, Royal College of Surgeons, Professor Macnamara, Vice-President of the College, in the Chair.

Members present.—Messrs. C. Benson, Jameson, Wharton, Walsh, Elliott, Colles, Croly, sen., Croly, jun., Fleming, Jacob, Morgan, Murdock, Coulton, J. R. Kirkpatrick, Darby, Morrogh, Leech, W. D. Moore, Ferguson, H. Kennedy, Montgomery, Stoney, Roe, Stoker, Purcell, R. H. Moore, C. Moore, Willis, O'Grady, Grimshaw, J. Brady, Bookey, Kelly, D. White, Minchin, Swan, Wright, E. Hamilton, W. Stokes, jun., P. White, F. T. Porter, McSweeny, Croker, Butler, McClean, Skelton, J. K. Barton, Mapother, M. Ward.

CASE OF STONE IN THE BLADDER IN A BOY AGED SIX YEARS. LATERAL OPERATION—RECOVERY.

Mr. **Henry Gray Croly** said:—The case I am about to bring under the notice of the Society is one in which I performed the lateral operation of lithotomy; and as the operation is not one that is usually adopted in Dublin, I thought it would be interesting to lay the specimen before the Society, and hear the opinions of the members on this mode of operating.

M. G., aged six years, a handsome and extremely healthy-looking boy, was admitted under my care into the child's ward of the City of Dublin Hospital, in October, 1868.

History.—Three years previously his parents noticed that he had some difficulty in passing water, and pulled occasionally at the prepuce. He sometimes altered his position in bed when trying to pass water, and screamed from pain. The stream often stopped suddenly, and one day on which he suffered intense pain he passed a small calculus about the size and shape of a pea. The symptoms from that time disappeared, and the child enjoyed excellent health until April, 1868, when he again suffered from the same symptoms, which increased in severity. He was brought to me by his mother, and on hearing the history I placed the boy under the influence of chloroform, sounded him, and quickly detected the stone.

On his admission into hospital he was a perfect picture of health, and, except for the frequent micturition and startings in his sleep, he did not at first suffer much pain. For some days he fretted a good deal after his mother, but soon became accustomed to the ward and played about the yard with some convalescing children. A troublesome attack of diarrhœa (occasioned as I discovered by fruit and cakes injudiciously brought to him by his sister) obliged me to put off the operation for some days. His diet was nutritious, but unstimulating, and he got a tepid hip bath at night.

On the 9th of November I performed lithotomy. A small dose of castor oil was given to the patient the night previously to operation, and his rectum was emptied by an enema of warm water early in the morning. He was chloroformed in bed and carried to the theatre. The operation table was made of sufficient height (3½ feet) by firm pillows and folded blankets. The following instruments and appliances were arranged on a tray:—lithotomy jupe—a staff grooved on the side—long-handled scalpel, probe-pointed knife, forceps, blunt gorget—the tube with jupes and charpie—basin of warm water on floor for warming forceps and gorget—oil. The staff having been passed and the stone struck, the patient was firmly tied in the lithotomy position, and held steadily, with his buttocks projecting over the edge of the table. Before commencing, I introduced the forefinger of the left hand into the rectum to produce contraction of the bowel. Kneeling on one knee, and having fixed the integument of the perineum with fingers of left hand, I commenced the incision three-quarters of an inch in front of the anus and one line to the left of the raphè, and carried it downwards, backwards, and slightly outwards, well below the level of the anus and tuber ischii. This incision divided the integument fascia and fat. The second incision was commenced lower down, and having introduced the point of the forefinger of my left hand deeply into the wound, I quickly reached the shaft, and with the nail I pressed the membranous portion of the urethra into the groove, and divided the urethra, freely moving the knife from side to side to make sure of its being in the shaft. I next depressed my wrist, and elevated the point of the knife, keeping its point and back well up against the staff, and so passed it on into the bladder, the stop on the end of the staff telling me when it reached the bladder. Some urine now escaped. I laid down the knife and passed the left forefinger along the shaft into the bladder, the neck of which at this stage of the operation grasped my finger, and the stone fell against the finger's point. Standing up at this stage of the operation, the staff was withdrawn by Mr. Tufnell. I passed along my finger a small blunt gorget, and guided by it the forceps, which, acting as a sound, struck the stone. The gorget was withdrawn, the blades of forceps opened, the stone seized in long axis, and withdrawn with facility. Operation completed in two minutes and thirty seconds. I next passed in the tube, well oiled and plugged around with charpie. Canula was retained by means of tapes, legs and hands were loosed, and the child, who quickly recovered from the effects of the chloroform, was removed to bed, which was comfortably prepared with hot jar—mackintosh and cross sheet—knees tied together, and legs placed on a pillow.

12 noon (two hours after operation).—No hæmorrhage; urine passing through canula, but not very freely.

2 p.m.—Muslin of plug saturated with urine; not much urine passing through catheter; plug removed, as it seemed to act as a foreign body; urine then passed freely through incision.

5 p.m.—Patient was restless through the day, and complained of pain in incision; got an anodyne, which was rejected.

10th (day after operation).—Patient slept well; took ice, chicken broth, and milk; urine passing freely through incision; cross-sheet drawn regularly; pulse 130.

11th.—Slept well last night; skin cool; countenance cheerful; buttocks well dried and dusted with flour to prevent irritation from urine.

13th.—Wound commencing to granulate.

15th.—Small quantity of urine passed by urethra.

16th.—Urine passed by urethra.

18th.—Nearly all the urine passed by urethra.

Dec. 1st.—Patient allowed to get up.

Discharged perfectly well on the 6th of December—twenty-seven days.

The subject of lithotomy in early life is one of great interest to the surgeon, and the operation is one that requires considerable care. It is of great importance to remember the difference of position which the bladder presents in a child and in an adult. In this case, as I have already stated, I used a staff grooved on its side, and completed the operation with one knife, thus adopting the London mode of operating instead of using the second knife for the purpose of enlarging the neck of the bladder, as was generally adopted in Dublin. The chief danger in operating on a child appears to be the chance of the surgeon missing the bladder and getting into the recto-vesical space; secondly, not opening the urethra and neck of the bladder sufficiently with the knife, but pushing these parts before the finger and so tearing across the urethra, and thus necessarily being unable to complete the operation; and thirdly, running the knife too far along the groove of the shaft into the bladder, and thus wounding the posterior part of that organ. In this case I had the probe-pointed knife on the tray, and before commencing the operation I determined, if I found it necessary, to use the second knife; but I confess when I had got the knife into the groove of the staff and fixed it there, I thought it better to go into the bladder with that knife, especially as I knew from sounding that the stone was not a large one.

Mr. **Croly** then exhibited a section of the stone, which was chiefly composed of lithic acid with a nucleus of oxalate of lime. He expressed a wish to hear the opinions of the members on these points; first, as to the use of one knife; second, as to the use of a staff grooved on the side; and third, as to the use of a chemisette plug—whether it was of use in any case except where hæmorrhage was expected.

The **Chairman** observed that these cases possessed great interest. The questions submitted by Mr. Croly for discussion were well worthy of consideration—the employment of one knife only, the side-grooved staff, and the *canule à chemise.*

Mr. **Croker** said that about two years ago he operated for stone on a child eleven years of age, who had been sent up from the Curragh. He used but one knife, and the stone was one of considerable size. He used the side-grooved staff, and did not find the chemisette tube at all necessary.

Mr. **Fleming** observed that he had operated in a good many instances for stone, and had always used the lateral grooved staff, because he supposed he was accustomed to it. With respect to the knife, he had often employed a single knife, and more frequently he had used the lithotome with the knife. He must acknowledge that, in the case of children especially, he should be doubtful as to the safety of the single knife, except under particular circumstances. He should be apprehensive that without precaution a single knife might be sent further than was desirable. As to the *canule à chemise*, he had constantly used it. He had experienced in three or four instances the necessity of its early removal, as remarked by Mr. Croly, but that might possibly arise from their own fault. Surgeons were sometimes not sufficiently careful, when using the chemisette, to bear in mind the age of the individual. If too long a canula were used in the case of a child, they ran the risk of driving it in further than was desirable, and causing a portion of it to come into contact with the lining membrane of the bladder. In such instances he had seen the flow of urine prevented from coming through the canula, but he was favourable to its use generally speaking, and he would refer the Society to some remarks by the late Dr. O'Ferrall on the use of the chemisette after the operation for lithotomy. He did not mean to insinuate for a moment that in the hands of Mr. Croly the accident would occur to which he had alluded; but he certainly thought the lithotome was a safeguard to the operation, and an especially valuable assistant in the operation on a child.

The **Chairman** said he remembered an interesting lecture on lithotomy by Sir Philip Crampton, in 1847, in which he says that Mr. Dease, a celebrated surgeon in this city, latterly used but one knife only in operating for stone, and Sir Philip went on to pay a very high tribute indeed to the reputation of Mr. Dease, "the greatest surgeon," he called him, that this country had ever produced. So that what was originated some seventy or eighty years ago in Ireland was found worthy of imitation in London, and at last received the name of the London method of operating; whereas it was in reality the Irish method.

Mr. **White** said he had assisted the late Mr. Smyly on four occasions in operating for stone, and that gentleman only used one knife, and was always an advocate for that mode of operating. Mr. Smyly spoke to him on several occasions of its being a satisfactory method, and one to which the surgeon could easily train himself. He was rather surprised to hear Mr. Fleming speak so strongly in favour of the *canule à chemise*. The experience in the Meath Hospital was that it was unnecessary. He did not remember more than one case out of a considerable number of operations which he saw performed there, in which the canula was used, and in that case the reason for using it was that there was a tendency to hæmorrhage.

Mr. **Croly**, in reply, said, when he spoke of using one knife as a London mode of operation, he merely alluded to the general system adopted there, whilst he believed the majority of surgeons in Dublin used the second knife for the purpose of enlarging the neck of the bladder. As to the danger of using only one knife, he knew when he had got the knife as far as the stop, that he had got to the neck of the bladder, and he then used his finger. The chemisette plug which he used was a small female catheter suited for a child's urethra, and with a small piece of cambric upon it, so that it could not get further into the bladder than was necessary. He thought, however, when there was no danger of hæmorrhage, that bringing the child's legs together was better than using the canula.

Mr. **Morgan** detailed a case of

SUBCLAVIAN ANEURISM OF THE RIGHT SIDE,

and exhibited a preparation of the parts. The aneurism occupied the second and third stages of the artery, and partly engaged the first also; it was the size of a goose's egg, and had eroded the first rib, which formed a part of its wall; the brachial plexus was expanded over the tumour, and seemed to grow out of it, so intricate was the union; the branches were spread over the posterior part, the fascia over the artery, in its first stage, and the sac was very greatly condensed, thickened, and adherent; the internal jugular vein was very small, and both it and the pneumogastric nerve were also intimately adherent, and expanded over the vessel; the accompanying subclavian vein was also contracted, and adherent.

The artery itself was obliterated to one-third its ordinary size, hardly admitting a No. 4 catheter; the opening into the sac was of a curious triangular shape, owing to the adherence and compression of the thickened tissues around. The interior contained a good deal of laminated fibrine in parts, but not regularly deposited over the interior; some of this appeared of a recent date, judging from its density and adherence.

The left carotid arose close to the innominata arteria, lying in front of the trachea in its course upwards. The tumour had drawn over to itself the right carotid.

The collateral vessels were greatly enlarged. The aorta, when opened, showed a large deposit of ætheromatous and ossific deposit, the degeneration extending into the arteria innominata itself, which was affected irregularly over half its interior.

The heart was normal in size and condition. Several of the bronchial glands contained calcareous matter. The lungs were hypostatically congested to an excessive amount, and a quantity of bloody serum had been effused in the pleural cavities, especially on the right side.

The preparation showed the impossibility of exposing the artery itself, owing both to the adherence of the tissues around, and to the contracted and semi-obliterated state of the vessel, and the right carotid artery at its origin.

The history of the case was interesting, as showing the influence of position on the aneurism and on the parts in its vicinity.

Thomas McC——, aged thirty-five, of stout build, rather below average height, first came under Drs. Little and Barton's observation at the Adelaide Hospital on January 22, 1868. About *seven years* before, he was troubled with pains, and stiffness all through the arms and shoulders, which he attributed to working as a dyer. The pain, &c., in the left arm soon after abated, but increased in the right, his occupation being now chiefly cutting bread with a large knife in a union. He felt this very trying and fatiguing, and finally gave it up. Previous to this date, *nine months* ago, he felt a "kernel" above his collar-bone, which "went ticking like a watch"—that is, *twenty-one months* before the operation, he first noticed the tumour by its pulsation and size, and for seven years had suffered from pain. He states that he was never affected by syphilis in any form, has healthy children, and has always been a hard-working man.

On examination (22nd January, 1868), the tumour was about the size of a large hen's egg, pulsating visibly and centrifugally, extending from a level of cricoid cartilage to the clavicle and below it; there was a bruit over the tumour, and the hand and arm were somewhat numb; he could not discern a shilling when held between the finger and thumb; the pain was rather severe at times. On making an examination of the tumour at this date, it would appear that pulsation from the axillary downwards was suddenly arrested, as supposed, from the disengagement of a plug of coagulum, as in the "manipulation" method of treatment. This condition lasted till the 3rd of February, when pulsation again returned in the vessels of his arm, and continued till the 18th of February, a period of fifteen days, when again the stream was interrupted. During this period he had been taking ten-drop doses of digitalis tincture, and then three grains of acetate of lead every four hours. On the 24th he was put up in a constrained position, with his hand on the back of his head, as this stopped the pulsation. The transversalis humeri and other vessels were now enlarging considerably.

March 28.—Tumour solid; pulse disappeared; pulsation disappeared *nearly*, and from this to the 15th of April remained stationary. He went to see the Prince of Wales's entrance, took some drink, and got excited. From that day the tumour became more active; the pulse, in brachial, radial, and ulnar, however, did not return; the anastomosing vessels were enlarged. Up to this date the treatment had been carried out of keeping the arm in the peculiar position above alluded to, and so restraining the pulsation in the tumour; indeed, the patient preferred this position *as far as practicable*.

On the 28th of September he came under my care at Mercer's Hospital. He had the appearance of a man who had suffered much. He was spare, but not emaciated. His chief sufferance now was from paroxysms of pain. The pulse at the wrist and large vessels had totally disappeared; the tumour was pulsating softer above than below the clavicle; there was a slight bruit also over the clavicle, not below. The transversalis humeri and colli arteries have vastly enlarged, and could not only be felt, but also seen, passing over the tumour. The descending branch of the occipital could also be felt, and the circulation evidently was supplemented or represented by them. The temperature of both arms was the same. The affected arm was greatly atrophied; the fingers most markedly clubbed. The anæsthesia was well marked, the patient resembling it to as if his hand was dipped in, or coated with, glue.

The heart's sounds were normal, but quick; no bruit could be detected at the origin of the aorta, but a faint one in its course, and getting specially distinct towards the tumour. The pain he suffered was at times of very intense character, which he relieved by drawing the arm well into the side and turning on the side a little, and so, as it were, to relieve the pressure on the plexus of nerves. The pain was not located in any particular spot—sometimes along the arm, sometimes at the chest, and again at the shoulder, being of a lancinating and severe character. He was particularly sensitive to cold.

There was no throbbing of the carotids, or headache.

(*To be continued.*)

DUBLIN PATHOLOGICAL SOCIETY.

DOUBLE ANEURISM OF THE POPLITEAL ARTERY.

Dr. **Robert McDonnell** said he wished to bring before the Society rather an interesting pathological specimen which had come from Dr. Bookey, of the Shillelagh Infirmary. The patient had a pulsating tumour in the popliteal space. He was in the infirmary for a considerable time, and had undergone a partial cure from pressure in the femoral artery. The tumour had become solid and apparently reduced in size. At the upper part of the space there was a second pulsating tumour. He was very intolerant of pressure, and refused to bear it beyond a certain time. His stay in hospital was protracted, and he had an attack of dysentery which carried him off, and gave them the opportunity of acquiring that specimen. It presented one aneurism cured, and the other undergoing cure, both in the popliteal artery. They could see the tendons of the adductor magnus muscle and the artery going through it; and after coming through it, there was a large aneurismal dilatation. From the lower portion of the aneurism the artery descended; and immediately behind the knee-joint, and lying on the ligament of Winslow, was a second aneurism, exceedingly hard, and which had partially undergone cure. The vein was pressed entirely aside and displaced so that it lay between the artery and bone, and they could see the nerve, which lay over the tumour and was extended upon it, which accounted for the very severe pain which the man had in the popliteal space and the back of the knee. It was not a usual thing to have two aneurisms within so short a space of each other. It showed the tendency the artery had to become diseased. There was no other indication of aneurism presented by the patient; the aneurism was limited to this particular place.

OBSCURE CASE OF PLEURITIS AND EFFUSION.

Dr. **William Moore** said, the specimen he now exhibited was taken from the body of a man admitted to Sir Patrick Dunn's Hospital on the 11th December. The history he gave of his case was as follows:—He was a car driver, and was in the habit of drinking fifteen or sixteen glasses of whiskey in the day, besides a few pints of porter. He was a man of about fifteen stones weight. In the month of May he slept in a damp bed, and got pains in his chest, and cough, and rigors, which laid him up for a week or ten days. At the end of that time he resumed his occupation; but he found in jumping on a car or walking up a hill his respiration completely failed him, and he was obliged to give up his business as car driver. He spat blood twice, but in very small quantities—once in July and again in September. He got extremely weak, and decreased in weight to ten stones; he suffered from profuse night sweats, from great asthma, and from loss of appetite. He also complained that the great toe became painful, but after a time the pain left the toe and fastened upon the ankle-joint; he was not able to sit up or move through the wards. He complained particularly of the night sweats, which were most exhausting. On stripping him, the left clavicle was manifestly lower than the right. On taking a deep inspiration he could not move the left side as well as the right. On placing the hand over the left side vocal vibration was altogether lost; it was feeble over the right. The man was not aphonious, but his voice was of a very low subdued tone. On percussion he was found to be dull from the left clavicle in front down to the base of the left lung; and there was also dulness from the left scapular ridge behind to the base of the same lung. The left side was an inch smaller than the right. The opposite lung was normal as regards percussion and auscultation. The stethoscopic sounds over the left side were extremely feeble—indistinct respiration was audible over the base of the lung, sometimes accompanied by a small crepitus. The man made no complaint of pain; his pulse ranged between 90 and 100; he had a total loss of appetite. The pupils on both sides were equal; there was no deformity of vision, no ptosis; he did not complain of dysphagia, but he had dyspnœa, except when lying on his back, which was his invariable posture. All these symptoms would tally with chronic pleuritis. There was nothing in the history of the man which would point to tubercular disease, nor had he the aspect of it. He was a well-coloured man, but he had this great emaciation—wasting night sweats, asthma, cough, falling in of the left side, dullness on percussion, and all these symptoms, according to his own statement, dating from a particular day. The explanation arrived at was that he had pleurisy with effusion; that the dulness over the top of the chest was due to the pleuritic adhesion, that the fluid had disappeared after the lapse of some time, and that the side had fallen in. The cardiac sounds were perfectly healthy. There was no bruit or increased heart's action. There were cardiac sounds under the left clavicle, but that tallied with the consolidation of the lung caused by the pleuritic effusion. There was no superficial vinous radiation over the chest. The patient went on in this way for some time, neither better nor worse; but in the evening of the 16th he gulped up a small quantity of blood, turned in bed, and died.

On *post mortem* examination the right lung was found to be permeable to air, the left lung was consolidated and covered with a thick pleuritic capsule. So far the diagnosis was right. It was somewhat smaller than the other lung, which would explain the falling in of that side. But how explain the sudden death? When the lung was cut into they found a kind of chronic pneumonia, although there had been no special evidence of chronic pneumonia. This, however, would not explain the spitting up of blood and sudden death; but on further examination they came upon the secret of the whole matter. There was an aneurism of the descending portion of the thoracic aorta. The aneurism pressed on the left bronchus; it corresponded to the third and fourth dorsal vertebræ; it was out of the way of nervous and sympathetic pressure generally, and therefore they had not these additional adjuncts to guide them in their diagnosis. There was also much atheromatous disease of the artery. Aneurism of the aorta was not diagnosed. It might be said they should have suspected it from the difference in the respiration of lungs. This would be natural if they had had dysphagia or any other link in the chain; but where the pulmonary changes could be explained by pleuritic effusion, and when the history of the case tallied so remarkably with the accession of acute pulmonary disease, the most rational and explicable interpretation of the case was adopted. The cause of death was not the quantity of blood which he spat out. He believed that the recurrent pneumonia might have been the cause of death; whether the healthy blood came from the aneurism or from the healthy lung he could not undertake to say.

LITHOTOMY FOR EXTRACTION OF A FOREIGN BODY.

Mr. **Porter**, President of the Royal College of Surgeons of Ireland, said, the specimen he had the honour of laying before the Society was one possessing some features of interest. It was a foreign body that he had cut from the bladder of a patient of his in the Meath Hospital on the 3rd of January. He was a man twenty-five years of age, and about two years ago he suffered from organic stricture of the urethra. He had been treated by a medical man, but he had given him so much pain that he thought he could manage himself with less suffering. About fourteen months previously he constructed a bougie out of a piece of gutta percha, and with this he proceeded to dilate the stricture. On the first occasion he passed it fairly into the bladder and allowed it to remain ten or fifteen minutes; on attempting to withdraw it he found great difficulty, and a portion, three-quarters of an inch in length, broke off, and remained in his bladder. Shortly afterwards he began to suffer from symptoms of stone, and in May last was sent to Mr. Porter by his friend, Dr. Ridley, of Tullamore. Mr. Porter had him on the table to cut out the foreign body, but he became so frightened that he insisted on leaving the hospital. A fortnight ago he changed his mind, and came back to be operated upon, and then he performed median lithotomy. He exhibited the portion of bougie, and remarked how beautifully the phosphatic deposit had been laid down in layers around it. It was very soft, and broke up under the forceps; yet he was enabled to extract a large portion of it attached to the bougie; the fragments weighed 140 grains.

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price 5d. Stamped 6d.*

By Post to Annual Subscribers, £1 2 6
" *If paid in advance,* 1 1 8

⁂ Post-Office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William-street, Strand, London
" 3, Lincoln-place, Dublin,
MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.
MESSRS. KELLY and PIET, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 17, 1869.

THE VIRTUES OF DRUGS.

SIR THOMAS WATSON's farewell address to the Clinical Society of London contains some remarks which we feel disposed to take for a text in the following brief reflections on the virtues of drugs. All who have read the charming and graphic work of the learned and venerable President of the Clinical Society will, we are sure, acquit him from the charge which seems to have been made against him recently of undervaluing the powers of drug therapeutics. He says, indeed, that it seems to have been thought in some quarters that he had renounced his faith in physic; but he adds, and we are sure with great truth, that such a notion is the reverse of the fact. He is anxious only to have the effect of remedies carefully ascertained and certified, just because he has so much faith in them. What he deprecates, and would fain see altered, is the vagueness of aim, the uncertainty of result, and the merely tentative nature of too many of our prescriptions. He would, like Mr. Disraeli, like to have the precision of the modern rifle, which that politician hoped his followers possessed, instead of the hit and miss weapons of ancient warfare, against disease. In all these sentiments we thoroughly concur. There is nothing to our minds sadder than to contemplate the ruins of our old medical and speculative theories. Nothing more disheartening to the benevolent and to the searchers after truth—a small but gallant band at all times—than the sight of the conflicting systems which reign at the present moment in the sciences of medicine and of morality. Pilate, a philosophical magistrate of old, asks "What is truth?" and we here find a venerable and most distinguished President of our College of Physicians in 1869 asking "What is truth in medical therapeutics?" And this reflection is the more bitter to us, because we find in other sciences, such as astronomy or mathematics, but little if any of these uncertainties which surround us on all sides in investigating the cure of disease and the science of social life. Who would venture to set up an astrologer's observatory now-a-days for the foretelling of destinies? Who is there among us who, since the days of Lavoisier, Priestley, &c., has set up for an alchymist? Is there any quack navigator? No. All these sciences are now cultivated only by persons in whose scientific acumen no one doubts, and the results of their studies are readily accepted by us all.

M. Auguste Comte asserts, with much truth, that all sciences seem to go through a kind of measles, or teething period. The theological and metaphysical periods of astronomy and of chemistry are matters of history. Even arithmetic had its epoch of golden numbers, lucky and unlucky figures. Days and hours have had their superstitions attached to them. Friday has long been an unlucky day, &c., &c. But, whilst these sciences have got over *their* trials, we doctors seem but in the midst of *ours.* Homœopathy, hydropathy, kinesopathy, the imposition of pious hands, still dispute the whole ground of therapeutics with the ordinary practice by drugs; and it would appear that scepticism is so great in some quarters that it even infects the very high-priests of the art—the physicians in our hospitals. Our only remedy for this state of matters, we must confess, is to be sought in open and fearless discussion. Truth is best advanced by struggling openly with error, and we should like to see the homœopathists and others get a hearing, and be confronted with some of our ablest men, such as Wilks, Gibson, &c., when we doubt so little in the power of truth that we believe homœopathy might soon be proved to be a mistake, or, at any rate, the small dose system. But, as it is at present, our drug-keeping brethren, like the silversmiths of Diana of Ephesus, will not let the goddess be assailed; and hence scepticism darkly prevails, because it is the nature of all belief not to be worth much unless it is able to stand a fair fight against all comers. Have we not a parallel of this calamity in the disruptive process which is taking place within our Church establishments? The terrified priesthood and laity will not hear of open discussion, and the consequence is silent revolution.

Whilst we go along with the remarks of Sir Thomas Watson so far, we are *toto cœlo* at variance with him in his reasons for believing that drugs exist fit to alleviate human ills. He informs us that he is one of those who adhere to the doctrine of *final causes,* and that he believes that those subtle essences which human research and ingenuity have succeeded in deriving from various substances in Nature, and which, when applied to the human body, have such a marvellous power to abolish pain, to compel sleep, to extinguish fevers, and to stop for long—perhaps for ever—the paroxysms of epilepsy which have continued for years, were implanted in those substances by the Creator, among other uses, it may be, for those very services to mankind. Such doctrines, we confess, emanating from the "head of the profession in England," fill us with amazement and consternation. Here is M. Comte's theological period still illustrated by Sir T. Watson. What should we think of a chemist who should gravely inform us that he believed that it was a providential arrangement for our benefit that eight parts of oxygen gas combined with one of hydrogen to form water? or of an astronomer who should consider that the obliquity of the ecliptic was designed especially to make us comfortable? Are not such theories but empty dreams, foreign to the ideas of a positive science, such as we hope to see medicine become? Would not Sir Thomas Watson say that the method for investigating all sciences ought to be the same, and that our business is to find out in medicine, as in social science, and as in chemistry, what is useful and what hurtful to our race? If Nature were so kind to us, why so many catastrophes? She is, as some of our body lately said, often a step-mother, not a mother to us; and our task ought ceaselessly to be to escape from the evils which are constantly assailing us, not to live in a fool's paradise of final causes. "*Nullum numen abest, si sit prudentia,*" said the ancients. Drugs, like other things, have their good sides and their bad one. Let scepticism and discussion assail each one and all of them, and then, out of doubt, we may at length arrive at certainty; and finally, perhaps, medicine may arrive at the proud position now held by astronomy and chemistry, and cease to be a field for theological dreaming.

◆

SCOTLAND.

EDINBURGH.

SOCIETY FOR RELIEVING PERSONS WITH INCURABLE DISEASE.

The report read at the annual meeting of this institution showed that the state of the funds was on the whole satisfactory, and that the number of pensioners, ordinary and extraordinary, was 201, no higher number having hitherto been reported. For a long course of years the late Dr. J. R. Sibbald took a deep interest in this society, and left the residue of his estate to be applied to the objects contemplated by it. His trustees have not yet ascertained the amount, but it is expected to be considerable, and will either take the shape of pensions, or be devoted to the support of incurable patients in an infirmary or hospital. Be it which it may, the directors anticipate much pleasure in its application.

NIGHT ASYLUM FOR THE HOUSELESS.

Our Scotch friends seem to have an equally effective, and at the same time a more economical method of conducting their charities than we on this side the Tweed. We very much question whether a society affording the same amount of relief would not in England have required a far larger amount of money than we find expended in support of this Asylum. During the past year, 7,946 applicants have been admitted, or nearly twenty-two per night. For these, 18,349 meals have been provided, consisting of breakfasts, dinners and suppers, and the outlay by which all this has been accomplished was no more than £287 8s. 4d. Surely something may be learned in the way of administrative benevolence by the study of statistics such as these.

The death of Professor Strangeways, of the Edinburgh Veterinary College, took place at his residence, Links, on Saturday week. He commenced life as a bookseller, but afterwards became an apothecary, and subsequently began practice as a veterinary surgeon. He was appointed Lecturer on Veterinary Anatomy and Pathology, on the Chair becoming vacant at the College in Clyde street, and was very popular with the students. His illness was short, and he died at about the age of forty.

INFIRMARY SITE.

We understand (says the *Scotsman*) that the committee, after weighing all the evidence which has been laid before them, have come to the resolution of recommending the subscribers not to accept the new site at Watson's Hospital grounds. Instead, they are prepared to recommend that one of Mr. Bryce's plans, either No. 2 or No. 3, should be adopted, and that the buildings on the South Bridge should not be taken down.

Dr. Andrew Wood stated, at the annual dinner of the Edinburgh University Conservative Club, that in the Universities of Edinburgh and St. Andrew's, Mr. Swinton's election was frustrated by the votes of the medical constituency. It appeared from the list that the numbers were all against him. Mr. Campbell Swinton said he endorsed from his own knowledge what had been stated by Dr. Wood, that it was entirely by the members of a single profession that he did not stand in the position of a successful candidate.

ST. ANDREW'S.

The course of lectures given in the Town-hall, St. Andrew's, during the winter months, in connection with the Young Men's Literary Society, was brought to a close on Friday night, Professor O. H. Bell, M.D., having delivered a very interesting lecture on "Our Sanitary Responsibilities and how to meet them." The course has been on the whole successful.

ABERDEEN.

We understand that among the candidates for the Professorship of Midwifery in this University are Dr. Andrew Inglis, M.D., an extra-academical lecturer on this subject in Edinburgh, and Dr. Charles Bell, of Edinburgh.

STIRLING.

Lately, at this place, a District Lunatic Asylum was opened for the use of the counties of Stirling, Linlithgow, Dumbarton, and Clackmannan. The institution was examined a short time before the patients were removed into it by Sir John D. Wauchope and Sir James Cox, accompanied by Dr. Brown, of the Board of Lunacy, who expressed themselves satisfied in every respect with the arrangements.

KIRKCALDY.

It seems to have been the unanimous opinion of the meeting held to consider the subject, at Abbotshall, that a complete system of drainage was absolutely necessary for Linktown and Kirkcaldy, now that the Lothrie water was about to be brought in. Unless this were done it was considered that the sanitary condition of the town would be worse than before. All proprietors of houses were advised to put the water into their houses, as a pipe might be laid on to the main and there would be no need for cisterns.

◆

FRANCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, January, 1869.

ARSENIC AS A CURE FOR CONSUMPTION.—THE MORTALITY OF HOSPITALS.—CORRECTING [illegible]HE PRESS.

I[illegible] previous letter I had the pleasure of calling your a[illegible]ntion to M. Moutard-Martin's revival of arsenic as a remedy for phthisis. Having heard much more about it lately, I have referred to the mémoire read at the Academy, and propose to give your readers briefly the conclusions maintained by Moutard-Martin. He declares that arsenic has a very marked effect on pulmonary phthisis; that its action is much more efficacious in chronic cases than in those in which the progress is more rapid, or is accompanied by fever; in fact, he admits that in these latter his remedy is useless. In the great majority of cases the general condition of the patient is improved by the administration of arsenic, and that, too, in cases where there is hectic, and where the disease is far advanced. This improvement precedes the local beneficial effect of the drug. Further, he thinks the remedy has actually cured a number of the cases, and that these successful results would be more numerous if patients did not imagine themselves cured before they are, and so neglect to persevere with the remedy. To be of most use, *small doses* should be employed and continued over a long period. It is never necessary to give the doses recommended by some practitioners; and the author thinks it is never needful to go beyond two centigrammes a day. The dose may begin with fifteen milligrammes, and the tolerance varies much with different individuals. It should be only gradually increased. The earlier the stage the greater the tolerance of the remedy, though on this point M. Moutard-Martin seems opposed to most others.

The first action of the remedy is believed by the author to be of an alterative kind, and upon the pulmonary lesion; at the same time it possesses a direct action on the respiratory function, and may influence the pulmonary tissue itself as well as tubercle.

The above, I think, is a fair *resumé* of the views of the clever physician of the Beaujon, and of those who accept them. While so much attention is being given to consumption in England, your readers will, I hope, be glad to have so definite a statement of the therapeutical mode so carefully elucidated, and which has, to a certain degree, the approbation of the Academy.

The question of mortality in hospitals is again in the ascendant, *apropos* of some statements made lately by Sir J. Simpson, and repeated here by some with wonder, by others with satisfaction. One paper now before me takes it for granted that some are ready, on the strength of Sir J. Simpson's statistics, to abolish all hospitals, as palaces fitted for the propagation of epidemics and death. Another paper simply declares that statistics prove that in any hospital the mortality is one in 30 against one in 212 for operations of a similar kind in the cottages of the peasant, and proposes that everywhere little iron cottages should be used for serious cases. On the other hand, there are plenty of people who perceive at a glance how idle is the comparison of 1,000 hospital amputations with the same number performed by country practitioners in small towns, villages, and hamlets. There are so many things which render it impossible to make a ust selection of cases for comparison, and so many circumstances that contribute to the welfare of the country patient, that the whole argument is regarded as useless.

Figures will prove anything, say some; and if your Simpson will publish his statistics in full, we will undertake to prove that his conclusions should have been the reverse. I am not fond of statistical investigation myself, and can readily understand how people in France can thus speak. French budgets are a fine education, so far as teaching us to distrust figures. There is one point that all Paris physicians would agree upon,—viz., that the Lariboisière, so far from being a fair model, is a very defective hospital, and ought not to be taken as a standard. Its ventilation is very indifferent, and many of its arrangements far behind the general run of our hospitals. It ought, therefore, by no means to be selected as a specimen, and to put it forward is as unjust as to make out that every hospital staff crowds all its cases of large surgical wounds together. That practice does not obtain here. We are quite alive to the welfare of our patients, and believe that Paris may be compared with any city. That we are also *au courant* with the subject of hospital mortality, and ready to consider everything impartially, is seen in the fact that a report on the relative salubrity of La Charité and the Hôtel Dieu has been presented to the Academy, in which the latter historical and glorious hospital is unequivocally condemned. So great is the effect of this, that it would seem possible that the Hôtel Dieu will be shortly closed, that is, as soon as arrangements can be made. If, therefore, those who agree with Simpson illustrate their arguments from hospitals in Paris, let them abandon Lariboisière and not substitute for it the Hôtel Dieu; they are hereby notified that it would seem more honest to make their calculations from the statistics of La Charité, though they would do better, perhaps, to stick to their own hospitals in Great Britain—surely quite numerous enough for the purpose, and on which their mistakes would be more rapidly corrected.

I deem it superfluous to enter into the question of maternity hospitals. I thought everyone now knew their dangers, and that they were only a kind of *dernier ressort*, and yet could not be dispensed with without greater calamities than, as now conducted, they produce.

One expects press errors occasionally, but wishes to do credit to "readers for the press." I thank your "reader" for the care he bestowed on my former letters, and lest anyone detects some oversight in this, plead an excuse by relating that the Society of Printers' Readers here has written to the Perpetual Secretary of the Academy to point out some anomalies in spelling French which deserve attention, as they make revision excessively difficult. Who can be expected to remember which of the words *assonance*, *consonnance*, *dissonance*, and *résonnance* are written with a single *n*, and which with the double letter? Why should *fève* take a grave accent, and *sève* an acute one? Why should *sangloter* be written with one *t*, and *ballotter* with two? Why is a double *f* employed in the word *souffler*, and a single letter in *boursoufler*? M. Villemain, as Secretary, has replied by promising to submit the communication to the committee on the Dictionary.

Would not the English printers' reader be glad to see a dictionary by authority to which to appeal?

◆

Notes on Current Topics.

Pruning the Medical Department of the Army.

The authoritative announcement that no competitive examinations for admission of assistant surgeons for at least a year, has been quickly followed by sweeping retrenchment at Netley. The twenty-one past candidates—whose names we publish in another part of our issue as having completed their probation—have been dismissed to their homes, not with the definite two months' leave usually accorded to the candidate for his preparations for a commission, but with an indefinite dismissal "till further notice." Whether these gentlemen will be gazetted at the usual period, or whether they will be called into service at all, they are not informed.

The four assistant professors at Netley have also had unpleasant experience of the retrenchment policy. The understanding under which these gentlemen had all along acted, was that they should serve five years without any salary extra to their regular full pay as surgeons, and that at the expiration of the five years they should receive £100 a year. Two of them had served the whole term, and last year entered on the enjoyment of the promised salary the others were far advanced towards their service, and now the entire staff have been summarily ejected, and placed on the roll for appointment to regiments.

It is quite evident that this determination of the Government not to carry out the contract entered into with their medical servants amounts practically to breach of faith. No doubt the theory of the service is, that those who enter it are liable to half-pay at any time, but as a matter of fact the present wholesale reduction is unprecedented, and the medical officers could not, when they bargained with the War Office for certain services and certain payment, by any forethought have anticipated the failure in the Government to keep their promises. That such a consummation is possible at all must necessarily depreciate the service, for it will take from it the guarantee of permanency, which was its highest recommendation.

The Navy Curtailment Commission.

The members of the Commission appointed by the First Lord of the Admiralty to inspect and report upon the naval hospitals at Chatham and the other ports, consisting of Dr. C. Murchison, F.R.S., Mr. R. Ellis, and Mr. J. Holmes, paid an official visit to Melville Royal Naval Hospital, Chatham, last Saturday, and spent some time in the inspection of that establishment, over which they were conducted by Deputy-Inspector-General C. A. Anderson, M.D., and the other heads of the department. The object of the inquiry by the Commission is chiefly for the purpose of ascertaining if any and what reductions can be made in the number of medical officers and other officials at each of the naval hospitals, with a view of introducing a greater saving and economy in the working of each establishment. The result of the inquiry is to be reported to the Admiralty forthwith.

Public Health.

The following particulars, selected from the Returns of the Registrar-General for the week ending 6th February, may interest some of our readers. The deaths in London approached closely the estimated number, though less by 106 than the number recorded in the preceding week. The deaths from scarlet fever continue to decline, being in the last three weeks respectively 64, 53, 45, yet the disease, as shown by certain cases, still prevails with great severity. Fever patients are very frequently removed to the hospitals in ordinary street cabs, and the remarks of the Registrar on this practice are worthy of notice. He says, "The deaths from fever and other zymotic diseases would be considerably diminished if public vehicles were not used to convey infected persons; under the present system they become the means of propagating disease among persons who would otherwise escape the malady."

In the first five weeks of this year twenty-one deaths by violence in the streets of London were registered; that is, five persons were killed by horses, one by a carriage, two by omnibuses, two by cabs, five by waggons or vans, and six by carts. Every one must have noticed the danger to pedestrians from this cause in crossing the streets; we have ourselves been within an ace of being run over, not through want of care on our part, but solely in consequence of the unaccountable stupidity or fickleness of the driver. As the Registrar remarks again, "What appears the work of chance is the natural effect of causes which admit of control." The amount of water supplied by the London water companies for the month of January last was a *ton* by weight to each house, or 28·9 gallons to each person.

Phenic Acid as a Febrifuge.

At a recent meeting of the Academy of Sciences of Paris M. Clerseul communicated on the part of M. Calvert a note on the employment of phenic acid as a febrifuge superior to quinine. In the little town of the Island of Maurice, during the months of December, 1867, and January, 1868, in a population of 900 inhabitants 300 suffered from typhoid fever, and 41 died. Phenic acid was employed to disinfect the sewers and cesspools in the town, and for sprinkling with a weak solution the alleys and passages. The fever disappeared rapidly, and three months afterwards, in the report of Dr. Gower, it was established that from the 17th of February, when the use of the phenic acid was established, to the 1st of April only two deaths took place, both of them in the first fortnight.

Dr. Tessier universally treats his cases in the island by the same means, and with wonderful success. For example :—

> "After the administration, from June 7th, to a Creole attacked with intermittent fever, for seven days, of doses of quinine, the fever was arrested, but reappeared on July 1st, and, despite the repetition of the treatment, with the addition of salts of iron and extract of cassia, no good result was obtained.
>
> "Dr. Tessier then injected under the skin three-quarters of a grain of pure acid, dissolved in twenty drops of water, and the fever disappeared. A second injection was, as a precaution, made on the 12th, and the fever never returned. Twenty-seven patients submitted to the same treatment obtained the same happy result."

Drs. Barraut and Tessier consider that these results demonstrate that intermittent fevers are due to the presence of microscopic ferments, animal or vegetable, in the blood.—*Union Médicale.*

Prolonged Anuria.

Cases of suppression of the urinary secretion, as in cholera, persisting for weeks and months, are not frequent, and their rarity equals their gravity.

A woman of twenty-seven years of age, married but childless, after five months' suffering from amenorrhœa and leucorrhœa, consulted Dr. Gallina, because she had not passed urine for twenty-four hours. Catheterism only yielded a few drops of coffee-coloured liquid, and for the succeeding eight days no more of it appeared. Applications of leeches to the perineum, nitrate of urea internally, and warm baths were administered up to the twenty-fifth day. No effect having been produced, the patient consulted Dr. Albertini, at the Milan Hospital, who after two hours' minute examination, found absolutely no lesion to explain this failure of secretion, nor any alteration resulting from it. Her general health had suffered in no respect. Professor Rodolph being called into consultation, considered that the suppression was due to amenorrhœa. Emmenagogues were administered, and the menses appeared. At the same time 600 grammes of urine were extracted by catheterism on the 43rd day, and the normal secretion became established without the least injury to health.—*Gazette Médicale de Lombardia.*

Medical Relief in Paris.

A DOCUMENT of much interest has been published by M. Husson, Director-General of "L'Assistance Publique," from which we extract the following:—

In 1867, 277,342 persons participated in the public benefits of the department in the following proportions—

Hospital patients	96,704
Aged persons in infirmaries	9,023
Insane at Bicêtre and Salpêtrière ...	3,441
Paupers assisted by the "Bureaux de Bienfaisance"	105,119
Patients treated at home	38,173
Children in the country districts ...	24,880
	277,342

Nineteen hospitals (eight general and eleven special) and five infirmaries, four asylums, and three endowed infirmaries receive this number of persons.

The children are entrusted to nurses, who rear them in the country. In the thirteen provinces of the empire, twenty-three sub-inspection districts are maintained for the *surveillance* of the nurses.

Nearly 2,000 persons compose the medical staff of the "Assistance Publique":—

Physicians of Hospitals	78
Surgeons of ditto	15
Medical officers of the "Central Bureau"...	23
Prosectors	2
Apothecaries	17
Intern pupils in medicine...	137
Ditto in pharmacy...	97
Students in progress of education ...	481
Midwives and assistants	7
Medical officers for externs	203
Midwives for ditto	111
Medical officers for children in the country	245
Ditto for direction of nurses	60
	1,989

4,349 persons compose the administrative department, which gives a total of 6,338 engaged under various titles in the carrying out of the system.

Experiments on Coughing.

DR. NOTHNAGEL has sought by various experiments on cats and dogs to determine the exact points of the respiratory apparatus the direct mechanical excitation of which provokes cough. The irritation of the mucous membrane above the true vocal chords, or on their upper surface, gives a negative result, while violent coughing follows the excitation of the mucous membrane situated below them or in their interval.

The sensibility of the trachea is less, and diminishes rapidly. The cough is less energetic and less immediate, but the centre of the tracheal bifurcation is endowed with a sensibility as acute as the larynx itself.

The same experiments were repeated after section of the superior laryngeal and vagus nerves, and in this case the excitation of the bifurcation of the trachea and the larynx remain without effect if the superior laryngeal nerves only have been divided. The larynx is insensible, but excitation of the trachea produces coughing. The excitation of the bronchial mucous membrane laid bare by an opening in the thoracic wall provokes coughing, but with less energy than laryngeal or tracheal irritation.

The pulmonary parenchyma appears to be insensible. Cough is included amongst the symptoms of pleuritis, and yet direct irritation or even inflammation provoked in the pleural surface is not followed by coughing.

Irritation of the nervous trunks, which, after section of the nerve, were left intact, or of their central extremity, in no case caused coughing, and this result is accordant with the physiological fact that reflex phenomena respond more easily to excitement of the nervous extremities than to that of the trunks themselves.—*Virchow's Archiv.*

LIST of the candidates of Her Majesty's British Medical Service who were successful at the Competitive Examinations at Chelsea in August, 1868, and at Netley, in February, 1869, after having passed through a course at the Army Medical School:—

Order of Merit.	Names.	Studied at	Number of Marks.
1	Chatterton, J.	Queen's College, Cork.	5465
2	Stokes, A. H.	Dublin.	4863
3	Triphook, G. R.	Ditto.	4708
4	Saunderson, W. H.	Ditto.	4553
5	Scanlan, J.	Glasgow.	4533
6	Crean, J. J.	Dublin.	4461
7	Corry, G.	Ditto.	4128
8	Davy, F. A.	Ditto.	3918
9	Adye-Curran, F. G.	Ditto.	3888
10	Maunsell, H. E.	Ditto.	3788
11	Carroll, T. E.	Ditto.	3783
12	Duke, A. W.	Ditto.	3766
13	Bradford, R. M.	London.	3763
14	Stannard, H.	Dublin.	3621
15	Thornley, J. G.	Ditto.	3620
16	Maxwell, E. C.	London.	3525
17	Webb, J. H.	Ditto.	3520
18	Bennett, R. D.	Dublin.	3463
19	Faris, T.	Ditto.	3448
20	Sharpe, W.	Ditto.	2998
21	White, H. B.	Ditto.	2913

Sir D. J. Corrigan's Parliamentary Candidature.

THE Liberal party in Dublin has already declared itself for the coming election contest, and has, at a meeting last week, adopted Sir D. J. Corrigan as their recognized candidate. The political supporters of the learned Baronet are strong in hope that the impossibility of offering persuasive arguments to the freemen, or of bringing up the outvoters (on proof of which proceedings the late Conservative member lost his seat), will make certain the return of their candidate. The Conservative party, on the other hand, are sanguine of retaining their political superiority, and have already declared that a candidate in their interest will be forthcoming at the proper time, and will be put in without a shilling of personal expense. It is already known that Sir Dominic Corrigan can calculate at no great support from the profession, for it is highly improbable that any proportion of the two hundred and sixteen medical men who voted against him will alter their course now.

The profession has been placed in a very unpleasant dilemma by Sir Dominic Corrigan's candidature, and the very extreme opinions with which he identified himself. Feeling, we earnestly believe, very strongly on the justice and benefit of Medical Representation in Parliament, and recognizing generally in Sir Dominic Corrigan a representative most eligible (apart from his political bias) for the advocacy of medical interests, they have, nevertheless, been compelled to occupy a position of antagonism, both to their profession and to Sir Domnic Corrigan.

The 216 medical supporters of the Conservative candidate—and we say so apart from political considerations—deserve credit for having deliberately sacrificed their personal feelings and their very obvious personal interest in deference to the great constitutional principles which they entertained; and we are convinced that had their political sentiments and their professional *esprit de corps* been in accord they would have supported Sir Dominic Corrigan both with voice and pocket.

The Vaccination Act in England.

A MOST vexatious exercise of the powers of the Vaccination Act was made public last week in Scarborough, and has created much excitement in that neighbourhood. Four gentlemen, Dr. Cooke, the Rev. Mr. Parr, and others, were summoned for neglecting to comply with the obligations of the Act. Dr. Cooke pleaded that the child had been in delicate health ever since its birth, and he had sent several certificates to that effect to the Registrar, and was perfectly ready to comply with the law as soon as the child's health was so far restored that he might do so without danger to its life. If Dr. Cooke had employed another medical man to furnish these certificates he would have been indemnified from all blame, but as he sent them himself, the evidence of the accused could not be taken, and he was condemned and fined. We understand that he has appealed against the decision.

It is quite obvious that the Legislature, in requiring the certificate of a medical man, in cases of unfitness to receive the vaccine virus, never contemplated the exclusion of such certificates because the first certified referred to the medical man's own child, and if the decision of the magistrates be law, it is obviously neither sense nor justice.

The Rev. Mr. Parr, it appeared, was also compelled to postpone vaccination in consequence of the weakly condition of the child, and actually did have it vaccinated as soon as possible, but the operation was unsuccessful.

Nothing can be more injudicious than the overstraining of the provisions of an Act made for the government of careless and unwilling persons, against gentlemen who had evinced their anxious desire to comply with its provisions, and by persistence in such a course a most valuable measure will without doubt be brought into disrepute.

The Presidency of the Medical Council.

THE rumours respecting this position, which we have duly chronicled in our columns, have called forth somewhat unexpected manifestations of opinion. Dr. Burrows has himself publicly protested against "the manner in which this important subject is being conducted," and intimated that if he retire it will be because he is "satisfied that the General Medical Council is prepared to elect a new President." It would almost appear that Dr. Burrows would not be unwilling to continue in the arduous position of President for some time longer; and we are really not surprised that the manner in which the possible duty of electing a successor is anticipated should prove disagreeable to many. There are members of the Council, besides Dr. Burrows, who think that certain proceedings of certain people deserve only condemnation. But the Council, as a whole, is a weak unwieldy body, and liable to be ruled by any energetic and party section.

Pauperism of London.

OUR anticipations that the new President of the Poor-law Board would prove himself worthy of his appointment are likely to be verified. As soon as Mr. Goschen came into office a series of very valuable weekly returns of pauperism was commenced, the publication of which enables those interested in the subject to watch it and to apply to it exact methods of research. We have now to add that a comparative table has been prepared by the Board of the expenses of London out-door relief during the last three years and the year 1859, showing at a glance the march of expenditure in the several metropolitan Unions. The following is the official announcement:

METROPOLITAN OUT-DOOR RELIEF.

The following are the sums expended on the relief to out-door paupers during the parochial years 1859, 1866, 1867, and 1868 in the twenty-one metropolitan Unions which exhibit the largest increase of such expenditure:—

Unions.	During the year ended with Lady Day, 1859.	During the three years severally ended with Lady Day, 1866.	1867.	1868.
In the West District—	£	£	£	£
Kensington . . .	2,997	4,244	5,828	9,639
Paddington . . .	2,457	4,919	5,638	6,591
St. Margaret and St. John	3,087	4,078	5,926	7,775
In the North District—				
St. Pancras . . .	11,249	13,818	19,529	27,146
Islington . . .	5,263	8,677	11,493	13,245
Hackney . . .	4,739	6,310	10,421	16,485
In the Central District—				
Strand	3,568	5,936	8,449	8,339
Holborn	1,389	2,858	3,915	5,410
Clerkenwell . . .	4,053	5,295	6.047	8,302
East London . . .	4,470	6,558	7,243	8,802
In the East District—				
Shoreditch . . .	6,837	7,058	9,316	14,184
Bethnal Green . . .	1,526	3,091	5,157	7,507
Whitechapel . . .	4,679	4,726	7,478	8,188
St. George-in-the-East .	4,765	5,269	7,164	8,506
Stepney	5,049	4,232	7,441	11,303
Poplar	9,629	11,993	27,703	30,945
In the South District—				
Lambeth	15,487	16,100	18,648	20,744
Wandsworth and Clapham	7,163	7,601	9,215	11,871
Camberwell . . .	4,211	7,762	10,035	11,013
Greenwich . . .	12,291	18,180	23,996	27,340
Lewisham . . .	3,021	4,857	6,228	7,583
Total of the 21 Unions .	117,935	153,557	216,870	270,898

FREDERICK PURDY, Statistical Department.
Poor-law Board, Jan. 29.

Winter Climates and the Sanitary State of Winter Health-Resorts.

IN an article on winter climates we drew attention earlier in the season to some of the dangers encountered by invalids resorting to Southern health-resorts of which they know little, and about which their advisers were not sufficiently informed. Those remarks are bearing fruit We are in possession of many valuable facts and communications respecting these things, which it is our intention to lay before our readers. It is undeniable that some most serious mistakes are constantly made as to the kind of climate adapted for patients. Still worse, it is undeniable that such persons are frequently sent to places where they may easily fall victims to the state of the sanitary conditions. Bad water or bad drainage are almost universal in

Southern Europe, and, besides, these the diet and regimen of most visitors are the worst they can possibly be. We invite particular attention to the letter of Dr. Hawkins on the sanitary state of Nice, in our issue of Feb. 10th, and we call upon the physicians of Nice to say whether they have urged improvement upon the civil authorities, and whether any attention has been paid to such representations. Dr. Hawkins promises us authentic information as to the sanitary state of other health-resorts.

Medical Constitution of Brussels.

Within eight or ten days the medical constitution of Brussels has been completely changed. During almost the whole winter its sanitary state has been satisfactory, yet at this moment panic reigns far and wide.

The epidemic (for it is one) which has broken out in Brussels is a mucous fever, slightly different from typhus, but with very irregular phenomena. Generally this fever is characterized by great depression, by headache, anorexia, and thirst; by a tongue white or punctated with little red spots; by constipation or diarrhœa, slight heat of skin, slight reaction of the pulse, sleepiness, agitation, and epistaxis.

As yet the symptoms of this fever have not been very alarming, but in a few cases it has degenerated into typhoid and proved fatal. The civil and military hospitals are crowded, and the aristocratic quarters of the city are invaded by it as well as the poorer districts.—*Presse Médicale Belge.*

Medical Military Tailoring.

The following is a description of the new medical belts: For medical officers ranking with brigadiers and major-generals: Four rows of gold embroidery ¼ inch wide on black morocco shoulder-belt, gilt chased buckle and slide (no breast ornament). Pouch of black morocco leather, flap 6½ inches wide, 3¼ inches deep, and pointed—with three rows of ¼ inch gold embroidery—gilt chased V. R. and crown ornament. Sword-belt, black morocco leather with three rows of gold embroidery ¼ inch wide on the waist-belt, and three rows 3-16th inch on the slings; gilt chased clasp with silver lion and crown. For officers ranking under brigadiers: Three rows of gold embroidery on the pouch-belt, and two on the pouch and sword-belt as above described.

The Decimal System in Germany.

The decimal system has been adopted in Northern Germany for medical purposes, and certain States, including the Grand Duchy of Mecklinburg Schwerin, have been thereby compelled to change their Pharmacopœias. On a proposition from this State a commission of medical and pharmaceutical *savants* has been named to compile a Pharmacopœia common to all the States of the Northern Confederation.

Retrenchment in the Army Medical Department.

The following circular has been recently issued:—

Army Medical Department.

Sir,

1. It having been represented by several principal medical officers and others that there is undue expenditure of medicines, surgical materials, and dispensary sundries used in army hospitals, medical officers in charge will be good enough to personally supervise the issues under these heads.

2. At the periodical inspections principal medical officers will minutely examine the prescription books, to see that all articles used in the hospital, or issued to patients out of hospital, have been duly and properly entered, that the persons so prescribed for are entitled by the regulations to medical aid at the public expense, and that the totals of the ingredients in the prescriptions correspond with the quantities expended from the surgery stores. For this purpose detailed abstracts of the prescriptions written in the intervals of the inspections should be prepared by the hospital sergeant, and verified by the medical officer in charge.

3. Principal medical officers are required to see that where less expensive preparations are as efficacious, and as suitable as more expensive articles, the cheaper remedy is employed.

4. In forwarding returns of medicines, &c., the medical officer in charge will personally examine the same, verifying the quantities in the columns "expended" and "remaining," with the expenditure according to the prescription books, and the quantities actually remaining on hand; and the principal medical officer will, at the next inspection, satisfy himself that this has been done.

5. Before approving a requisition for a further supply, the principal medical officer will take steps to ascertain that there is no undue accumulation of any article in store, and that each item indented for will probably be required in the quantity demanded.

I have the honour to be, Sir,
Your obedient servant,
T. G. Logan, Director-General.

In Vienna, through the benevolence of Baron Anselm de Rothschild, who has given 200,000 florins for the purpose, an hospital for Jews is to be built. It is to contain 200 beds.

An elderly widow, while waiting in the surgery of Mr. Leslie, at Nine Elms, stole a piece of phosphorus from a bottle and placed it in her pocket. It ignited and burnt her so badly in the side that, by the advice of a surgeon, she was conveyed to the nearest hospital.

On Wednesday last, the Right Hon. G. J. Goschen, President of the Poor-law Board, paid a visit to St. Marylebone Workhouse, where he spent some time in inspecting the casual and sick wards, and other departments of the institution, in order to satisfy himself as to the system adopted there, it being generally admitted that the workhouse of St. Marylebone is one of the best conducted in the kingdom.

In Worcester Infirmary, a patient has just died in consequence of a mistake in giving him medicine intended for another person. At the inquest, the jury acquitted the officials of gross negligence.

It is said that typhus fever is raging to such an extent at Brussels, that the King and Court have left. All the private schools are removed from the capital.

Last Thursday, at a meeting of the Council, Mr. R. Partridge, F.R.S., late President of the Royal College of Surgeons, was re-elected a member of the Court of Examiners for a second quinquennial period, and Mr. A. Leggatt, who had been elected a Fellow at a previous meeting, was admitted as such.

The Board of Guardians of St. Pancras, at a late meeting, received the report of the General Purposes Committee, and agreed to adopt the same scale of relief of able-bodied paupers as is given in the parishes and unions at the East-end of London.

An interesting report at the annual meeting of the London Fever Hospital was presented by Dr. Murchison, the Senior Physician of the institution. The report stated that 3,657 cases were admitted last year, but that notwithstanding the mortality had been extremely low, being 15·2 on the whole. The institution has no endowment, and the committee appealed for increased public support.

If statistics are of any value at all, those which appear in the annual report of the Small-pox Hospital are deserving of note. The mortality in the cases admitted was 34 per cent. of the unvaccinated, while in those previously vaccinated it was only 6·5 per cent. We learn from the report, that the epidemic which had prevailed for five years has at length terminated, having ceased somewhat suddenly about the end of July or the beginning of August.

The Court of Directors of the Scottish Hospital held their quarterly meeting in the hall of the institution, Crane court, Fleet street, on the 11th inst., Dr. John Webster in the chair. The ordinary business being ended, a letter was read from one of the governors, complaining of the arbitrary allocation of the funds only to those children of Scottish parents who had been born in Scotland. After some discussion, Dr. George Webster gave notice of a motion for next meeting, that the bye-law referring to that matter be altered; that in future the recipients of the Hospital's annuities be admitted without reference to age or place of birth.

MEDICO-SOCIAL PENCILLINGS OF LONDON LIFE AND PRACTICE.

No. XI.

From the time that I undertook the responsible duties of "Proprietor" to that of which I now write, six months, minus a week or two, elapsed, and the professional fees received by me during the interval barely amounted to a tithe part of what they should have been, taking for my basis of calculation the representations made to me at the time of negotiating for the purchase of the "death vacancy," (as to the annual income derived from the practice,) by the parties interested in its disposal. Yet, in justice to the transfer agent engaged in the matter, I am bound to state that *his* picture of the Eldorado was fairly drawn—neither too highly coloured, nor varnished over so as to deceive nor to mystify. It was a faithful picture, but his clients smudged it subsequently—in fact, the fees that I received during the time stated were barely sufficient to meet current expenses and to keep in bodily vigour the Establishment, by which term you will please to understand, I mean one servant, Boey, Master Twig (an imperious black and tan terrier), and myself. Just then, too, the interesting relict and her retinue managed to give me a run of some miles on a *false* cry, and during my absence sacked the establishment and absconded with the contents, not sparing the least valuable requisite it contained!

On my return from the run to which I allude, I found the residence with that "draggled-tail" appearance so diagnostic of a quick fly—glass broken, bannister rails removed, walls bumped and scratched, and straw dust and frowziness everywhere. I found Boey sitting on the end of his professional basket, and Master Twig crouched with head on paws beside him. Boey was in tears.

"Boey, what's all this about?" I said.

"Gog-gone, Sir, the willans! bu-but I'll have law, so I will, for they punched my 'ead, they did;" and Boey sobbed, and sighed, and wriggled as he replied to my query.

"What is all *this* about?" I ask; "tell me, do you mean to say they gutted the house, bedrooms, and all, during my absence?"

"They did, the willans, Sir."

"And who assisted them in this, to where have they removed? Come, speak out, you rascal; for I suppose you have been playing their game for some time," and I seized Boey by the collar and shook him up after the manner of the wise woman, for I was sorely perplexed.

"Oh! master, dear master, let go, do dear, do, and I'll tell you all;" and Boey dropped on his knees, implored my desistance, and looked the impersonation of misery herself.

"There," I said, as I relaxed my grip, "there; be honest and I'll forgive you. But mark! if you deceive me I'll lock you up; come, speak!"

"Oh! master, dear, good master, the willans robbed you, robbed everybody, robbed and shot the moon in the broad day, and no one said "don't" but me, and they punched my 'ead, they did; bu-but"—

"Go on," I said; "quick, quick to the point, Sir."

"Oh! master, dear, on the death of the old 'un they went in for credit in a large way with the Oxford street and the Bond street folk, for silks and for jewellery, and 'nobby' things such like, on the strength of the old 'un's name and the big 'ouse; but the bills followed quick, and master"—

Boey ceased to speak. "Go on," I said.

"And, master, they thought you *wouldn't* stop by reason of no patients, and intended to *sell* the place again through the *Times*, and so to raise money"—

Boey again became silent. "Out with it all," I said.

"Well, Sir, that Dr. Sneak at the corner got any good patients that the old 'un 'ad about 'ere, and they weren't many. He used to come 'ere with a long face and a black pocket-book, by reason of which he does the parish and keeps a chemist's shop. And another 'un with a singin' missis—sleek like she were too—got more distant 'uns, and you only the bad 'uns, 'good enough for the money paid,' as was remarked. But master, dear master, I 'inted this over and over again, but you would not listen no'ow—'get along, Boey,' say you; you know you did, master, and now 'ere we are."

I was mute with astonishment, too indignant to utter a syllable—I utterly ashamed,—sad as my own case was—of the wicked, unmanly, ungenerous, and decidedly dishonest advantage taken of me by the pair of medical *touts*; and then, for the first time, flashed across my mind, with arrow-like swiftness, many circumstances that justified the belief in Boey's statement, including the *white smile* which one of those fellows invariably displayed whenever he passed me.

Wicked as the treatment I thus received from the "relict" was, in my mind it appeared to weigh even light as a feather in apposition to the selfish and "shoppy" conduct of those "professional gentlemen," from whom I should have received at least passive resistance. Was my case an exceptional one? Were there then in the vast metropolis but a brace of gentlemen who could act thus? I know not, but I could name a dozen instances where a repetition of it has been enacted far more recently, and ten times as many instances which displayed in the beautiful simplicity of nature's true gentlemen acts of medical practitioners, as unselfish as they were noble, as generous as they were manly, as hearty as the broad hand of professional fellowship could possibly hold out to sustain the weak and the weary. Some of those glorious sons of the noble profession of medicine justly stand high on the hill of fame, professionally and socially. Some of them, likewise, labour incessantly in the medical vineyard without the enjoyment of much of its pleasures or of its fruits, yet they are unpurchaseable, unseducible, and neither to be tempted, nor to be influenced, to seek worldly wealth by other than by legitimate means.

Here let me state that, many years after the time of which I have written, I made the acquaintance of a gentleman who, during a conversation with him, favoured me with the veritable history, from the cradle upwards, of one of the touts to whom I have alluded. I learned that he was educated *only* in the art of long faces; originally small boy to a petty shopkeeper, not even in the oil and colour interest—that he migrated on a rise of wage to assist the light parcel department in a drug warehouse—that being precocious and persevering, qualities to be admired and to be honoured within certain limits, he "got on" thence to be unqualified assistant to a kindhearted and humane practitioner—and finally, by means of certain specie derived from friends in the retail pewter-pot interest, the old certificate dodge, and the lax manner in which professional examinations were *occasionally* conducted some years ago. Having now attained the semi-patriarchal age of "forty odd" years, he "got through," and finally *did* the parish, as a consequence.

On ascertaining exactly how matters stood—"the why and the where *to*" the relict and her company had removed—my first impression was to seek advice and assistance from the police authorities, and to compel the culprits—which they morally were—to yield up the share of property to which I had yet a claim. But I was quite unused to law and to the police, and as I believed an exposure of the kind, however successful at the time, might lead to misrepresentation, and raise the old and sometimes false cry of the "strong persecuting the weak," (?) resolved to put up with the insult and the loss, to nail my colours to the ideal mast, and to stick by the ship whilst I had even a sea leg on which to stand. I resolved rightly, for it followed, the "fixings" removed from my residence were stored in what Boey styled a "pontineckintor," and sold by auction a few days afterwards.

Without drawing the long-bow of exaggeration, the term "desperate" might now be applied to my case. I held the lease of a large house, 'tis true, but it was an empty one! with large rent and proportionably larger taxes, and rates nearly due, and with little money to meet them. What step should I take? Wretchedly fail? Cut the concern by one clean sweep? Write to my relation, state my case, and act on his advice? Or ought I to hold my ground (as I first resolved) and fight the world upwards as a man, even at the risk of experiencing a *broader white smile* from that parish tout, or any other sneak like him? My mind was made up! Stop in possession, hold my ground, and fight it through, I would endeavour.

During the time that I debated the point, the seat I occupied was an improvised one, formed by my portmanteau upended. Boey, with elbows on knees and chin in hands, still occupied his professional basket, and in these positions we for a considerable time remained. Boey was the first to break the silence.

"Master, shall I go for mother?" he asked.

"Mother! whose mother?" I replied; the term acting as a spell on the words as I uttered them.

"My un, master; she's good as gold, Sir. *She'll* make us all right, she will. Why there, we have nothink no'ow, nor nothink to eat with it, nor to eat it on, the willans!"

"Boey, a good mother is even better than gold—better, better than gold, Boey—far, far better than gol—"

I attempted to enlighten Boey by a running litany of words, heroic and triumphant, to the praise of mothers, for my mind shot back to her of hope and of sorrow who called me son—whose frown upon me I never yet experienced—whose loving smile was ever waiting my acceptance of it—whose every want yielded to my wayward youthful eccentricities—and whose soothingly mild, graceful, and affectionate words and influence were ever by me, to advocate patience, discretion, and good sense, at times when stock fed youth and inexperience, coupled with cloudy notions of "what ought to be," raised perhaps my temper to a boil, and occasionally beyond it. And now I found my tongue inert, and my fauces dry and too parched to permit the words I desired to utter a free passage to my lips.

Boey looked into my face! Even the least sympathetic that may read these hurried pencillings may surmise what the boy beheld there. "D'don't, master," he said. "I'll—I'll go for mother." Boey rose from off his basket, hurried from the apartment, accompanied by "Master Twig," and left me in the enjoyment of a clear stage and a favourable opportunity to think of the past.

After a little time Boey re-entered the apartment, accompanied by Mistress Bazil Pod, who suggested so many things, and did so many things, and so willingly, too, in order to improve matters, that ere the close of the following day I was as comfortably, if not so luxuriously lodged, as heretofore, and firmly impressed with the belief that mothers make kings, and are better than gold.

Quid Nunc.

Correspondence.

SUGGESTIONS IN MEDICINE.—No. I.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The writer of the following letters is a medical man of mature age, of considerable experience in various parts of the world, and not altogether unknown in the profession; but he has been for a long time disabled from active practice by the rheumatic gout, and is now so completely its victim, that he is utterly and hopelessly paralyzed. His sight, moreover, has failed so much latterly from congestion of the tissues of the eye—a part of the same complaint—that he is scarcely able to read what he pens. Yet he has thought much during the tedious hours of inaction, and fancied he has made valuable discoveries on points of practice. Unable to carry out these favourite schemes, and somewhat depressed in consequence, he is now anxious to devote his remaining powers—such as they are—to their elucidation, in the hope that others more favoured with health and strength may adopt and bring them to maturity. They must be regarded more in the light of suggestions than experiences. No research can be made. Infirmity forbids much reading. Hence the writer may have blundered on the ideas of others. Yet, as far as he knows, his notions are original. That their promulgation may eventually benefit the afflicted is his unselfish and earnest desire. A feeling of duty alone prompts him to a task, now irksome and painful, which, under other circumstances, would be extremely pleasing. The first suggestion is with respect to—

BLOOD DISEASES AND THEIR TREATMENT BY TRANSFUSION.

There are many complaints known to pathologists under this title—diseases that are believed to pervade the entire frame, and to depend on some derangement or abnormal condition of the circulating fluid. Into the pathology of the subject I have no wish to enter. It is almost sacred ground. Great obscurity attends it. The most consummate talent and determined industry have, as is well known, been employed in this department of research with but indifferent success. The test-tubes of the chemist, and the most powerful lenses of the histologist, have failed to discover the latent causes of mischief. I believe I am right in stating in general terms that many diseases depend on the presence of a subtle poison in the blood; but that in the present state of science it is impossible to demonstrate either its separate existence or exact nature. Pathologists believe it to be one thing or another—each has his theory—but for anyone to prove that his right is impracticable. Moreover, the cure is equally difficult. To eradicate the poison from the blood—to neutralize or subdue it—is too often beyond the power of man. Medicine fails. Diet—regimen—affect it little. The morbid diathesis remains, and generally speaking increases in intensity in despite of every effort. The gouty man remains gouty, the consumptive phthisical, the cancerous carcinomatous to the end of existence. Of course there are apparent exceptions, but these prove the rule. Nature also occasionally effects a change. But man has usually found it impossible to alter the diathesis.

Under these circumstances, it is now proposed to adopt a new plan—one that strikes at the very root of the difficulty. These are days for bold innovation, and why not in medicine? It is suggested, that a portion of the unhealthy blood should be abstracted, and that an equal quantity, that is of a healthy character, substituted in its place,—to extend the system of transfusion, in fact. It may even be advisable in some cases to substitute such blood as is of an opposite diathesis. For often the conditions of the system appear to be opposed—the gouty and phthisical, for instance. But this would give rise to a new system of investigation. If this novel purpose of transfusion be adopted, pathologists might well study the subject under a new aspect—from a different point of view in truth.

The proposition now before us is, that a portion—say a pound, more or less—of sound, healthy blood, should be transfused in lieu of an equal portion contaminated or diseased, in the hope and reasonable expectation that a part would, in Scripture phrase, "leaven the whole." It may act both medicinally and vitally upon it. By repeated substitutions a large proportion of the unhealthy fluid may be eliminated. In practice I imagine it would be rarely necessary to resort to this alternative; the one operation would, I firmly believe, effectually answer the purpose of an alterative, so that good blood would afterwards be generated.

Of course, a variety of objections could be offered to this system; but I believe a satisfactory answer may be given to each. Few men had studied the subject of transfusion of blood more than the late Sir Charles Hastings. He had made some forty or fifty experiments on animals, chiefly sheep, with the view to test its value in cases of hæmorrhage. When we met, many years ago, at Droitwich, I explained my views, and he was pleased to regard them with favour. The apparatus I proposed to employ for effecting the transfusion he thought extremely well adapted to the purpose, and infinitely superior to that already in use.

It remains now to describe this apparatus, and say how it is to be put in action. I shall find some difficulty, though, in making myself well understood without the aid of woodcuts for illustration. If any gentleman, therefore, should feel disposed to adopt my views and give them a practical bearing, I shall only be too happy to afford him any further aid in my power.

The exact statistics I do not know, but I believe transfusion of blood has not been extensively practised in this country—some eight or ten times, perhaps, altogether. It has been used solely to restore the system when exhausted by hæmorrhage, as in flooding, &c. The transfer has been effected with an ordinary syringe, such as that employed for the ear, or as a stomach-pump. The clumsiness of such an instrument for such a delicate operation must be obvious. The blood is always liable to be chilled, nay, even clotted, ere it can be injected. A greater danger arises from the introduction of air into the veins, which would be, of course, immediately fatal. In the hands even of the most skilful operator, one or both of these evils might ensue.

What I propose to use is not so simple, certainly, but is far more delicate, accurate, and safe. Tubes of caoutchouc, or india-rubber, about two feet long and half an inch in diameter are fitted with stop-cocks at each end. Attached to each extremity are also small plates of metal, from the centre of which project short flattened metallic tubes. These are intended to be inserted into the openings in the veins made by the lancet, and fixed securely there by straps most carefully adjusted. A light stand would sustain a trough of warm water, in which the greater part of the tube would rest in order to ensure due temperature. Two, or even three, of these caoutchouc tubes would be required.

In performing the transfusion, the operator would first thoroughly soak the tubes in warm water, as well as carefully fill them with the same. Then, passing the elastic material between his finger and thumb, he would squeeze out every drop of the water, and prevent the admission of air by closure of the valves.

The patient and his friend, the receiver and donor of the vital stream, being placed in convenient and easy positions with respect to each other, a vein would be opened in the adjoining arm of each, and the two limbs connected together by means of a tube carefully adjusted and thoroughly secured. A vein in the other arm of the patient would then be opened and have a tube affixed in the same way. The whole kept properly warm by means of the troughs.

When all agitation had subsided, the operator would partially open the valve of the tube attached to the donor and allow the tube to be slowly filled with blood by the elastic action of the caoutchouc. When completely expanded, the valve would be closed once more. To transfer this blood into the patient's arm it would be necessary merely to open the valve on that side and squeeze the fluid in by means of the finger and thumb, securing its return by turning the tap. At the same time, if it were considered necessary, an equal portion of diseased blood could be drawn off from the other arm of the patient and squeezed into a basin. In this way all danger from repletion could be avoided. The first transfusion would thus be complete.

After an interval, this series of operations could be repeated until the necessary or intended quantity had been administered. And here it may be mentioned that the tubes should be of such length and calibre as to hold a certain definite quantity—say two ounces each—so that the amount of blood abstracted and substituted could be determined with accuracy. It will be seen also, that there would be no necessity to hurry the process. It might extend over hours if advisable, so that the interests of both donor and recipient could be consulted. It is quite clear also, that an adroit operator could, if necessary, transfer a full pound of blood or more in a few minutes.

Some people will be ready to exclaim at this juncture:—"But where is the blood to be found? Who is willing to submit to such a loss as a pound or more of his vital fluid? No one in health and in his senses, surely?" Excuse me. The gradual loss of even a larger amount could be, as it has often been, borne with perfect safety. It would injure no really hearty man, seriously or permanently. Blood is readily replaced in the young and vigorous. Indeed, it is well known that repeated small blood-lettings lead to plethora. And then as to the will to make the sacrifice. When has the husband failed to come forward and be bled when the wife of his bosom, the mother of his child, has been in jeopardy? Surely a relation or a friend could be found who was willing to make some sacrifice for one dear to him. Besides, there are always to be found those who, for reasonable reward, are ready to sell, not their blood only, but their lives. In truth, if there were much demand, there would be ample supply of this as of other things. That difficulty would, I feel persuaded, speedily vanish.

As to the fancy of other people's blood producing change of character, or madness, that, I veritably believe, is all moonshine. No woman has hitherto been injured in that way by transfusion, and the experiments on animals clearly show that blood is blood all the world over. The difficulty is in the introduction of so great a novelty. Yet he must have been a bold man who first opened a human vein. No one is now horrified at that operation except the homœopathist.

Your obedient servant,

Bath, Nov., 1868. C. TOOGOOD DOWNING, M.D.

Gleanings in Medicine, Surgery, and the Allied Sciences.

MEDICINE.

THE METHOD OF EMPLOYMENT OF ANTI-PERIODICS.

There is no conclusive evidence that admitted anti-periodics ever produce curative results when administered during, or even a short time before the accession of a paroxysm of intermitting or remitting fever. In neuralgia they occasionally afford relief when administered during a paroxysm of pain; but such instances are so rare as to render it probable that they were accidental coincidences. To secure their curative effects, it does seem that they should be in full operation some time before the paroxysm begins, and that their action be decided in every case. Such is the experience of the writer.

For a number of years the writer has employed anti-periodics, guided by these views, and he is confident his success in treating intermittents greatly exceeds that following the methods generally in use. After such preliminary treatment as the case may require, he administers the anti-periodic in a commanding dose, seven or eight hours before the expected paroxysm; and to ensure the early action of the remedy, especially quinine, upon the duodenum, liver, and spleen, which he thinks are the organs, more particularly the duodenum, in which the remedial action begins, he has been in the constant practice of combining a mild cathartic agent with the anti-periodic to hasten the passage of the remedy from the stomach into the duodenum. By this means the anti-periodic is conveyed sooner into the duodenum than if administered without the cathartic, where it at once sets up the actions peculiar to it, in advance of the expected paroxysm and in time to prevent it.

This method of employing anti-periodics was suggested to the writer, some fifteen or twenty years since, by the report of a case of tertian intermittent he received from an eminent practitioner of Virginia. In this case, quinine was the anti-periodic employed, and it was administered in the form of a simple pill only a few hours before the expected paroxysm, in quite a heroic dose. The remedy failed to prevent the paroxysm, which was quite a severe one, but seemed to prove remediate with the next one, which failed to occur, and without repeating the anti-periodic. The medical gentleman who reported the case was at a loss to account for the non-appearance of the second paroxysm, so long after the anti-periodic was administered, and the writer explained it by supposing that the remedy did not reach, or impress the duodenum until late the next day, by reason of the violent symptoms which accompanied the paroxysm it was given to ward off. Since the occurrence of this case, the writer has constantly employed quinine as an anti-periodic in intermittents, from seven to ten hours before the expected paroxysm; and to ensure its certain action as such upon the duodenum, he invariably combines some gentle cathartic agent with it, for the purpose of hastening its passage from the stomach into that organ. In a vast number of cases this simple method has been successfully employed. Indeed, no other has been resorted to now more than fifteen years since its first trial, and with few, if any, failures.

To ensure the complete anti-periodic protection the remedy should be repeated several times after the paroxysms have ceased to recur; and a single commanding dose of quinine compounded, and timed as already stated, will be sufficient to meet each paroxysm in a large majority of instances. If the case has been severe, the quinine might be repeated oftener, perhaps as frequently as three or four times, and, when discontinued, some bitter infusion—Huxham's elegant tincture of bark, or the bark in substance—should be used and kept up for several weeks.

In some instances quinine puts a temporary stop to the paroxysms of intermittents, the disease recurring from slight exposure to the vicissitudes of temperature, or from an imprudent meal; and such examples now and then prove exceedingly intractable.

For a number of years the writer has regarded the duodenum as the organ upon which anti-periodics chiefly, if not primarily, act as therapeutical agents in intermittents, especially quinine, and that remediate actions beginning there are soon propagated to the spleen, liver, and nervous centres. That the spleen is often impressed by quinine, decidedly, will not be denied, and hence it is occasionally prescribed in enlargement of that organ consequent upon intermitting fevers. He had also long believed that quinine was too freely and indiscriminately employed in the treatment of intermittents, nay, even in many other diseases. A single dose of it, if properly timed, and of carefully adapted power, will rarely fail in its anti-periodic remedial effects. But experience establishes the important fact, that it does not fully protect the constitution against relapse in numerous cases in which it is employed.—*Richmond Medical and Surgical Journal.*

DEVELOPMENT OF TÆNIA BY THE USE OF UNDER-COOKED MEAT.

Dr. Grilli has observed, within six months, six cases of tænia in children aged less than three years. He attributes this disease, commonly so rare in children, to the use of half-cooked meat. We know, in fact, since the researches of the helminthologists on the development of intestinal worms, that tapeworm in the human intestines are the product of the cysticerci found in pork and sometimes in beef.

The six children to whom allusion is made had all extensively used this sort of food as a remedy suggested by Dr. Weiss for chronic diarrhœa. Without depreciating the merits of that therapeutic agent, the author declares that, however excellent it may be, he would not advise its use until some chemical or mechanical means are discovered to replace heat in destroying the cysticerci. We venture to remark that to act thus would be, for fear of a problematic and curable disease, to set aside a precious resource, the only one which often is left to save the unfortunate child from certain death. —*L'Imparziale.*

PHARMACY.

ADULTERATION OF PRECIPITATED SULPHUR.

Why is precipitated sulphur still usually adulterated to a scandalous extent with what may be termed plaster of Paris,—hydrous sulphate of calcium? Nearly every book on chemistry and materia medica states that instead of being made by mixing hydrochloric acid and polysulphide of calcium, it is often prepared by the reaction of sulphuric acid and the sulphur salt, the result being precipitated sulphur (identical, so far, with the official article—*Sulphur præcipitatum* B. P.), but mixed with more than an equal weight of the calcarious mineral compound, which when well dried constitutes plaster of Paris. From the following table it will be seen that out of eight samples which I recently purchased (for quite another purpose) within an area of a mile, only one was pure, one contained nearly half its weight of calcarious matter, and each of the others was actually two-thirds impurity and only one-third precipitated sulphur. In explanation of this condition of things, the statement is commonly made that the public has become so accustomed to the satiny appearance of the impure article (due to the selenitic character of the adulterant) as to regard the pure with suspicion, often refusing to purchase it. I cannot believe in the general application of this explanation. The public, surely, place too much confidence in a pharmacist's knowledge of drugs to persist in refusing a pure in favour of an impure chemical. Therapeutists cannot hope to arrive at a rational system of medicine unless the followers of pharmacy combine to crush the practice of adulteration. Precipitated sulphur is, doubtless, an exception to the general rule that drugs are less adulterated now than formerly, but clearly there is room for much improvement.

No.	Impurity in 100 parts of the "Sulphur."
1	66¾
2	43¼
3	66⅝
4	66¼
5	66¼
6	64¼
7	pure
8	64½

Chemists and druggists, their customers, and medical practitioners, should refuse to purchase any precipitated sulphur which leaves a white ash when a little is burnt off on the end of a table-knife or spatula.—*Professor Attfield, in the Pharmaceutical Journal.*

PAPER FILTERING.

A correspondent of the *Pharmaceutical Journal*, with reference to an article on this subject in the January number, observes:—A very simple, and for many practical purposes a very satisfactory plan, occurred to me lately, and I find it work remarkably well. I do not allow the paper to touch the glass at all or as little as possible; and this is about all that can be done for the perfecting of a paper filter. This is managed by introducing into the filter a coil of thin wire, formed into a cone roughly corresponding to the inside of the filter. I say *roughly*, because were it too nicely done, the wire might lie close to the glass. Iron wire does well enough for many things, but silver, platinum, or any other metal may be substituted. I tried a sort of cage with upright ribs, these allow the paper to clasp close to the glass. Very neat "filter holders" could be made on this principle, and I hope to see them shortly for sale.

VARIABLE STRENGTH OF PHARMACEUTICAL PREPARATIONS.

In a recent discussion at the Pharmaceutical Society on the inconstant strength of aq. laur. cerasi, Professor Redwood said—He looked upon cherry-laurel water, as an article of pharmacy, in the light of an abomination; he always had viewed it in that light, and had always protested against its being retained in the Pharmacopœia; but he had been met by the statement of medical men that they had been accustomed to use it, and whatever chemists might say about the variableness of its composition, they had found certain advantages attach to its use, and wished to be allowed to use it. They had been told, however that great value was attached to it on the Continent, and also that those who had used it in this country had found a benefit from it which they had not experienced in the use of hydrocyanic acid, and they were also reminded that there were many preparations used in medicine of a not very definite nature, which sometimes were found to answer the purpose of the physician better than those which were more definite. In reference to this very article, he had been reminded of the difference that existed between the preparation which was introduced many years back under the name of chloric ether, and that which was now considered a more definite and uniform representative of it under the name of spirit of chloroform. The old chloric ether differed probably from the present spirit of chloroform to about the same extent and somewhat in the same way that cherry-laurel water differed from dilute hydrocyanic acid. The one was of a definite and uniform strength, and a perfectly comprehensible preparation, and the other was an indefinite mixture of variable products, which were administered in an unpurified state. There were, however, those who still held to the old chloric ether as being preferable to the spirit of chloroform. That was one case, and there were many others of the same kind. At their previous meeting Dr. Attfield had said in reference to a certain preparation of opium, that if the efficacy of opium depended on morphia, why did not physicians use a solution of morphia, and have something perfectly definite in form. That was a very short cut made to attain to what theoretically appeared certainly a correct and satisfactory mode of proceeding, but it was not a method that would generally meet the views and requirements of the medical profession. They would say that if you took morphia or any of its salts, and if they took a certain preparation of opium and administered them, they found perfectly distinct and different results. In like manner with quinine, which was a definite preparation of cinchona bark; they could prepare sulphate of quinine perfectly pure, and could make a solution of it, the composition and strength of which they could tell precisely, but nevertheless, there were medical men who would take certain preparations of the bark which they said produced effects different from those of sulphate of quinine. While this was the case they must admit the superior knowledge of medical men, and endeavour to provide those preparations which were required by the profession.

CHLOROFORM IN THE URINE.

The urine of patients who have inhaled chloroform, when tested with sulphate of copper and potash, gives a copious indication of the presence of sugar. The result, however, is not due to sugar, but to the chloroform. Traces of the latter substance in the urine caused a reduction of the oxide of copper in precisely the same manner as glucose. The presence of chloroform in urine may be detected by causing a current of air to bubble through the urine, then to traverse a red-hot porcelain tube, and finally to pass through a Liebig's bulb containing a solution of nitrate of silver. The vapour of the chloroform diffuses into the stream of air, is decomposed in the heated tube, and the resulting chlorine precipitates the silver solution.—*Journ. de Pharm. d'Anvers.*

◆

It has been ruled by the Government of India that in the absence of the surgeon in medical charge of a British regiment on leave on private affairs in England, his *locum tenens*, being an assistant-surgeon, is to receive the medical-charge allowance of £15 per mensem.

ARMY MEDICAL SCHOOL, NETLEY.

Examination of Candidates for Assistant-Surgeoncies in H. M.'s Royal and Indian Armies, held at the close of the 17th Session of the Army Medical School.

A. Written Examination.

(Three hours allowed for each subject.)

I. Military Hygiene (Prof. E. A. Parkes, F.R.S.), Monday, 1st February, 1869.

1.—What amount of fresh air per hour ought to be supplied for an adult? What are your reasons for stating this amount? How would you ascertain the direction and extent of the movement of air? What are the chief impurities in air, and what are supposed to be their effects? How would you examine for them?

2.—What amount of labour is undergone by the soldier in time of peace? How would you estimate this if you were required to give a numerical expression for it? How does the labour performed on a march of twenty miles with and without weights compare with the labour of a common mechanical trade?

3.—Contrast the diseases and the mortality of the West and East Indies, and state what precautions are necessary for the prevention of yellow fever and cholera respectively.

II. Pathology (Professor W. Aitken, M.D.), Tuesday, 2nd February, 1869.

1.—On the occurrence of an epidemic of fever (such as recently prevailed at Malta and the Mauritius) the phenomena of which fever did not conform to the phenomena of other known fevers. What are the systematic investigations of a clinical and pathological kind which you would institute to determine the nature of the fever, its course, and its duration?

2.—Since 1838 it has been every now and again asserted that the stools of cholera during a certain stage of the disease contain forms of fungi in great abundance; the same has more recently been alleged of other diseases. It has been also alleged that such fungi constitute the "contagium" of the disease.

Name (and describe sufficiently to identify) the elementary structures of microscopic fungi.

The use of certain re-agents is absolutely necessary to distinguish fungi, therefore name the best re-agents, and state their uses, mentioning at the same time the forms or substances (organic or inorganic) with which the microscopic elements of fungi may be confounded.

3.—Private Michael Mulcrone, aged 33, had completed ten years' service, and was admitted to Netley, from on board ship from India, on the 14th November, 1868. He had served for four years in the East Indies and four years at the Cape of Good Hope. On admission at Netley he was sent to the surgical division for syphilitic rupial ulcers of the body and extremities; but on the day following his admission he was transferred to the medical division with the following symptoms, namely, dyspnœa, with severe pain in the left side, accompanied by the expectoration of pneumonic sputa. There were also present thirst, flushed cheeks, heat of skin (temperature, 102·3), and quick pulse; dulness on percussion over both lungs, especially posteriorly; pleuritic friction sounds, and small crepitations heard on the left side, with inspiration.

On the third day after admission there was increased dyspnœa, difficult expectoration of tenacious, rusty-coloured expectoration, with an evening temperature of 103·8. On the sixth day after admission the temperature fell to 99·4, and respiration was less difficult. On the eighth day the respiration again became hurried, the cough more frequent and harassing, great thirst; large and small crepitant *râles* were heard over both lungs posteriorly. On the ninth day there was great restlessness; the respirations were 42 per minute; the pulse 135, with a temperature of 102·1°. Abundant expectoration of purulent sputa. On the tenth day the respiration became more difficult and more hurried; perspiration profuse; temperature 102·1°; pulse very rapid, with lividity of countenance. On the eleventh day he was sinking; pulse 138, intermittent; respirations, 48 per minute; a temperature of 103·2°; and at midnight he died.

1.—What were the evidences of syphilitic lesions?

(*a*) On penis.
(*b*) On skin.
(*c*) On lymphatic glands.
(*d*) On testicles.

2.—What were the lesions seen in the tonsils and fauces, larynx and trachea, and connective tissue surrounding the œsophagus?

3.—What were the lesions seen in the pleura, and the lungs, and the liver?

4.—Write a commentary on the whole case—
  (*a*) In relation to the syphilitic lesions.
  (*b*) In relation to the lesions associated with the symptoms immediately preceding death.

III. Military Surgery (Prof. T. Longmore, C.B., Deputy Inspector-General), Wednesday, 3rd February, 1869.

1.—Describe the leading characteristic features and general treatment of incised, punctured, and gunshot wounds as they are met with in warfare.

2.—Explain the successive steps of the process by which you are enabled to determine that the refractive quality of the eyes of a soldier sent to you for examination is perfect; or, if found defective, how you establish the kind and degree of defect which exists in them, or in either of them.

3.—(*a*) Give a sketch of the system on which diets and extras are ordered to patients in military hospitals.
  (*b*) Mention the names of the diets in the authorized scale.
  (*c*) State the composition of any one of them.

IV. Military Medicine (Prof. W. C. Maclean, M.D., Deputy Inspector-General), Thursday, 4th February, 1869.

1.—What are the types of fever usually seen in unsanitary camps and garrisons? Describe them and the mode in which you would deal with them as regards prevention and treatment.

2.—A. B., a soldier, ætat 40, 17 years' service, 10 of which were passed in India, presented himself at Netley in the following condition:

Is thin, has a sallow anæmic complexion, but is not jaundical. No anasarca or ascites, abdominal veins not enlarged, appetite bad or capricious, suffers from indigestion and severe diarrhœa from apparently slight causes, the motions being large, watery, frothy, voided with violence but without pain, and having no dysenteric odour. His Medical History Sheet shows that he suffered from syphilis in England before going to India, from the same disease in Bengal, both in its primary and secondary forms, from repeated attacks of intermittent fever, and from long-continued dysentery. On examination:—The respiratory and circulatory systems are found to be fairly normal; the liver extends as high as the right nipple, and downwards to the level of the umbilicus; its consistence is firm without being indurated, smooth, not elastic, painless; the gland is reported to have attained to its present size slowly, and there is no history of previous hepatic inflammation; the only complaint made is of a sensation of weight and fullness and inability to lie on the left side; there is some enlargement of the spleen; the urine is above the normal quantity, pale, of low specific gravity, and contains albumen and hyaline casts. Although not noted as an intemperate soldier, the patient admits that in India he daily consumed more than his spirit ration.

What is this man's disease, and how would you treat it?

3.—Give the diagnostic points:
  (*a*) Of abscess,
  (*b*) Of hydatid tumour,
  (*c*) Of fatty enlargement,
  (*d*) Of cancer of the liver,
and the treatment of the two first conditions.

Pathology.—Practical Examination, Saturday, 6th February, 1869.

1.—Examine the fluid in the test-tube and name the vegetable structures contained in it. State how you have distinguished them.

2.—Examine the portions of viscera placed in the dishes. State of what organ each is a part, and describe its morbid conditon.

3.—Name the parts of the body shown in the preparations numbered respectively 1, 2, 3, 4. Describe the lesion or lesions which each of them illustrate.

4.—Determine the magnifying power of *any one* of the microscopes, and append the scale used.

◆

NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—Subscriptions for the year ending Dec. 31st, 1868, are now due. Subscribers resident in England will greatly oblige by forwarding the usual amount, 22s. 6d., either by cheque or P.O.O., made payable to A. A. Tindall, 20 King William street, Strand, London.

Subscriptions in Ireland to be sent to 3 Lincoln place, Dublin, and in Scotland, to Maclachlan and Stewart, South Bridge, Edinburgh.

Advance subscriptions, 21s. 8d. post free per annum, for the current year, can also be paid as above.

The Quid Nunc Papers.

"An Admirer of your Journal," Dr. Pratt, R.N., Russell square, Mr. T. Hagers, Deptford, and others, are thanked for their complimentary notes on these papers. The present series will be finished in two more "Pencillings." Whether or not they will be resumed is not yet decided upon. The object of our facetious contributor has been to point out some of the existing anomalies and abuses in the public departments, which he considered could be best done in a jocose and lively style. Serious discussion being calculated to lead to personalities and to excite angry feelings, we are at all times anxious to avoid.

Qui fit Mæcenas.—Many thanks for the information. We assailed the appointment *in re* Oscar Clayton on public grounds, and the publication of personal details would not, we think, be suitable.

"Observations on the Treatment of Psoas Abscess," by Thomas More Madden, M.R.C.S., &c., received.

Mr. Connoly (Belfast).—"The Ulster Examiner" has not come to hand.

Received and shall appear in an early number, "Contributions to Clinical Surgery and Medicine," by Professor Hargrave.—1st. Injury of the Lumbar Region of the Spine, with some Peculiar Symptoms. 2nd. Successful Extraction of Needles, with and without the aid of Chloroform.

"On the Treatment and Prevention of Pauperism and Crime," by Henry MacCormac, M.D. Proofs shall be sent in due course.

◆

BOOKS, PAMPHLETS, &c., RECEIVED.

La Médécine Traditionelle et l'Homœopathie.

Revue Photographique des Hopitaux de Paris.

Disinfectants and Disinfection. By Robert Angus Smith, Ph.D., F.R.S. Edinburgh: Edmonston and Douglas

Lectures on the Preservation of Health. By Charles A. Cameron, Ph.D., M.D. London: Cassell, Petter, and Galpin.

Pharmacopœia of the Ray Hospital for Diseases of the Chest, 1869.

Chloroform, and a New Method of Administering it. By A. M. Rosebuch, M.D., Toronto. London: John Churchill and Sons.

The Homœopathic Record.

Report of the Executive Committee for the Prevention of Pauperism and Crime.

Advertisements.

NOTICE TO ADVERTISERS.

The Medical Press and Circular

The scale of charges is as follows:—

Seven lines and under	£0 3s. 6d.
Per line afterwards	0 0s. 6d.
One-quarter page	1 5s. 0d.
Half "	2 5s. 0d.
One "	4 0s. 0d.

The average of words per line is twelve.

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the Office, on Saturday, by Two o'Clock.

FILMER'S BEDSTEAD, BEDDING,
AND BED ROOM FURNITURE.
An ILLUSTRATED CATALOGUE, with prices of
1,000 ARTICLES OF BED ROOM FURNITURE,
sent free by post on application to
FILMER and SON,
UPHOLSTERERS,
31 and 32 Berners street, Oxford street, W.;
Factory, 34 and 35 Charles street.

MR. HOWARD, Surgeon-Dentist, 52, Fleet-street, has introduced an entirely NEW DESCRIPTION OF ARTIFICIAL TEETH, fixed without springs, wires, or ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer; they will never change colour or decay, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed teeth stopped and rendered sound and useful in mastication. —52 Fleet street. At home from 10 till 5.

T. and H. SMITH'S Codeia Lozenges.
These Lozenges have a remarkable effect in allaying
Cough and Irritation of the Throat and Chest.
Prepared only by T. and H. SMITH and CO., 21 Duke street, Edinburgh, and 69 Coleman street, London; and to be had of any Chemist and Druggist, in Boxes at 1s. 1½d. and 2s. 9d, each.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 24, 1869.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE

On the Mode of Action of the Cholera Poison By Arthur Ernest Sansom, M.D., M.R.C.P., Physician to the Royal Hospital for Diseases of the Chest, City Road 155

The Influence of Occupation on the Health. By E. Symes Thompson, M.D., F.R.C.P. Assistant-Physician to the Hospital for Consumption, &c., Brompton.......... 158

On Ulceration of the Rectum. By Holmes Coote, Surgeon to St. Bartholomew's Hospital.............................. 158

Report of a Case of Rigid Os Uteri —Incision. Under the care of Thomas Henry Sandiford, A.B., M.D., M.Ch., &c. 159

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL—

Abstract of a Clinical Lecture delivered by Mr. Henry Lee 159

JERVIS STREET HOSPITAL—

Case of Extravasation of Urine Resulting from Stricture of Forty Years' Standing. Under the care of Mr. R. Persse White. (Reported by Mr. F. Coyne.) 161

TRANSACTIONS OF SOCIETIES.

PAGE

SURGICAL SOCIETY OF IRELAND. — Mr. Morgan on Obscure Aneurism in the Subclavian Region Treated by Ligature, and on Syphilitic Ulceration of the Urethra; Mr. Porter on a Case of Depraved Appetite; Mr. Moore on a Mode of Facilitating the Removal of the Starch Bandage; Mr. Fleming on Dislocation in a Child 161

LEADING ARTICLES.

EDUCATIONAL REFORM.—NO. X.......... 165

UNIVERSITY COLLEGE HOSPITAL 166

THE FUTURE OF PHARMACY IN IRELAND. 167

SCOTLAND.

Edinburgh.—Royal Infirmary Site 167

St. Andrew's............................ 167

Glasgow.—Society for Promoting Employment of Women 168

Aberdeen.—Gordon's Hospital 168

Nice.—The Season.—The Sanitary Condition 168

NOTES ON CURRENT TOPICS.

The London College of Physicians........ 169

The London College of Surgeons 169

Death from Chloroform.................. 169

The Hunterian Oration 170

Winter at Home and Abroad 170

Charity 170

The late Joseph Hodgson, F.R.S......... 170

The Carmichael Essays.................. 170

The Recent Contest for the Representation of the City of Dublin 171

Criminal Abortion in America 171

Hospitals for the Sick Poor.............. 171

Indian Medical Service 171

CORRESPONDENCE.

John C. Thorowgood on University College Hospital................................ 173

"Impartial" on Pauperism, Charity, and the Poor-laws 173

T. Laffom on Dublin Schools and Dublin Demonstrators 173

"Medicus" on Pauperism 174

James J. Johnston on the Relative Character of the Dublin and London Schools in Surgery 174

LITERATURE.

Clinical Lectures on Diseases of the Liver, Jaundice, and Abdominal Dropsy. By Charles Murchison, M.D., F.R.S. 174

GLEANINGS IN MEDICINE, SURGERY, AND THE ALLIED SCIENCES.

Medicine.................................. 175

Pharmacy 175

Surgery 175

Notices to Correspondents, &c................. 176

Original Communications.

ON THE MODE OF ACTION OF THE CHOLERA POISON.

By **ARTHUR ERNEST SANSOM, M.D., M.R.C.P.**,

Physician to the Royal Hospital for Diseases of the Chest, City Road.

IN my former communications to this Journal (November 6, 1867, January 15 and 22, 1868) I endeavoured, in as strict a manner as a limited space would permit, to ascertain from a logical analysis of existing facts the probable nature of the first cause of cholera. The result attained was the expression, that cholera is due to the operation of a material, communicable, organized poison.

I promised to reverse the method employed, and to endeavour, so far as I should be able, to "demonstrate each link in the physiological chain of causes" by which the phenomena of cholera are produced. I need only call attention to the great difficulties which attend such an inquiry as this. What disease in the whole range of medical experience is there whose phenomena can be traced step by step with any absolute precision? That some such test, however, should be applied to a theory advanced to elucidate the causation of disease I thoroughly agree—the analytical method corrects the synthetical, and *vice versâ*.

Since my last communication, the Registrar-General has given an authoritative exposition of the doctrines deduced from the great records accumulated during the recent as well as the more remote outbreaks of cholera in England. It is perfectly evident that the conclusion produced in his mind, as in the minds of those who have most deeply studied the evidence, is that "cholera is propagated epidemically by a material substance, analogous in its nature to the substances which produced, under given circumstances, small-pox, cow-pox, syphilis, erysipelas." This cholera-matter is first termed *cholerine;* then, to distinguish the cholera-producing particles which constitute the cholerine, the term *cholerads* is employed. (Supplement to the Twenty-Ninth Annual Report of the Registrar-General of Births, Deaths, and Marriages in England, 1868.) We will assume the existence of a germ which has the power of producing cholera; the first question which we are to attempt to solve is—

What are the physical qualities of this cholera germ as observed external to the animal organism?

In the first place, it is probable that the cholerad is a body of extreme minuteness. The very fact of its having eluded for such a series of years the most careful scrutiny of observers, who have employed the highest powers of the microscope, is *à priori* evidence in favour of this proposition. The investigation of the phenomena of vaccination has shown how almost inconceivably minute are the particles capable of inducing disease. Not only are these said to be, under the highest powers, molecules scarcely visible, but the researches of Chauveau have shown that if vaccine lymph be diluted with 150 times its bulk of matter, and a milligram of the solution be conveyed on a lancet-point to an animal organism, it is capable of inducing the phenomena of vaccine disease. According to Beale the organized bodies capable of producing cattle plague must be less than 1-50,000th part of an inch in diameter. Analogy, therefore, lends colour to the hypothesis that zymotic matter (and by inclusion cholera matter) is composed of particles at the utmost verge of vision.

If we come to the question of the origin of the cholera germ we shall find that this is wrapped in a mystery probably never to be penetrated. The probability seems to be this—that whereas there existed throughout many ages an organized material capable of producing, under certain conditions of climate and individual susceptibility, symptoms of diarrhœa of greater or less severity, at a certain period, under a peculiar combination of conditions, this organized material became endowed with new powers, which it transmitted to generations of its kind. It was supposed, from the observations of Professor Hallier, that the clue to the origin of the first germs of cholera might be found in the following observation:—A peculiar fungus (urocystis) is found in the intestinal canal of the victims of cholera; a similar fungus is also found in certain conditions of diseased rice; diseased rice is capable of producing some of the phenomena of cholera: therefore it is probable that the use of diseased rice by the natives of India was the first cause of the cholera outbreak. I shall presently show how greatly surrounded with fallacies are the propositions and the conclusions. In the first place, however, we may inquire, "In what essential point is there an agreement of testimony as to one of the cardinal conditions of cholera origin or cholera propagation?" The answer to this, I think, cannot be questioned—viz., a high temperature. This condition, then, is observed to be identical with that which common observation shows to predispose to the fertility and the activity of germs.

Now comes the objection of those who urge that we are equally justified in assuming, at certain times and seasons, the existence of new materials as of new conditions. They uphold the theory of so-called "spontaneous generation;" they say that this new poison, which they conceive to have been generated in Lower Bengal in 1817, was generated and propagated in London in 1866. They say that the forms of inorganic material are occasionally presented in such guise that the ablest exponent of the "vital doctrine" cannot distinguish them from living things. But surely it is for them not merely to object but to prove. They urge that such inorganic matter may, under correlated physical influences, assume the properties of an organized body; if they can show by actual demonstration that such inorganic matter, subject to the physical influences which they can bring to bear upon it, becomes endowed with the *powers* as well as the *appearances* of living beings, well. They have established their point; they have produced their Frankenstein. But if not, it is for us to lean to the side whereon there is the greatest amount of evidence, and with Pasteur and with Beale agree that all living matter comes from pre-existing living matter, however unable we may have been, through the imperfection of our powers, to detect the latter. It seems to be rendered very probable (see, on this point, Beale's "Microscope in Medicine," third edition, p. 203) that the same germinal matter, under different conditions of pabulum and of force, assumes distinct properties. Thus: "The germinal matter of tissue, being supplied with an increased quantity of pabulum, may give rise to pus . . . but pus differs in *power* from the germinal matter from which it was derived. . . The germinal matter of cuticular epithelium may give rise to the peculiar hard material of which the so-called 'walls' of the epithelial cell consist, and this same germinal matter of epithelium, if freely supplied with pabulum, may give rise to pus." By parity of reasoning, the germs which, under certain conditions, produce choleraic diarrhœa may, under certain others, produce cholera, for certainly there seems to be a probability of even less difference between diarrhœa-germ and cholera-germ than between tissue-germ and pus-germ.

It may be then objected by the anti-contagionists that if there is merely this difference of conditions there is no need of supposing a propagation from person to person, for all in given areas are subject to like conditions, and the disease may be epidemic (the disease-wave falling upon the multitude) and yet not infectious (not propagated from one to another). The answer to this is first given by a glance at the map of the progress of cholera. It is seen that the disease does not exist in patches, nor in circles round given foci, but in lines—lines which follow the tracks of human intercourse. But the argument can be conveniently deferred till further evidence is brought to bear upon cholera poison considered as a germ.

It will be better to anticipate other considerations concerning the characters of the cholera germ by inquiring "Upon what part of the economy is it probable that the cholera producing molecules first manifested their effects?" The experience deduced from the late outbreak I quote from the Registrar-General's Report:—"The population of London probably inhaled a few cholera corpuscles floating in the open air, and more rising from polluted waters and from the sewers; but the quantity thus taken from the air would be insignificant in its effects in comparison with the quantities imbibed through the waters of the rivers or of ponds into which cholera dejections . . . had found their way, and had been mingled with sewage by the churning tides." I think no dispassionate inquirer can review the extant evidence without coming to the conclusion that the poison of cholera, whatever that may be, is chiefly engrafted into the system by the way of the alimentary canal. Whatever, therefore, the conditions which produced the first germ of cholera—whether it arose from the inhabitants of Eastern climes eating diseased rice, or whether it arose from their drinking water poisoned by their own dejections, or whatever its origin and the vehicle of its introduction—there is an amount of probability that it first entered the alimentary portion of the body.

We may next ask, "What do we know of the habitat of the cholera germ?" We have mentioned one condition, warmth. The next indicated by a preponderance of evidence is more precise—a soil containing sewage matters. If we accept the water theory of the propagation of cholera we must accept the sewage theory. A great agreement of testimony shows (*a*) direct evidence of impregnation of drinking water with sewage matters; (*b*) the intermixture in times of cholera of the discharges from infected patients with this sewage matter; (*c*) a great agreement in the evidence to show that persons who drink such contaminated water become affected with cholera. This establishes an *à priori* case, which is strengthened by (*d*); it is proved by many cases that those who wash the excrement-stained clothes of cholera patients are liable to take the disease. This evidence, however, has been still more completely strengthened by the observations of Pettenkofer, Thiersch, Sanderson, and others. Pettenkofer, after the most careful scrutiny of possible conditions and combinations of conditions, comes to the conclusion that the great egenda for the production of cholera, besides the existence of the specific germ, are porosity of soil and impregnation with sewage. In localities where a moist sewage-laden soil is nearest the surface is cholera most prevalent during an epidemic. The synthetic test has been applied first by Thiersch, secondly by Sanderson. They administered in minute amounts the alvine discharge of cholera patients to healthy mice. The result was the production in many cases of choleraic symptoms in the animals. The experiments which showed communication of the disease were made at a mean temperature of 56° F. At a temperature of 49° F. they failed. If we can accept with any definiteness the results of these inquiries we may deduce some further information concerning the cholera germ. According to these, as tersely summed up by Dr. Farr, "The fresh fluid the first day after exposure to the air is almost inert, on the second day it grows more active, on the third it is at its maximum of activity, is less and less active on the fourth and fifth, inert on the sixth day of transformation." It thus appears that the greater or less morbid power of the cholerad coincides with the varying phases of its development.

From the foregoing observations we may deduce the following as the necessary conditions for the activity of the cholera germ: (1) a soil containing sewage matters; (2) warmth; (3) moisture.

With these preliminaries we may glance at the present state of our knowledge as to its natural history. The first question we may be called on to discuss is this—

Is the cholera poison a species of urocystis?

It seems now to be probable that we in this country have done Professor Hallier an injustice. I think I am right in the idea that when the records of his labours on fungi as the prime causes of cholera first came to us, we considered his doctrine to be that the bodies of peculiar cyst-form, which he discovered to be peculiar to the alvine evacuations of those suffering from cholera, were the active agents in the production of the disease; that the relation of urocystis and cholera was one of direct cause and effect. It would seem unlikely that this urocystis, which is not abundant, and, though not minute, is with difficulty discovered, should be the widely-spread, rapidly multiplying, subtly working cholera poison. Hallier's critics, who have expressed their dissent from his views in no measured terms, have perhaps looked at his theory of cholera causation as I have just expressed it. Whether, however, this were Hallier's view at the outset of his inquiry, which he has subsequently modified, or whether his early views were misunderstood, it is certain that he does not now maintain the relation of urocystis and cholera poison to be one of cause and effect. The relation which he maintains should be expressed thus: not "urocystis is cholera poison," but "a germ in the progress of whose development urocystis is a characteristic stage, is cholera poison." We have taken the accident for the element. (See *Lancet*, Jan. 16, 1869.) Inasmuch, therefore, as the urocystis theory in the form expressed is no longer held, and as the rice theory which accompanied it is abandoned ("Professor Hallier has now abandoned his views as to the similarity if not identity of his cholera cysts and urocystis."—Report by Drs. Cunningham and Lewis, *Lancet*, January 9, 1869."), we may pass on to a second question—

Is the cholera poison a vibrio?

If we admit a resemblance between fermentation and zymosis, and if we believe in the observations made by M. Pasteur, we have *à priori* ground for answering the question in the affirmative. The ferment of butyric acid, for example, says M. Pasteur, is a vibrio. Supposing the cholerad were a vibrio, would it be possible adequately to explain its transmission from person to person by ponderable media and through vast bulks of water? Dr. Farr, in his Report (giving no adhesion, let it be remembered, to any theory declaring the cholera poison a vibrio), says:—"The habits of the vibrion, the velocity of its development, and its power of disorganizing other organic forms, are seen under the microscope. If vibrions constituted the cholera ferment, diffusion through water, and to some extent through sewers or air . . . would be perfectly intelligible. Two vibrions would become by fissiparity 4, 8, 16, and at the 100th generation, at this uninterrupted rate, 126,765,000,000,000,000,000,000; and as generations succeed each other by the hour, this accounts for the swarms in every drop of cholera fluid."—(Report, cit., p. lxvii.) Concerning the minuteness of these bodies, Pacini has declared that vibrional molecules are less than 1-25,000th of an inch in diameter. A cubic inch of water might contain millions of particles like these. These considerations are potent to explain many of the phenomena of cholera propagation. What, then, is the evidence of direct relation with the observed appearances in cholera itself? Hassall, in 1854, though he attributed no causative relation to them, detected myriads of vibrios in every sample of the rice-water discharges of cholera which he submitted to examination; he also found them in abundance upon the linen of patients affected with cholera.

Though these considerations seem to render probable the view that vibrios stand in some causative relation with cholera, there is another circumstance which militates against that view, and which at once negatives the absolute assertion that the vibrio is the efficient agent in producing cholera. This circumstance is, that vibrios are found in myriads throughout the natural world, and that they accompany fermentation and putrefaction under *all* conditions.

We may therefore pass on to inquire—

Is the cholera poison a molecule possessed of vital properties, yet so minute as to be undiscoverable by our powers of vision however aided?

It is well known that Dr. Beale has attributed the first elements, as well of the organized parts (living tissues) as of an organized whole (living organism), to a translucent material, possessed by what means science cannot trace, but which can only be expressed, as by the will of the Creator, with properties known as "vital." Dr. Beale does not pretend that this primordial matter, the origin of a living structure, shall be always detected. He has recognized this material as the first cause of zymotic disease, and has demonstrated it in vaccinia and in cattle plague. In applying the same views to cholera there is evidently a great resemblance between his own and those of Pacini and of Hallier. His germinal matter is the choleragenic molecule of Pacini, the micrococcus of Hallier. Hallier defines his term micrococcus "particles of plasma without any cell-wall."—(*Lancet*, January 16, 1869.)

By an examination of the evidence which we now possess concerning germs and their propagation, I think we may be able to explain some apparent contradictions, and reconcile the theories of observers which have seemed at first sight to have been conflicting. It seems to me that false conclusions would be rendered less possible if we could agree that it is impossible to state that any appearance described by the microscopist is a primordial form of matter.

Let us glance very briefly at the views held by observers as to the origin and development of organized bodies. If a solution in which spontaneous fermentation has not yet begun be examined under the microscope, besides the organic *débris* nothing can be discovered. Soon, however, appear granules, and afterwards vibrios. It follows that there existed before these vibrios evident to vision germs of vibrios which were not evident to vision. We must be careful not to assign to the objects which we see initiatory powers which belong to living particles which we do not see.

Another important fact is to be borne in mind—that fermentation is a process complex in regard to the various manifestations of life. It is not attended with the production of forms of a single kind, passing through definite stages and arriving at a definite maturity, but with the production of various bodies differing not only in degree but in kind. Dujardin discovered fifty species of infusoria during the putrefaction of a single substance. Moreover, the forms presented belong not only to the vegetable, but also to the animal world. Mitscherlich long ago propounded the doctrine that animalculæ were amongst the essential agents of fermentation. It is certain that the development of microzoa accompanies that of microphyta. It will be interesting to inquire whether this coexistence be an accident or an essential of the proliferation of germs. I do not know that this question has ever been imported into a discussion of the phenomena of zymosis.

M. Lemaire, "De l'Acide Phénique," &c., second edition, chapter II., investigating the action of carbolic acid upon germinating seeds, came to the conclusion that "infusoria are indispensable to germination." He makes the singular remark that "the seed is in some sense the foster-child (nourrisson) of infusoria." It cannot be said that his arguments (they are too long to reproduce here) are unanswerable, but they raise a question which deserves a careful investigation. If a vegetable sporule cannot germinate except in the presence of other organisms (and as some of these organisms partake undoubtedly of an animal nature, we must agree, unless we admit the paradox of a vegetable germ being capable of transformation into an animal germ, that germs of microzoa are present), it imports a postulate into the theory of fermentation which has scarcely been recognized.

According to the views of M. Pasteur there is for every kind of fermentation a distinct kind of organism which induces it. Vibrios are essential to butyric, mycoderms to acetic fermentation. To sustain the analogy with zymotic disease we must, if we accept his views on this point, agree that the organisms capable of inducing the various diseases are distinct and unvarying in kind. This doctrine, however, is not uncontested. Lemaire contends "that there does not exist a special ferment for each kind of fermentation, that the function of microzoa and microphyta is to bring back matters to a more simple state admitting of new combinations. Alcohol, acetic acid, and, no doubt other bodies, can be produced by means of microphyta; bacteria, vibrios spirillum, and monads; the presence of these minute organisms in such or such liquid is a question of relation; the composition of the liquid is the cause of their order of appearance." The observations of Prof.

Hallier seem to confirm this latter view : he states that certain fungi appear in distinct, definite, and unvarying forms, accordingly as they are cultivated in a soil rich in nitrogen or in a soil poor in nitrogen His micrococcus "on being introduced into a fluid capable of alcoholic fermentation becomes cryptococcus, corresponding with the bodies which are generally included under the vague term ' yeast cells. ' If, on the other hand, micrococcus be introduced into a fluid capable of sour fermentation they become arthrococcus, *i.e.*, they assume an elongated form and become one form of what are commonly termed bacteria."—(Report by Drs. Cunningham and Lewis, *Lancet*, January 16, 1869.) The nature of the fungus produced, therefore, depends upon the soil on which it is propagated; the penultimate form is the particle of plasma, the germinal matter ; the ultimate form, as I have before suggested, is beyond the powers of vision. The variations of development, according to habitat and surrounding circumstances, obtain an analogy in the case of these complex organisms—witness the "wanderings" of the trematode, the observations of Kückenmeister and others. The cysticercus of one animal if swallowed by an animal of another species becomes a tænia. The very nature and function of an organism becomes changed according to its habitat.

From the foregoing considerations, if we accept them as premises, we may conclude—

1. That any organized body detected in any circumstances of fermentation or of zymotic action cannot be logically determined as the efficient agent of a fermentation or of a disease. The presence of one form is only the index of others still more minute.
2. That it is probable that a concurrence of organized particles, having different properties and varying modes of development, may be necessary to zymotic proliferation.
3. That a germ which, under certain circumstances, produces certain effects, may, under a change of circumstances, produce other effects.

Considerations such as these at once refute the argument of those who state that there is no cholera poison because it cannot be demonstrated to vision. There is a time when the germ of everything which subsequently lives is invisible. It is hopeless to trace the actual origin of the cholera germ. The spec of plasma, so minute as to be invisible under certain circumstances, which were probably principally those of heightened temperature and a soil more than usually rich in the nitrogenized principles presented by the excrement of animals, developed into a new form and acquired new powers. These powers varied according to the phases of its development. Swallowed in drinking water by human beings the germs exercised a toxic power, varying in degree according, probably, to the number contained in the quantity swallowed, the period of development of the germs, the susceptibility of the individual subject to their influence, and the condition of the alimentary canal which became the soil upon which they were sown. Passing away from one individual mingled with the sewage matters, in which they found congenial conditions for their further propagation, they influenced others and others until some circumstances occurred to arrest their vitality, or to check their development below that stage in which their virulent powers are manifest; then the disease, the consequence of their influence, declined. I have next to trace the probable operation of these germs upon the internal economy.

(To be continued.)

THE INFLUENCE OF OCCUPATION ON THE HEALTH.

By E. Symes Thompson, M.D., F.R.C.P.,
Assistant-Physician to the Hospital for Consumption, &c., Brompton.

"The Influence of Occupations on the Health" formed the subject of the first of the recent course of lectures at Gresham College. After alluding to the evil effects of overcrowding and defective ventilation on the health of workpeople, who are packed together for hours in large manufactories, and pointing out the false economy of those masters who, disregarding their own best interests, call upon their hands to go through their daily occupation under circumstances which tend to enervate them, and render them less and less capable of doing the greatest amount of work in the least space of time, the lecturer asked how it came to pass that employers of labour should be allowed to take away the lives of tens and hundreds of men and women by carbonic acid, and the foul products of respiration, when it is contrary to law to poison one person with prussic acid or strychnine? The position of women and girls who, even more than men, are subjected to these fruitful sources of disease, viz., overcrowding, ill-ventilation, and long hours, was mentioned as one of peculiar hardship, and the Professor instanced as a case in point, the Luton and Dunstable straw-plaiting trade (see recent Report to Privy Council). Here it appears to be not unusual to keep girls twenty hours out of the twenty-four in a room the temperature of which frequently exceeds 70° Fahrenheit, with only about forty cubic feet of air space for each person. The lecturer passed on to notice the special forms of disease incident to certain trades, giving instances drawn from his own experience, and at the same time remarked that it was a subject of congratulation that the condition of nearly all classes was better now than in days gone by, for science had done much in the way of suggesting remedial and preventive measures. The ill effects on the workers in poisonous substances, *e.g.*, arsenic, mercury, lead, phosphorus, &c., are notorious, but the influence of minute particles of dust in originating diseases of the respiratory organs was not so generally recognized by the public. For this latter evil the use of respirators, and the "moustache movement," as a protection to potters, stonemasons, millers, &c., was referred to as a wide and ready adoption. The unhealthiness of tailors, shoemakers, and bakers, the Professor held to be traceable rather to the general evils mentioned above, than to anything specially detrimental in the callings themselves.

Dr. Thompson further enlarged upon the importance of bestowing more attention to the subject ; employers with the view of ameliorating the condition of their workpeople, and the employed in order that they may perform their daily work so as to be least exposed to the evils attendant on their pursuits ; and, secondly, with the object of finding the employment best suited to their capacity. On this latter point the Professor drew attention to the proficiency attained by female telegraphists, and in conclusion advocated emigration as the true remedy for overcrowding, remarking that the aversion to it on the part of the labouring classes sprang from ignorance of the realities of emigrant life.

ON ULCERATION OF THE RECTUM.

By Holmes Coote,
Surgeon to St. Bartholomew's Hospital.

The mucous membrane of the rectum and adjacent part of the colon may be the seat of diffused ulceration. In the museum of the hospital (Ser. xvi., No. 64) there is a specimen showing the "rectum of a girl twenty-five years old." Its mucous membrane is entirely removed for several inches above the anus, and above the ulcerated part it is slightly thickened. The muscular and other coats of the intestine are thicker and denser than is natural, but exhibit no morbid alteration of their tissue. An interesting case has been recorded by Mr. Wormald. A lady, about thirty years old, had been for three years subject to occasional attacks of obstinate constipation, which were generally followed by diarrhœa. Four months before her death the obstruction of the intestines became complete, and after this time she had no fæcal evacuation. The cause of obstruction was found to be a cherry stone, which had lodged above a stricture in the colon, and completely closed the canal. After death it was found that the canal of the descending colon was at one part suddenly reduced to a quarter of an inch in diameter. Its walls at this part were slightly thickened and indurated, and a narrow band passed across its canal, dividing into two small apertures the orifice by which the portions above and below the stricture communicate. The appearances are as if there had been an ulcer of the mucous membrane, the healing of which had been attended by contraction of the surrounding intestinal walls, and adhesion of a part of its opposite surfaces. Both above and below the structure the tissues appeared healthy, but the canal below was very small, while above it was enormously distended with fæces and burst about two inches from the stricture.

Many years ago I came across a rectum in the dissecting room of the hospital—nearly the whole mucous membrane had been removed by ulceration, and the surface was occupied by a firm thin cicatrix. We had no history with the case. Ulceration of the intestine is best treated by keeping the part in a state of complete rest. A case in point is related by Mr. Hilton (On Rest, p. 275) :—A married lady, aged thirty-six, suffered from constipation, with pain in passing her motions and some discharge of blood. Shortly the pain became more severe, and lasted many hours. She had difficulty in micturition and pain over the sacrum. She was directed to take "warm purgatives." Next she was treated for piles, but without any improvement in her symptoms. Mr. Hilton found the sphincter spasmodically constricted or tightened, and next passing his finger further into the bowel he gave pain by pressing upon the gut towards the sacrum, and on withdrawing the finger there was blood on it. By means of a small reflecting speculum an ulcer was seen, ovoid, but irregular in form, its margin a little thickened, with the longer axis placed vertically. It was about an inch and a quarter in length and three-quarters of an inch in width at its widest part. The lowest part of this ulcer was placed a full inch above the sphincter of the anus. She was ordered to rest in the recumbent position, good and oft-repeated fluid nourishment, to take if necessary confection of senna with bicarbonate of potash, and an opiate enema every night after the bowels had acted. At the expiration of a fortnight her condition was greatly improved, and in the course of a few months she completely recovered.

In other instances we must refer the ulceration to the influence of syphilitic infection. As regards treatment, no other principle should be observed than that of rest; and the more so because remedies such as iodide of potassium, &c., and others which often act so promptly on ulceration of the integument, lose much of their effect when employed in the treatment of similar ulceration within the rectum.

REPORT OF A CASE OF RIGID OS UTERI.—INCISION.

Under the care of Thomas Henry Sandiford,
A.B., M.D., M.Ch., Ex. Schol., &c.

Mrs. A., aged thirty-one, suffered, since the birth of her second child about six years ago, from prolapsus uteri. When I first examined her in February last, the uterus was completely down, and quite hard and dry. Having replaced it, I ordered a pessary to be worn during the day, also a mixture containing ferri and quiniæ citras, and tinct. calumbæ to be taken. Shortly after this she became pregnant, her youngest child being then five years old. On Saturday, Dec. 19th, labour commenced. Upon examination the os could be detected, completely closed, very far back, and so high up as to be reached only with difficulty. The cervex was very thin and spread over the head, so that there was no difficulty in diagnosing the presentation to be in the third position. The pains continued fairly during the night, but on Sunday morning began to fail, and ceased entirely during the day. I therefore gave her a draught containing twenty drops of tinct. opii, which procured four or five hours sleep. On awaking the pains returned, and continued moderately during the night.

Upon examination on Monday morning the os was found to be dilated so as barely to admit the finger, and felt exactly like an india-rubber ring. There was no "bag of the waters," and the lower segment of the uterus was extremely thin and tightly embraced the head. Labour continued during the day, and the usual remedies recommended by Dr. Churchill for rigid os were tried without the slightest success. It was now evident that the labour had virtually assumed the second stage; the pains began to decline, and on Tuesday the symptoms of powerless labour were rapidly setting in. I therefore came to the conclusion that there was nothing for it but incision of the os. Accordingly, I sent for my friend, Dr. Tuckey, Medical Officer of Bantry district, who, upon a careful examination of the case, agreed in my opinion. We therefore set about incising the os, which was a task not so easily performed as would appear at first. The presentation being in the third position, the forehead rested against the pubis, and from the labour having for some time been virtually in the second stage, the head pushing against the lower segment of the uterus, distended the anterior portion of the latter more than the posterior. The consequence was that the long axis of the uterus being moved from its normal position carried the unyielding os upwards and backwards almost to the promontory of the sacrum. The anterior and posterior lips having been cut, the forceps was with some difficulty got in, and the patient delivered of a full grown female child, which was born apparently dead, but on the application of the usual means quickly recovered. Both mother and child are now doing well, the latter having got on without a single bad symptom.

The cause of the rigidity in this case would seem to be an altered state of the uterus in consequence of being protruded (during the day) for more than five years. When first I saw it, it was covered with what resembled hardened cuticle. There was also a small ulcer about the size of a pin's head at the edge of the os.

The total absence of liquor amnii may also have had its share in preventing dilatation.

Hospital Reports.

ST. GEORGE'S HOSPITAL.

ABSTRACT OF A CLINICAL LECTURE

DELIVERED BY

MR. HENRY LEE.

One of the most interesting clinical lectures at St. George's during the present season was delivered by Mr. Henry Lee. As it treats of a subject not often touched, and is at the present time of unusual importance, we give a full abstract, assured that our readers will be glad to have the matured views of this surgeon before them.

Mr. Lee opened by saying that the process of repair in arteries is effected by means of a deposit from the blood. A number of corpuscles, resembling the white corpuscles of the blood, adhere to the injured internal membrane; and connected with these, and probably formed by them, is a quantity of fibrin-like substance, which glues together for a time the divided edges of the internal membrane. This material is capable of becoming as much organized as the internal lining of the arteries; and when it does so, the repair is complete. But it may, and often does, happen that that material deposited does not become so organized. A great practical distinction is here drawn between those cases in which the material deposited remains a part of the lining-tissues, and those in which it does not. When it does become organized, it is used in the process of permanent repair; when it does not, it must sooner or later be removed in the current of the circulation. The material used in the process of repair in arteries is different from that used in the repair of serous membranes. The one is a deposit from the blood, the other is a secretion from a membrane. Mr. Lee then proceeded to state the views of others.

Hunter believed that the lining-membrane of an artery would secrete lymph like a serous membrane, and he believed that by keeping the two sides of an artery in apposition he could make them unite. He tried the experiment in the first case in which he tied the femoral artery for popliteal aneurism. He used four ligatures, so as only to compress the sides of the vessel for a considerable distance. Secondary hæmorrhage occurred. The patient ultimately recovered; but it is evident, from the details of the case as given by Sir E. Home, that union did not take place between the sides of the vessel as was expected. For a very evident reason this kind of union does not take place between the opposed sides of arteries. If it did, these tubes would be constantly liable to be obstructed.

It has nevertheless been maintained, both by physiologists and surgeons, that this kind of adhesive inflammation does take place in the interior of arteries. Gendrin even cites an experiment to prove it. He threw an irritating injection into an artery between two ligatures, and describes as the result which followed the inflammation produced, a plastic layer which lined the internal membrane, and ultimately filled up the cavity of the vessel.

It is next to be noted that Turner, Hodgson, and Travers all followed the idea of Hunter of the effusion of coagulating lymph from the lining-membrane of the blood-vessels and of the matter found in their canals as a secretion by the capillary vessels under inflammation.

Mr. Lee does not accept the idea that the material found in blood-vessels inflamed by disease or injury is produced as a secretion would be from an inflamed serous membrane, and he showed the importance of this at the present time, when the different modes by which hæmorrhage from arteries may be arrested occupies so much attention.

Some years ago Mr. Lee found by experiment that if the blood were carefully excluded from a blood-vessel, irritating substances might remain in contact with its lining-membrane for a very considerable time without any effusion of lymph taking place, but if the blood was allowed to enter the vessel, a deposit of white fibrin-like material took place. Afterwards he allowed an acu-pressure needle to remain in contact with the main artery in a donkey's leg for three whole days. At the expiration of that time there was no appearance whatever of lymph on the lining-membrane of the vessels. A case was lately in St. George's Hospital in which an acupressure needle was allowed to remain in contact with the femoral artery for three days, and in which no effusion of lymph took place on the lining-membrane of the vessel. Cases and experiments illustrating the same point might be reported in great number.

There are some tissues in the body which are non-vascular. They are nourished by imbibition from surrounding parts, rather than from any blood-vessels of their own. The cartilages of the joints belong to this class. When a joint is diseased, the synovial membrane may become red, and may secrete different fluids into its cavity; but the cartilage, as long as its structure is unimpaired, remains of its natural white colour. By degrees the synovial membrane may encroach upon the cartilage, or this may become altered in structure; and then, but not till then, will the ordinary products of inflammation be secreted from its surface.

The lining-membrane of the blood-vessels in like manner is a non-vascular tissue. It lives by imbibition; and as long as it retains its natural structure, it does not secrete the ordinary products of inflammation. When the lining-membrane is altered in structure, or when it is so far destroyed as to allow the vascular coats of the vessel to come into play, then the ordinary results of inflammation may be produced in its interior.

There was some time since in Oxford ward a case in which a pulsating tumour in the ham followed a stab with a knife; an acupressure needle was introduced, so as to compress the vessel leading to the pulsating tumour. This was not done with any view of producing adhesion of the sides of the compressed vessel. The object in view was to leave that part of the artery which was originally wounded by the knife at rest till the natural process of repair should take place. This is usually prevented in any case of aneurism by the constant impulse of the blood. The deposit which, if allowed to remain, would become organized, is displaced by pressure from within. Another layer is deposited in its place, and this again in its turn yields to the same force. Thus are formed the successive layers of fibrine found in an aneurismal sac. Each one of these is displaced as soon as formed, and no one is allowed to remain sufficiently long to accomplish the intention with which it was first deposited.

In the case alluded to above the acupressure needle prevented any impulse from being communicated to the newly-deposited fibrin, which therefore had time to become organized, and union by first intention took place.

Mr. Lee added that the observations made apply directly to the use of acupressure after amputation. This practice, he said, a very valuable one in itself, has, by the writers who have advocated its use, been spoken of as producing union of the opposed sides of arteries. Mere apposition, Sir James Simpson says, is sufficient to close the largest arteries. Others who have followed Sir James Simpson have stated very boldly that the coats of an artery, if kept together for a few days, will unite.

But Mr. Lee concluded, from what has already been stated, that union does not take place when an artery is compressed unless the pressure be continued sufficiently long to destroy the structure of the lining-membrane. The real repair, if the acupressure needle be removed before this is done, takes place at the cut extremity of the artery, and not at the point at which acupressure was applied. If the adhesion there be not sufficient, there is a risk that the impulse of the blood will remove the coagula, and that secondary hæmorrhage may take place. Mr. Lee shortly showed how intimately connected with this subject is the mode of arresting hæmorrhage by torsion, upon which much light has been thrown by Dr. Humphry and Mr. Bryant. When an artery is twisted, the same effect is produced upon its internal coats as if it were forcibly extended. Being more brittle than the outer coat, they are torn across, and have a tendency afterwards to curl up. If an artery, according to Mr. Bryant's plan, is twisted until something is felt to give, and then left, the internal coats will have become lacerated, and their edges will project into the interior of the vessel. The end of the artery which, if the torsion had been continued, would have been twisted off, is left as a kind of rude cork at the end of the tube. The blood then coagulates in contact with the lacerated internal coats. When these are deficient, the opposed sides of the external coat are brought in contact by the torsion; and if left at rest, the process of repair begins. Mr. Lee then referred to a case in which torsion was successful when applied to the femoral artery in a case that occurred by no means promising, and expressed an opinion that the process is more applicable to large than to small vessels.

◆

TETANUS TREATED WITH CALABAR BEAN.

Drs. Boslin and Curren (*Chicago Medical Journal*) have treated a case of acute traumatic tetanus of violent character with large doses of morphia and calabar bean. For a portion of the time, a grain and a half of morphia and three grains of the powered bean in glycerine were given every hour, with the manifest effect of quieting the patient and relieving the spasm. The patient recovered.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. Thornley Stoker, M.D., L.R.C.S.,
Demonstrator of Anatomy in the Royal College of Surgeons in Ireland.

CASE OF EXTRAVASATION OF URINE RESULTING FROM STRICTURE OF FORTY YEARS' STANDING.

UNDER MR. R. PERSSE WHITE'S CARE IN JERVIS STREET HOSPITAL.

(Reported by Mr. Francis Coyne.)

Peter Lane, æt. sixty-two, a coachsmith, of very intemperate habits, and much debilitated by a varicose ulcer on his leg, was admitted into Jervis Street Hospital, Oct. 26, 1868, suffering from retention of urine. Forty years ago he contracted gonorrhœa, and two years later symptoms of stricture came on, which he neglected, and after four years retention occurred. He was cured by Dr. Hutton, but after a time resuming his drinking habits the stricture returned, though it did not inconvenience him much for twenty years. His stream of urine then became very small, and he applied to Dr. Stapleton, who admitted him into this hospital, placed him under treatment, and dismissed him in a fortnight with the stricture fully dilated. After this he remained tolerably well for six years, until drinking hard one day and getting a wetting, retention again came on; he was treated in the country, and was able to resume his work on the following day, but the stricture still remained, and eleven months ago stillicidium supervened; since then, he says, he could not keep himself "dry" a minute. In 1865 he was admitted into this hospital bleeding from a varicose ulcer on his right leg. When leaving he was advised to give up his trade (at which he was obliged to stand constantly). He did not, the ulcer returned, and after eleven months it burst again. Since then he remained at home, until Sunday, the 25th, when, feeling stronger, he went by train "to see Howth." He says he drank only one glass of beer there during the day, and whilst waiting for the return train in the evening he felt a chill; this recurred in the train, and on his arrival home he experienced great difficulty in passing water, which came only in drops. These symptoms continuing during the night, he applied here next morning. Mr. Sheedy, the resident pupil, admitted him, and with some difficulty succeeded in introducing a No. 2 catheter into the bladder, and drew off a few ounces of high-coloured urine. This gave him some relief, but towards evening the rigors returned. Next day an unsuccessful attempt was made to introduce a catheter; he was treated with the warm bath and bromide of potassium, but in the evening the rigors came on again. On the following day the same efforts were made with a like result, the bladder being relieved by the constant dribbling away of the urine as before his admission, but he suffered from rigors each day, until the evening of the 30th, when the stillicidium and rigors ceased, and he felt a "stinging" pain in the perinæum. On the following day the perinæum was observed to be tense and discoloured, and he complained of pain in that situation; the urine was again dribbling away. On Monday, Nov. 2, Mr. White saw him for the first time. He had then passed a sleepless night, pulse 110, tongue dry, and coated with a thick brown fur, skin greasy and discoloured, complaining of severe pain in the perinæum, scrotum, and lower part of the abdomen over the bladder. On examination, the scrotum was found enormously enlarged and of a deep red colour, the penis infiltrated, greatly increased in size, and with a large black patch occupying the entire of its right side. Behind the scrotum was a tumour the size of a small orange, tense and purple in colour; the entire perinæum was in the same state. A free incision was immediately made into the posterior part of the scrotum, dividing completely the small tumour and the perinæum back to the stricture, giving exit to a quantity of fœtid pus and urine; then another incision about two inches in length was made into the side of the penis, dividing through the black patch down to the cellular tissue, which was of a dark green colour, sloughy, and full of urine, which actually flowed from it. A charcoal poultice was applied. He was ordered 12 ℥ wine, bark mixture, with carbonate of ammonia in effervescence, and 5 grs. of Dover's powder each night.

Nov. 3.—Greatly relieved; urine coming freely through the opening in the perinæum; pulse 104; general state much improved. It was found impossible to introduce a catheter, the entire of the anterior part of the urethra being in a state of slough; to continue same treatment.

Nov. 5.—Pulse 120; urine coming through wound in the side of the penis, the wound in the perinæum being closed by the slough; slept but little. A large portion of sloughy tissue was cut away, and a free communication established between the wounds in the perinæum and penis.

Nov. 6.—Much better; pulse 96; tongue moist and creamy; urine coming freely.

Nov. 9.—Going on favourably; rests better at night. A mass of slough was removed from the scrotum, and a large drainage tube passed from the upper to the lower wound, and retained there.

Nov. 12.—Rests well at night; urine comes freely through wound in perinæum. Can now retain his water for some time. Drainage tube removed, and with it a large slough, about the size of a man's fist, in appearance like a piece of rotten chamois, came away. The urethra is quite destroyed, from the fossa navicularis to an unknown depth in the inflamed scrotum.

Nov. 14.—Medicine discontinued; to have haust. rheia and pills of quinine, opium, and sulphate of iron.

Nov. 22.—Has gone on well up to this; wounds now quite clean, health much restored; can retain his water for a couple of hours; scrotum fast returning to its natural size; wound in the perinæum closing.

Dec. 7.—Wound in perinæum closed; urine flows from the anterior wound, in fact from the front of the scrotum; the penis healing rapidly; general health good.

Dec. 9.—A small-sized silver catheter was introduced into the bladder, and allowed to remain until the following day.

Dec. 11.—Introduced a No. 6 catheter, and left it in two hours.

Dec. 20.—A No. 8 metallic sound was introduced every second day since last report.

Jan. 9, 1869.—The original stricture is apparently quite cured; all the wounds perfectly healed; he can keep his water for three hours; sleeps well, and says he is in better health than he has been in for the last forty years. He left hospital to-day.

◆

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

The annual dinner of this society is to be held on Monday, March 8th, at the Albion Tavern, Dr. Richardson, President, will take the chair. This promises to be a large and genial gathering of the fellows of the society, both from London and the provinces. Mr. Peter Marshall is nominated as the future president. We trust that the enthusiasm and success which have attended the very numerous meetings of the society, under the presidency of Dr. Richardson, will come out well at the dinner, both to cheer him who leaves the presidential chair, and cordially to welcome him who next succeeds thereto.

◆

SURGICAL SOCIETY OF IRELAND.

At the meeting of the Society on Friday evening, the 22nd of January, in the Albert Hall, Royal College of Surgeons, Professor Macnamara, Vice-President of the College, in the chair, Mr. **Morgan** detailed the treatment adopted in his case of "Aneurism Cured by Compression," the circumstance of which will be found in the Society's proceedings published last week.

The patient was warmly clad in flannel—the limb wrapped in wadding, when the pain was severe. The parts were painted with T Aconite, which gave most relief, and T of iron in bitter infusion, and liq. morph. administered regularly. Nutritious diet, rest in bed with the shoulder in position, and a shot bag of from six to eight pounds applied over the tumour. This not only diminished pulsation, but relieved the pain. In very much this condition he remained, the collateral circulation amply sufficing to carry on the supply to the limb in its attenuated condition.

November 25, 1868.—The pain has now rather suddenly increased, paroxysmal in character, and extending down the arm and side for the first time, also very severely in the fingers; he grinds his teeth in agony; there is no abnormal heat, and the radial is now perceptible, like a knitting needle in size, the brachial not being so evident. The tumour is enlarging, and becoming more soft and distinct, especially below the clavicle, the wave of fluctuation, as it were, being easily felt by the fingers placed below and above the clavicle.

I now applied ice over the tumour, which diminished the pain very perceptibly.

Fœtid enema with T opii occasionally was administered, and gave relief temporarily. I thought it reasonable to give him a trial of the iodide of potassium treatment, which was administered three times daily, in fifteen-grain doses.

The pain was described by the patient himself as "enormous," and unendurable, and during the paroxysms he used to ask most piteously to have something immediate done for him.

On the 28th of November, seeing the enlargement gradually progressing, I determined on trying carefully-applied manipulation, in presence of my colleagues. I tried by the fingers, and, by putting the body in the most favourable supposed condition, to detach, if possible, a plug from the tumour, but unsuccessfully, and the attempt was carried out as vigorously as was thought at all consistent considering the size of the tumour.

From this report (28th of November) to the 14th of December, the history was without much change; the iodide of potassium treatment was continued till the 13th, when stopped, as the patient was thinning, and was suffering from perspirations, apparently caused by the iodide of potassium, as it intermitted with the omission of the treatment, and set in when the influence of the medicine showed itself by coryza and iodinic symptoms about four days after its first administration. The pulse at the wrist is perceptibly increased, though still very small, and about the size of a surgeon's probe, the brachial hardly more sore, and the axillary even less perceptible.

The temperature in both arms about the same, though the affected was so sensitive to cold that it was kept wrapped up in wadding.

Seeing the progress in size of the tumour, which was rapidly increasing below the clavicle, and becoming soft, and that the patient could not longer endure the paroxysmal intense pain, that palliative measures, and all that could well be done was done, in order to alleviate his sufferings or cure the disease, I proposed to him the possible chance of prolonging life by an operation, which, though by no means promising, yet, might arrest the fatal changes that were taking place, it was determined to cut down on the artery at its origin, and then, on inspection, decide on what course to pursue as to ligature, and whether apply a temporary or permanent one.

On the 17th of December, the patient being chloroformed, and put in the best position for operation, I made a ⅃ incision over the origin of the sterno-mastoid muscle, which was there divided, as were the sterno-hyoid and thyroid, the latter not to its full extent, considerable difficulty was experienced in carrying out these stages, owing to the density and matting together of the tissues, no doubt caused by the long continuance of the disease and the peculiar position in which the arm was kept during several months. The phrenic nerve coursing down on the scalenus muscle was seen, but the vagus was not, as was shown by the *post-mortem* examination to be impossible, owing to its adherence to the vessel and the condensed fascia, and for the same reason, the internal jugular was but faintly perceptible. The arteria innominata could be felt, but corresponding to the subclavian in its natural position. No vessel could be found between the finger and the cone of the pleura, though anxiously examined, for the vessel corresponding to the carotid in origin seemed to supply the tumour, as, when experimentally grasped, the pulsation in the sac was reduced almost to nil, a slight thrill only being perceptible, while the size of the sac was immediately reduced, and the pulsation in the vessels of the head and face was *not* arrested, or any cerebral disturbance shown, allowing for the fact that from the long continuance of the disease, and the obliteration of the axillary, brachial, radial, and ulnar arteries, the anastomosing vessels had been immensely augmented, and were quite sufficient to carry on the supply between the head and face and the upper extremity. Finding, also, no vessels between the finger and pleura, taking into consideration the occurrence of anatomical irregularities of origin and course in the artery, the remarkable command over the tumour by compression of the artery, together with the displacement caused by the size and adherence of the tumour to the parts around, it was determined, after consultation with my colleagues and several members of the profession, surgeons of eminence, present, to ligature this vessel in preference to isolating arteria innominata, which was accordingly done, pressing down the ligature well on the artery. The pulsation in the sac was immediately all but arrested; a slight pulsation could still be felt, not more, or even as much as might be expected from the enlarged collateral vessels; the parts were very deep; the space between the trachea on the inside and the encroaching tumour on the outside was limited, but the wound was then closed by sutures. The patient recovered from the immediate effects of the operation in about half-an-hour, and passed the remainder of the day without a bad symptom. On the succeeding Sunday he suffered from a partial attack of syncope, without any apparent cause, and for some hours I was much alarmed for his safety. However, from this state he progressed favourably.

On the fifth day after the operation the pulsation of the right temporal artery first ceased, and on the next day the facial of the same side and the other branches of the carotid directly after, indicating that obliteration of the main trunk was gradually taking place, by ligature, and that the subclavian in its first stage must have been obliterated, the collateral vessels being the source of supply to the sac, which had now become more solid, and diminished in size, and was in hopes that, notwithstanding the difficulties of the operation, the perplexing conditions of the parts, and the circulating channels, when finally exposed, that a gradual occlusion by clot was taking place.

Everything went on favourably till Christmas day. About twelve o'clock in the forenoon the patient appeared somewhat oppressed and hurried in his respiration, but had otherwise no complaint; the percussion sounds over the front and sides of the chest were clear. I did not examine the posterior aspect, as I feared changing his position. About two o'clock of that day, however, he suddenly became collapsed, sphincters relaxed, and some welling up hæmorrhage appeared at the wound. Having hastily summoned my *confrères*, I opened the wound, in hopes of being able to ascertain and arrest the bleeding point; but nothing could be seen to warrant interference further, as it was evident the patient was dying, not from loss of blood, but of dyspnœa and exhaustion.

The patient died in about one hour from the first approach of the urgent symptoms, being eight days and some hours after the operation.

Mr. **Barton** said the previous history of the patient before he came under Mr. Morgan's care, appeared to him to be of great practical interest as regards this serious disease of aneurism of the subclavian artery. The case came under his observation in the middle of January last. The symptoms presented at the time were such as to lead to the conclusion that there was an aneurism of the subclavian artery of the size of a small egg. The aneurism was pervious and filled with fluid blood. The sac was quickly emptied and quickly filled again, and they could feel the thrill of the fluid blood passing into it when the pressure was removed. He had the patient under observation with a view of putting to the test different plans of treatment. Feeling that these ought to be tried thoroughly and satisfactorily before the last resource of an almost hopeless operation was attempted, he placed him in the Convalescent Home at Blackrock. He tried, first of all, perfect rest and a recumbent posture. Other plans were subsequently adopted, but each plan left the tumour where it began, and there was no perceptible improvement. While explaining the object of the treatment on one occasion, the patient, who was an intelligent man remarked that he could stop the pulsation at will; that he had tried various positions, and found that by putting his hand in a forced position round his neck he could stop the pulsation. Taking the hint he (Mr. Barton) tested the matter, and, on the most careful examination, satisfied himself that the pulsation in the sac was controlled by that manœuvre. The man said he could not bear the position for any length of time, but if it were thought it would do him good he would try. He told him that to stop the pulsation was most important; and, thus stimulated, he persevered in trying it for twenty-four hours. His arm was kept rigidly in that position, although he endured great torture. On the next day there was a decided improvement. When the arm was let down the pulsation was decidedly less, and there was a manifest hardening of the sac. This was encouraging. The arm was again placed in the peculiar position with the hand round the neck, and he bore the pain with better hope, and for the three following days he bore it almost continuously. After this the pain diminished. A flannel bandage was placed the whole way up the arm, which seemed to give him some ease. At the end of three days pulsation had almost entirely ceased in the sac. First the bruit ceased entirely, and then the signs of pulsation diminished very much. It could be faintly felt at times, but at other times it quite disappeared. This plan was persevered in for the next ten days at intervals. He was allowed to take down his arm for an hour at a time, but it was kept up with great care, and the result was that on the 21st of March the pulsation had totally ceased in the sac when the limb was placed at his side, and when sitting up in bed. The pulsation in the artery below the sac had ceased long before this, and coincident with the stoppage of pulsation in the sac, the circulation in the lateral arteries sensibly increased. He hoped the man would be cured. However, unfortunately, he felt himself quite well. He left the house, contrary to directions, went down to the Rock road to see the procession of the Prince of Wales's entry into Dublin. He supposed he cheered. He had some drink, and came back to the Home, and next day the artery was pulsating again. It could not be controlled by the change of position, and after that, his history was increase of pulsation, and of pain and diminution of strength, until at last the pain became so excruciating that it appeared to him (Mr. Barton) that operative proceedings became necessary. At the same time, when the man entered Mercer's Hospital, he looked upon his case as hopeless.

Dr. **Darby** expressed the obligation which he and other members of the Society were under to Mr. Morgan for bringing that interesting case under their notice.

The **Chairman** said that if there was one subject more than another on which Irish surgery ought to build itself, it was in the treatment of aneurism, whether by the scalpel or the Irish mode of compression. They had reason to feel proud of the advances which had been made in the treatment of aneurism, he might say, within the walls of that Society. He recently had an interesting conversation with one of the most eminent surgeons in London, which turned on the treatment of aneurism by compression; and, so far as his humble abilities were concerned, they might be sure he did not allow the question to be begged in his hands. The English surgeon wound up the matter in talking of the want of success in English hands of the treatment of aneurism by compression, by observing that we seemed to understand the thing better in Ireland. And there could be no doubt about it. There had been success in Dublin hospitals in the use of this method, while there had been comparative failure in London. He attributed this to the determination of the Irish surgeons to carry out the treatment to a successful issue; not to be easily discouraged, but to persevere vigorously even under the most unpromising circumstances. He fancied that if an English surgeon had this case of Mr. Morgan's he would not have persevered as that gentleman had done in the use of compression, but would have had recourse to the scalpel. Mr. Morgan alluded to the recurrence of pulsation in the vessel. Now, he (the Chairman) had had an opportunity of pointing out to the most distinguished surgeon in England the results of the treatment of aneurism by ligature and compression, which were to be found in the Museum of the Irish College of Surgeons. That gentleman did not know the permeability which the artery subsequently acquired after being compressed; but in the Museum they would see some interesting preparations, removed years after the cure of the patient, in which that peculiar feature was illustrated.

Friday, February 5.

Present.—Messrs. Corley, Bookey, Minchin, Murdock, Willis, Swan, Buchanan, Lalor, Morgan, T. E. Beatty, Churchill, jun., Fennelly, Kelly, Purcell, Robert Moore, C. F. Moore, W. Stoker, Leech, McDonnell, Stewart, White, Ward, Mapother, Jameson, Roe, Butler, Stoney, Jacob, Speedy, McClean, jun., Anderson, Hepburn, Leney, O'Grady, Grimshaw, F. T. Porter, J. Kirkpatrick, Shannon, J. S. Hughes, Stokes, jun., B. T. M'Dowell, Bevan, H. G. Croly, E. Hamilton, Bennett, and Ziemssen, Aix-la-Chapelle.

SYPHILITIC ULCERATION OF THE URETHRA.

Mr. **Morgan** exhibited a morbid specimen illustrating ulceration of the urethra in a female. He obtained it within the last ten days, and the preparation now before them would show what had taken place. The bladder was opened, and he had left the symphisis pubis. They would observe a large hiatus that corresponded to the circumference of the bladder. The urethra was taken away by the chronic ulceration as completely as if it were removed with a knife. There was a chronic sore that affected the mucous membranes; there (exhibited the drawing) was one with ulceration of the urethra; there (exhibited the drawing) was another with the same thing attacking the mucous surface of the labia, and the mucous membranes of the rectum itself; and a third (exhibited the drawing) representing thick hard cartilaginous edges, completely insensible and with a smooth surface. These ulcers healed by a process of skinning over rather than by a process of granulation. This peculiar form of ulcer appeared, so far as his observation enabled him to judge, to attack the urethra specially, and never to stop until it eats into the orifice of the bladder. He also exhibited the skull of a woman, which showed signs of syphilitic disease. She got syphilis two years and a half ago. She had bubo on one side only. She never got mercury in any form, and was always treated in the Lock Hospital. After the space of two years she began to get this disease of the bones of the head, which was confined to the external table. Thus, she had large severe secondary ulcers, and necrosis of the bones of the head and of the acromion process. This woman died of erysipelas.

CASE OF DEPRAVED APPETITE.

Mr. **Frank Thorpe Porter** addressed the Chairman as follows:—

Mr. President,—The case that I have the honour to lay before the Society this evening presents not a few points of interest, and it is the type of a class of cases which cause no small amount of anxiety and trouble.

On the 6th of January I was requested to see a little girl, aged ten years, the daughter of a small farmer, residing near Swords, where I had been doing duty during the short illness of my friend, Dr. Davys. I was informed that the patient was suffering from severe sudden pain in the stomach and dry vomiting. On my arrival, I found the abdomen very much distended, tympanitic, and tender on pressure; the tongue was furred and had sordes upon it; the pulse 190; the countenance was anxious and expressive of severe pain and impending dissolution. The bowels were obstinately constipated, and had been so for several weeks. There were frequent attacks of dry vomiting, and the stomach would not retain food of any kind for a considerable time. The legs were flexed, and there was a peculiar death-like odour off the person. The urine was scanty, high-coloured, and offensive in odour. Upon minute inquiry, I ascertained that the appetite had been depraved, and that the patient had been habitually eating quantities of cinders for four consecutive years. I ordered anodyne fomentations, and an aperient draught, which the stomach rejected. I then had recourse to an enema, which was given under my directions by the intelligent midwife of the district. Much difficulty was experienced in the introduction of the tube, which was indented by the sphincter of the rectum, which kept up a pressure almost equal to that of a fœtal head when on the perinæum. After some gentle but persevering efforts the tube was introduced, and the enema caused the expulsion of quantities of scybala and cinders. The abdominal pain soon subsided, and also the swelling. The stomach was enabled to retain food, and the pulse fell gradually to the natural standard. In a week's time the child regained strength and was able to walk out and take exercise. A wish not to intrude too much on the valuable time of those whom I have the honour to address, and a desire to leave room for discussion, prevent me from dwelling too long on this case; but before I conclude I would wish to remark, that I made the most minute inquiry as to the existence of worms, hysteria, and insanity, and that I failed to discover any tendency to such affections; I am therefore at a loss to account for the existence of depraved appetite for so long a period as four years. The subject of depraved appetite has not received proper attention. In this case symptoms set in which might be mistaken for those of hernia or enteritis. I have known many cases in which life has been lost owing to organic disease consequent on malnutrition produced by the same cause.

A METHOD OF FACILITATING THE REMOVAL OF THE STARCH BANDAGE, ALSO APPLICABLE TO BANDAGES PREPARED WITH WHITE OF EGG, GLUE, &C.

Mr. **Charles Moore** read as follows:—

Every surgeon is well aware of the difficulty of cutting starched bandage with a pliers or a scissors, and we can all the more readily understand this, when we call to mind that it was of layers of linen the coat of mail of the ancient Roman soldier was made. The mischief apt to attend the removal of the starched bandage in the usual way is well seen by the injunction of an eminent modern surgeon, who advises that the cutting should be done over a muscle, in order that the skin over the bones should not be injured.

Having invariably encountered much difficulty in cutting starched bandages with Baron Seutin's pliers, I was led to try to use tin, hammered so as to resemble miniature metal spouting, rather shallower than a grooved director, and rather more than double as wide.

The form and size of the piece of "starched bandage director," as I propose to call it, which I would submit to your notice (exhibited a piece of the director), I have found to answer remarkably well.

It is hardly necessary to say that the length of the director must be adapted to the part to which it is applied: thus, one piece, or two short pieces, may be required for the foot and ankle, or for the hand and wrist, one for the leg, another for the knee, and one or two for the thigh. In the same way, the number for the arm and forearm may vary according to the position required, the nature of the injury, or the slightness or stoutness of the individual.

I have applied the director thus:—Having enveloped the injured limb in a sufficiently thick layer of cotton wadding, and placed suitably formed splints of pasteboard moistened in the starch solution over the cotton, I lay the director upon this (generally upon the front aspect of the limb), taking care to adapt its pieces to the shape of the injured part, so that the starched roller, which is then to be applied over all, may be cut with the greatest facility, and freedom from danger of the knife slipping out of the groove of the director.

It is hardly necessary to say that care must be used to prevent such an accident, at the same time it would only be by very considerable inattention that such an event could happen.

The director rather adds to the support of the limb during the drying of the starch bandage.

When procurable, I have in most instances rubbed some plaster of Paris into the starched bandage, as it contributes much to hasten its drying, and adds to its strength.

In applying the director, as I have endeavoured to point out, I have not found any inconvenience arise to the patient from its presence in the appliance, and it most materially facilitates the removal of the case formed by the bandage, pasteboard, &c., for readjustment, when the progress or state of the injury demands it. This end is not so well attained by placing a tape under the starched bandage when applying it, as a guide for the scissors or the knife, as has been recommended by some.

The director may be used in conjunction with fixed bandage, made of French glue, as proposed by Dr. Hamon, and recommended by Dr. Campbell de Morgan, and with most other materials used for a like purpose.

[Mr. Yeates, of Grafton street, has undertaken to manufacture the "starched bandage director."]

The **Chairman** remarked that he had found Seutin's scissors a most unsatisfactory instrument for removing a starch bandage, and whether Mr. Moore's method was easier and more effectual, was a practical question for surgeons to decide. Latterly, he (the Chairman) had removed starched bandages by the ordinary silver director, which he slipped up between the skin and the bandage, and then he slit the bandage up with his knife. Whether Mr. Moore's plan would contribute to the solution of what had been found a difficulty it was for the profession to decide.

OBSCURE ANEURISM IN THE SUBCLAVIEA REGION TREATED BY LIGATURE.

Mr. **Morgan** brought under the notice of the Society a case in which he had effected a cure of aneurism by compression, having used a double method of compression which was not often practised. The patient was a spare thin man, and very anæmic. He was a bookbinder or bookmaker by trade, and was confined from morning till evening, working twelve hours in the day; he was otherwise healthy. He had syphilis two years before, and ascribed the aneurism in the popliteal space to an accident. He jumped down two flights of stairs to save a person who had become entangled in a machine, and immediately felt as if something had given way, and experienced a severe pain in the ham. On the 1st of May, 1868, he first noticed the tumour, the accident having taken place three weeks previously. He came under his (Mr. Morgan's) care on the 4th of May, and then had a tumour in the popliteal space equal to the size of a hen egg. It had the usual centrifugal pulsation and other appearances, which left no doubt that the man was the subject of an aneurism in the popliteal space. He was taken into hospital on the 6th of May. The leg was bandaged with flannel and kept in an elevated position for four days, and a shot bag of 5lbs. weight was placed on the femoral artery. The collateral vessels began to enlarge; the temperature of the limb was equal to that at the opposite side, and he then thought he might try digital compression. Accordingly he got a series of students who kept up the digital compression for twenty-four hours. At the end of that time the pulsation still continued. On the 10th of May he put on one of Read's compressors at the point where the artery entered the thigh. At first it gave the man some annoyance, but after some time he found he could bear it tolerably well; but the skin beginning to fray it was found necessary to take it off, and substitute one of Carte's compressors. All this time the man had good nourishing diet with very little fluids. On the 15th of May he again tried digital compression, and after using it for twenty-four hours he manipulated the tumour with a view of detaching a portion of fibrin, but without success. On the 24th of May he applied Carte's apparatus, but the patient did not like it, and preferred Read's, which, however, could not be used, owing to the fraying of the skin. He now expressed a wish to go home, to which he (Mr. Morgan) did not object, as he thought the change of air would do him good. The case had now been under treatment for twenty-six days. He was re-admitted on the 11th of June, ten days afterwards. The tumour was considerably larger, but a slight consolidation had taken place round it, and the collateral circulation was larger. On the 22nd of June it occurred to him to try the double compressor. He accordingly put on Read's apparatus at the upper part of the thigh, and then applied a compress low down on Hunter's canal, enclosing a still stream between the two. After two days the aneurism became more solid, and at the end of four days the pulsation had ceased altogether. This condition was preceded by the formation of a hard chord between the two compressors, and after that the tumour became more solid. At the end of four days the consolidation had very nearly completely taken place. On the 24th of June the parts were thoroughly indurated; the sac had become quite hard and firm, and he was discharged cured. He examined the man on the 15th of September, and found the artery could be felt. He examined him a few days ago, and found the artery obliterated, although not so much as before; but the aneurism was cured, and the man was able to use the limb efficiently. Mr. Morgan proceeded to say that the President of the College had recently introduced an artery compressor, but he (Mr. Morgan) had contrived a little instrument, which he thought was superior in some respects. Mr. Porter's compressor might have this disadvantage: that as it descended downwards there was an open space in which swollen tissue might possibly become entangled, and in drawing it up the same result might happen. With the instrument which he suggested this danger would be avoided.

DISLOCATION IN A CHILD.

Mr. **Fleming** exhibited a drawing of a dislocation of the humerus of a rare form in a child, caused by a fall, the child having an infant in her arms.

(To be continued.)

◆

ENORMOUS SPLEEN.

A **diseased** spleen has been sent to the Museum of Toland Medical College, weighing between nine and ten pounds when taken from the body. The patient had leucocythæmia prior to death. The organ was adherent to the diaphragm, the abdominal walls, and the left lobe of the liver.—*Pacific Medical and Surgical Journal.*

NOTICE TO SUBSCRIBERS.—Subscriptions for the year ending Dec. 31st, 1868, are now due. Subscribers resident in England will greatly oblige by forwarding the usual amount, 22s. 6d., either by cheque or P.O.O., made payable to A. A. Tindall, 20 King William street, Strand, London.

Subscriptions in Ireland to be sent to 8 Lincoln place, Dublin, and in Scotland, to Maclachlan and Stewart, South Bridge, Edinburgh.

Advance subscriptions, 21s. 8d. post free per annum, for the current year, can also be paid as above.

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price 5d. Stamped 6d.*

By Post to Annual Subscribers, £1 2 6
„ *If paid in advance,* 1 1 8

⁂ Post-Office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William-street, Strand, London,
„ 8, Lincoln-place, Dublin,
MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.
MESSRS. KELLY and PIET, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 24, 1869.

EDUCATIONAL REFORM.—No. X.

THE MEDICAL CURRICULUM.

So thoroughly are we convinced that the Licensing Corporations should at once lighten the amount of compulsory attendance exacted in their regulations, that our last article was chiefly devoted to the enforcement of this duty. A complete revision of the whole curriculum must necessarily be a work of time, and, not improbably, in the hands of a deliberative body like the Medical Council, a work of years. Their first committee only is now sitting. That committee will submit a Report. That Report will be discussed, amended, and referred back to the committee. The committee will return the Report in a form for circulation among the Licensing Corporations, which will be requested to express their opinions for the next meeting. At the next meeting these opinions will be referred to another committee for digestion, selection, and tabulation. The tabulated digest will be read at the Council and entered on the minutes. The Council will resolve itself into a committee on education, to reconsider the Report of the committee of the previous year. Into the Report of the committee of the previous year alterations, verbal or substantial, will be introduced; or out of the Report of the previous year suggestions too rational and too subversive of present usage for the Licensing Corporations to adopt will be studiously eliminated. These eliminations will not be effected without varieties of vituperation bandied round the Council-table. The Council-table will be a "chaos of thought and passion, all confused;" calling for exhortations to order from the President, who will point out to the reporters that this ornamental portion of the debate has no particular bearing upon the subject, and need not encumber the pages of the Press. The Press, well aware of the proclivities of the Council, will already have instructed the reporters to omit the habitual and annual interchange of compliment and courtesy. The interchange of courtesy will "separate chief friends" till the next year, when there will be an affecting reconciliation, previously to the third consideration of the recommendations, which, meanwhile, have been again sent to all the bodies specified in Schedule A, and again been honoured or dishonoured by those bodies. The answers of those bodies will once more be tabulated by a committee, and it will be found that one or more important Colleges still decline adhesion. The letters of the Colleges declining adhesion will be entered on the minutes, and after the letters will arise a discussion about the powers of the Council under the Medical Act, in the course of which one member will urge an appeal to the Privy Council, a second member will declare an appeal to the Privy Council useless, a third member will say that nothing can be done, a fourth member—like a Greek Chorus after a murder—will affirm solemnly that something ought to be done, a fifth member will consider the case peculiar, a sixth member will abuse the Medical Act and utter a magniloquent exhortation for the Council to throw itself into the arms of the profession, a seventh member will abuse the Colleges which have made the Council ridiculous, an eighth member will urge an amendment of the Medical Act, a ninth member will point out that he always knew it would come to this, a tenth will request the President to say something. The President will state the case, and give way to the eleventh member, who has to make a proposition that the recommendations and the answers of the Licensing Bodies be referred to a committee to report at the next annual meeting, a twelfth will eagerly second the motion, a general chorus of approbation will ratify the brilliancy of the suggestion, attitudes of defiance will be abandoned, smiles will sit on the noble countenances which had been grim with scowls, the appeal to the profession will be postponed *sine die,* the amendment of the Medical Act will be put into a private pigeon-hole, and the Council will blandly pass out of disorder to the order of the day. This is a fair deduction from past experience, and therefore the prospect of a comprehensive amendment of our educational arrangements being carried very speedily into effect is not such as to make us indifferent to the partial improvements which we have advocated. But even if an entirely new set of regulations were likely to be issued at a date less distant, we could not admit the circumstance as a plea for delay in the application of common sense to curricula already existing and in full operation. We ourselves can never feel that the desired goal has been reached until a single set of regulations issued by the Medical Council for an uniform set of examinations for a minimum qualification to practise *all* branches of the medical profession has been obtained, and all partial and fragmentary diplomas have died the death. But whether far from this our object or near to it, we are exceedingly anxious to see the present system improved by the adoption of such easy and necessary alterations as the remission of attendance on second courses of lectures, and attendance in the wards before the first examinations have been passed. If the examining bodies care to go beyond these two cardinal points let them simplify their schedules, and let them adopt regulations which shall compel each student before he comes up for examination to show that he has watched the progress of cases, and to produce notes of his own whose genuineness has been certified by the chief authority at his place of study. Let them, moreover, cease to require attendance on botanical lectures and lectures on physics and elementary chemistry. A knowledge of these subjects is necessary, and should be demanded, but why should students be compelled to gain their knowledge of them by lecture unless they are naturally attracted to the lecture-room? All three can be learnt in the country without a professor, by the aid of text-books, observation, and local museums; and, if further assistance be necessary, the help of a friend or the help of a tutor. But if the lecture-room be inevitable, why should the lectures on these subjects be mixed up with the acquirement of the knowledge of the human body at the hospital and its medical school? No valid argument has ever been uttered for this illogical arrangement. Therefore we say to each Corporation—" Look to your own curricula and amend them. The amendments can be effected without any imitation of the Circumlocution Office, and will place you in a proper position at the Medical Council as a leader of improvement and not a drag upon it. Make a virtue of necessity, and while we are waiting for that perfect work towards which Associations, Reformers, and the Medical Council are gradually converging, give us a few instalments of improvement by the adoption of a better sequence and classification of subjects, and by the removal of that excess of compulsion which makes compulsion at once odious, ridiculous, and futile."

UNIVERSITY COLLEGE HOSPITAL.

In our article on Dr. Parkes's Scheme of Medical Tuition, we expressed ourselves strongly against propositions which would involve a diminution of the amount of remuneration to medical teachers, admitted, as it already is, to be inadequate in numerous instances. We also felt it our duty to criticize the public surrender of fees for clinical instruction made by the medical officers of University College Hospital for the purpose of assisting that institution in its chronic deficiency of income. In doing this, an incidental allusion was introduced reflecting on the surgical practice of the Hospital, and to the terms used therein reasonable exception has been taken. Hence we are desirous to reduce our observations to the limits of the strictest accuracy, as an act of justice to the staff of the Hospital; and we can make the necessary corrections with the greater cheerfulness because our words happened to convey more than they were intended to express. The passage ran thus:—" At that Hospital, under the impulse of the most benevolent feelings, the medical officers surrender their fees to prop up a small institution which is always in debt, and which only gets a fair supply of surgical cases when a house tumbles down or an unlooked-for railway accident occurs in the immediate neighbourhood." The employment of the word "cases" was an accidental error, as some of our readers may have inferred from the context. We were really alluding to those forms of injury which necessitate admission of patients into the wards; and we never doubted that cases of disease were attracted by the repute of the surgeons. If this alteration be made, the deterioration of the surgical practice of the Hospital will be reduced to much narrower bounds than the literal construction of our words implies. If we were writing the article over again we should omit the reference to the surgical practice of the Hospital partly because it assumed too picturesque a shape, and partly because it had no immediate connection with the principle against which we were protesting. How far even in its modified form our statement diverges from fact may be judged from the precise information which we have been at some pains to secure.

About the main facts of the first part of our paragraph there is no dispute. The Hospital, we are sorry to say, is in debt, and has been so for several years. We do not know the exact amount of the liabilities, but, according to the Report dated 1868, they amounted in 1867 to £7,425 16s. 3d., a sum less by £2,180 than at the corresponding period in 1866. To assist the Hospital in its need the medical staff surrender their fees for clinical instruction, and have done so from the time of its foundation. According to the *Lancet* (Feb. 29, 1868), the benefit to the funds has amounted to £1,500 a year, or, in other words, to £70,000 in thirty years.

In this Hospital there are 150 beds, of which 66 are medical, and 84 surgical. Of the 84 surgical beds 18 are devoted exclusively to disease, and 66 indiscriminately to injury and disease. During the months of January, February, and March, 1868, the following injuries were admitted into the wards:—

Simple fracture of lower extremity	31
Compound fractures and dislocations	13
Wounds	19
Concussion of brain and spine	8
Wounds of arteries	3
Strangulated hernia	7
Burns	5

These facts are given on the best authority, and we suppose that they may be taken as a fair average example of the cases of injury admitted into the Hospital. To make the statement complete, we subjoin the surgical diseases admitted during the same period:—

General syphilis	12
Stone in bladder	11
Tumours	27
Stricture	16
Ulcers	8
Joint diseases	12
Diseased testes	4
Aneurism	3
Diffused cellular inflammation and abscess	16
Disease of bones	5

It is right that we should add that as many cases as possible are treated as out-patients in consequence of the limited ward accommodation.

To give a just estimate of the practice of the Hospital, it must be taken in connection with the number of pupils. The average yearly entries number about fifty. University College takes the third place among the metropolitan Schools. That this Hospital should have one of the largest Schools is due to several causes.—1st. To the liberal educational arrangements at the College; the excellence of the accommodation; the spaciousness of the museum dissecting room and laboratories; the valuable scholarships; and the eminence of the teachers. 2nd. To an advantageous and agreeable situation. 3rd. To the prestige of the College, which has a long roll of distinctions gained by its alumni in competitive examinations. 4th. To the admirable nature of the clinical system and mode of instruction; and lastly, to the high reputation of the medical and surgical officers of the Hospital. We believe that the staff sets an example of utilisation of material which larger Hospitals would find it their interest to imitate, and we shall have much pleasure in hearing that the Hospital is free from debt, and can relinquish the claim which usage has given it to those fees which should be distributed among the professors who bear the heat and burden of clinical instruction.

◆

THE FUTURE OF PHARMACY IN IRELAND.

It is announced in the *Pharmaceutical Journal*, on the authority of Dr. Leet, the representative in the General Medical Council of the Apothecaries' Hall of Ireland, that "the Company have given their consent to a Bill having for its object the qualification of a class of pharmaceutical chemists in Ireland."

This announcement we think worthy of earnest attention, because it appears to us to convey the final abrogation by the Apothecaries' Company of their legitimate function of controlling the practice of pharmacy in Ireland, and because it gives the signal for the introduction of counter practice into Ireland. It might have been hoped that the failure of the attempt to constitute themselves a qualifying corporation in medicine and surgery would have induced the Apothecaries' Company to revert to the duty of regulating the practice of pharmacy, which they have neglected so lamentably and with such ill results to the profession in Ireland; and it is much to be regretted that the Governors prefer to consign the Company for ever to the oblivion which now involves their medico-surgical licences, and to hand over to new claimants the function under which their ancestors enjoyed public respect.

The comparison of the Irish Apothecaries' Company with its sister corporation in England might be sufficient to teach its Governors wisdom. In England the licence of the Apothecaries' Hall is well known and widely esteemed as a guarantee for proficiency in every department of pharmacy, insomuch that the licences of "the College and Hall" are almost an essential title to general practice. The London Apothecaries' Company stick to its last with such persistence and industry that all the world appreciates the value of its licence as a guarantee of pharmaceutical proficiency which can be had nowhere else. The Dublin Apothecaries' Company, on the other hand, offers for public acceptance a nondescript certificate that the holder is "Jack of all trades and master of none," and by its vain pretension to qualify in subjects foreign to its capacity or its functions, it discredits the legitimate guarantee which it did once give and might still confer of pharmaceutical proficiency. The L.A.H. London is, in fact, a reliable certificate in a special department of medicine, and as such everyone looks for it. The L.A.H. Dublin is a vague and pretentious diploma of proficiency in the whole art and mystery of medicine, surgery, pharmacy, and all its collateral sciences, and as such it is hardly heard of even in the Dublin schools as a possible object of the student's aspiration. Only a few weeks since we noticed the statement of Mr. Langley, the most influential medical agent in England, to the effect that Irish students made very good assistants *as soon as they had acquired a little knowledge of the apothecary's art.* To-day we find the Irish Apothecaries' Company, in the face of this statement, and in the absence of the slightest public guarantee for the purity of pharmaceutical practice in Ireland, still strong in the determination to maintain their pet theory that they are in any real sense a licensing corporation in medicine and surgery, and handing over the public safety in their own special department to other hands. After all we have nothing to regret, for we look forward to the time when the Apothecaries' Company shall have receded into indefinitely distant oblivion, and their place shall have been taken by the class of highly educated and industrious chemists of which the Pharmaceutical Society of England has reason to be proud.

◆

SCOTLAND.

EDINBURGH.

ROYAL INFIRMARY SITE.

Diversity of opinion still prevails on this subject. It is considered that the subscribers to the New Medical Hospital are a distinct body from the contributors to the Infirmary, which increases the difficulty as to the ultimate decision. The committee of the contributors have issued their report, which shows that the majority were of opinion that the best situation will be on the grounds of St. John's Hill, to the east of the existing Surgical Hospital, as delineated in Schemes Nos. 2 and 3 of Mr. Bryce's Report to the Managers, of date January 14, 1869. By either of these two schemes, they think, an admirable and very healthy site will be obtained, with great air-space which cannot be interfered with, and great facilities for drainage. The report also stated that they had carefully considered the site of George Watson's Hospital, and were of opinion that this site is inferior, in open air-space and general healthiness, to the sites of Schemes Nos. 2 and 3; that it is lower than the ground on the east, west, and north sides of it; and that, in particular, there is much difficulty with regard to drainage. It appears, too, that the latter will involve the largest outlay. Still it is a question whether, for several reasons, the grounds of George Watson's Hospital may not be the best site after all; and if the details of Professor Syme's letter to the Managers, dated October, 1868, and the paper read by Dr. Andrew Wood at the Medico-Chirurgical Society, to which we referred in our issue of December 23, are at all worthy of notice, there can, we think, be little doubt that such is the case.

THE WATER SUPPLY.

Mr. Lewis, at the meeting of the Town Council, moved that the Council should approve the report of the Special Committee, and resolve to prosecute the Bill now in Parliament for taking over the Water Company's undertaking and carrying out the St. Mary's Loch Scheme. Two amendments were made, but Mr. Lewis's motion was carried by a majority of 24 to 5.

THE UNIVERSITY COURT.

At a meeting of this Court on the 16th inst., Dr. Wm. Robertson, F.R.C.P.Edin., and Mr. Benjamin Bell, F.R.C.S. Edin., were re-appointed Examiners in Medicine for one year; and Dr. J. Warburton Begbie, F.R.C.P.Edin., was appointed Examiner in Medicine for the same period, in succession to Dr. Wm. Seller, who had intimated that he did not desire re-election. It was resolved to submit to the General Council, for their consideration, a proposal to exact a fee of ten shillings from all persons, not being matriculated students, who should present themselves for examination at the preliminary examinations for graduation in medicine.

VETERINARY COLLEGE.

We understand, says the *Scotsman*, that Dr. G. W. Davidson has been appointed to conduct the duties of the Anatomy Chair—vacant by the death of Prof. Strangeways—until the close of the session.

ST. ANDREW'S.

The installation of Mr. Froude, Lord Rector of the University of St. Andrew's, is expected about the middle of March. Mr. Froude has nominated Mr. John Skelton, advocate, Edinburgh, to act as his assessor in the University Court.

GLASGOW.

SOCIETY FOR PROMOTING EMPLOYMENT OF WOMEN.

The chief object of this Society is to facilitate communication between employers and all kinds of female workers, in pursuance of which object opportunities present themselves of helping the deserving and industrious in a variety of ways. The amount of remuneration is left entirely to be settled between employers and employed. In the year there were 397 applications for employment, 458 applications from employers, and 396 situations procured.

ABERDEEN.

GORDON'S HOSPITAL.

After the routine business of this institution was finished, Dr. Fiddes was elected medical officer to the hospital in the room of the late Dr. Dyce. It is contemplated to select twenty boys, or such number as may be considered desirable, from those who have not been less than two years in the hospital, whose conduct and attainments are the most meritorious, who shall be sent to the Grammar School for education there in such branches as may be considered most suitable for them. The consideration of this was remitted to the Education Committee.

ABERDEEN UNIVERSITY.

At a recent meeting of the Senatus Academicus, Dr. Pirie was unanimously re-elected assessor in the University Court for the next four years. It is stated that Dr. Arnott has transmitted to the Senatus of the University £1,000 to be employed in founding one or more permanent scholarships in the experimental branches of Natural Philosophy. For the past three years this gentleman has given £50 each year as a prize to the most distinguished student in the magistrand class in this department. This generous donation has made the prize permanent.

NICE.—THE SEASON.

THE SANITARY CONDITION.

(FROM AN OCCASIONAL CORRESPONDENT.)

The present season has been as unfortunate for the Nicois, or, as they prefer to be called, the Nizzards, as it has for the visitors. The former, and the swarm of hotel-keepers, shop-keepers, and others by whom they are reinforced, lament that their lawful prey, as they consider the latter, have not arrived in sufficient numbers. The latter complain bitterly of the weather, and declare that the climate has undergone a complete change. And truly there seems at times reason for this. During November and December, which ought to consist of one continual time of sunshine and warmth, there were scarcely three successive days such as we are accustomed to call "true Nice weather." Clouds and rain, and then "clouds returning after the rain," made it impossible for us to realize that we were at Nice; and I, with seven years' experience, and a friendship with many natives, went about enquiring despondingly what had become of the Nice sun, that used to be so powerful, but could not disperse the clouds of 1868. I waited patiently for the new year, having observed that sometimes the season, when the rain continues so late, clears up at that time, and a milder January makes amends. I hoped that the Spring winds would be later, and thus we should enjoy December weather now. But I was to be disappointed. January set in with the same veil of clouds. The rain continued at intervals. Worst of all, the winds have set in with all their fury, and now dust, aptly called the scourge of Nice, frequently renders it impossible to go out, except at the risk of suffocation. As I write in my room immense pyramids of fine white dust are careering along the promenades, chasing each other with a fury that only the whirlwinds that shape them can simulate. Here and there two or three of them meet and blend into each other, or, instead of that, commence a battle that scatters the suffocating particles far and wide. Woe to the passenger who is present at the point of contact! Hat, bonnet, sunshade, cloak, everything is sacrificed. Black hair, beard, and moustaches are left grey after the onslaught. The apparel of ladies is still more cruelly treated, not unfrequently much of it inverted over the hapless head; while, in any case, the victim, male or female, is left half-blinded, hands covering eyes, smarting with the pain and weeping scalding tears, and mouth wide open—gasping for breath, panting for moisture. Verily, for persons with irritable or diseased air passages, whatever those of our profession who have not seen it may say, I can conceive of nothing worse, and this leads me to state that I have met with persons here, sent by celebrated London physicians, on whom the climate acted as a poison, and who suffered terribly from the wind and dust as well as some other inconveniences, whose end seemed to be rapidly accelerated by what was to save them. It is time that our brethren who know nothing of the place sent their patients to those of us who do before letting them run such risks. I could name three or four men of high reputation who will not again enjoy the confidence of numbers who have witnessed the sufferings of their patients here during the last two or three months. One poor gentleman was doing so very badly, so rapidly dying in fact, that some ten days ago he was carried into a train and undertook the long journey northward as the last chance. But the peril of doing this is great, especially in mid-winter. Numbers of others have left for Rome, Pau, Pisa, San Remo, and other places reputed to be milder. It is, in fact, now being recognized that most people should leave Nice as soon as possible after the beginning of January, in order to avoid its winds and dust. The season consequently grows yearly shorter. Sometimes the winds hold off till February; but unhappily, as I have said, this year they are early.

There is another inconvenience and danger at Nice, which, inasmuch as it can be removed, ought to be brought again to the notice of the authorities. I mean the foul smells arising from the neglect of drainage. This is a growing evil that threatens the prosperity of the town as nothing else does; for there are numberless people who will come to Nice for pleasure if it is not necessary for health, but who would vanish on the outbreak of a pestilence. The rapidity of its growth is almost incredible, the apathy about sanitary laws disgraceful. During the last three years Nice, so far as the visitors' quarters are concerned, has almost doubled. The river has been embanked and all along one shore new houses of enormous size have been erected. Those familiar with the place two or three years ago would scarcely know it now. Chauvain's Hotel used to terminate, so to speak, the quay named after Massena. At any rate, few English cared to venture farther along the broken ill-smelling route towards the Lyceum. Now the quay has been prolonged to the latter building, the ground having been raised to the level of the other part, and the "Grand Hôtel," in imitation of its namesake in Paris, and the "Grand Hôtel de la Paix," have sprung up, and form a noble portion of the new street. Besides all this, alterations have also been made, and even Chauvain's comfortable old house, not to be eclipsed, has had to put on a new face, so that its former guests would scarcely recognize it. Besides these, a host of new hotels and new houses, and a number of new streets, have been called into existence and need draining. I say emphatically that all this addition, while the drainage of the town is left *in statu quo*, constitutes a serious danger, and I will give you a few facts to prove how clearly this is showing itself. Nearly opposite the new buildings I have named some sewers open into the

Paglione. Now, this torrent or stream—often as it is dignified by the name of river—seldom contains much water. It is a very wide pebbly bed, which, once in a few years, at the rainy season, is covered by the rapid stream, but usually contains only one or two threads of water, with little pools at intervals, where the native women may be seen washing the linen of the visitors. They have been described as picturesque objects, and some poetically inclined writers have gratified their sentiments by painting them in words of admiration. I confess, however, that I cannot look at them and forget that the pools in which they pursue their industry are now little else than diluted sewage. Again, it is a practice that cannot be too severely condemned, to make the Paglione the réceptacle for all kinds of filth and rubbish. I have seen carts empty into it something in comparison with which the London scavenger's and dustman's load seemed sweet. Following its course down to the sea, the same offence becomes at every step still more perceptible. The "Public Garden" is bounded on one side by this river-bed, on another by the sea. A few years ago it was a delightful place, and now it retains its prestige as a fashionable lounge; but time after time this year, going to hear the band play, my nose has been assailed by indescribable stenches, and I am sure it is best to forego the lounge in the garden. Nor is this place exceptional. From it the *Promenade des Anglais*—the fashionable walk and drive—has been prolonged some two miles along the shore. Here it is that the wealth and beauty of the season most delight to go. Every few paces some fine hotel or boarding or lodging-house is located. Only Naples may compare with this promenade; but assuredly it is too much like Naples in its abominable smells. From most of the larger buildings a tube carries the sewage on to the beach, where it festers in the tropical sun—an ever-present danger. Surely, only the excessive rarity of the air saves the town from devastation. The Casino, the finest building of all, was opened last year. It is close to the public garden, looks on the promenade, and at this spot there is generally the greatest crowd; here, on a fine day, people walk or sit down and chat, protecting themselves from the sun by thick, light, cotton umbrellas, but exposed to all the evils that such noxious exhalations may induce. On the beach just below them there is a most offensive smell, which has often driven me away. Whether it proceeds from the drain of the Casino or of the adjoining hotel I will not pretend to decide. I testify the smell is there, but further this deponent sayeth not.

I might go on to describe many other equally offensive spots, which are growing worse day by day, and are rapidly tending towards the destruction of Nice as a health-resort. Let these examples suffice. Surely those whose duty and those whose interest it is will accept the remonstrance of a friendly observer, and take some steps to avert the danger. Yet I fear that is by no means certain, for last year many complaints were made, and numerous promises were thereupon given—none of which seem to have been fulfilled. The inhabitants do not like any allusion to such things, and in their fear of being injured they systematically deny the most obvious facts. Some of my friends took great pains to obtain some reforms, and quite expected this year to find their suggestions had been carried out. I am too well acquainted with the place and the people to have indulged in these anticipations; but now that the evil assumes such a magnitude it is high time to utter a warning. The fact is, nothing but the fear of a bad season has any influence. Last winter was as exceptionally fine and brilliant weather as this has been the reverse. Then, too, the visitors were as numerous as they are now few. Encouraged by that the inhabitants believed that all would return, bringing others in their train, and are now doubly disappointed. In their expectation of a second good season they neglected the advice tendered them on every hand, and forgot that many who enjoyed the continual sunshine protested against the increasing filth. After the long period of fine weather last year the offences I have described were more perceptible, and all the finest walks were pervaded by the pestilential exhalations. This season the unusual wet and cold has tended rather to abate the nuisance, and so give us some compensation for our disappointment in getting only occasional glimpses of the bright sun and blue sky we come so far to seek.

Notes on Current Topics.

The London College of Physicians.

The reforms contemplated have been postponed. The efforts made result in a *fiasco*. By a sheer accident the hopes of those who built on Dr. C. J. B. Williams have been shattered. The Conservatives of Pall Mall have won by a fluke, as sporting men would say; but their triumph will be brief. They may moderate their rejoicings, for the spirit of freedom and the love of justice have been roused, and it will be impossible for the venerable College to continue for many years the hole-and-corner proceedings that have led to so many abuses. Much has been done, say some. Yes! It may be so. The deserted room has been entered. The dust of generations has been stirred. The rats have been disturbed. It must not end here, or the dust will settle down again, and the rats will continue in sole possession. Now we have begun we must cleanse and sweep the place, and dedicate it to better uses.

The London College of Surgeons.

Economy is the order of the day, and so thoroughly has the idea penetrated every class, that some have been rash enough to hint that our Royal Colleges might be none the worse for a period of retrenchment. The London College of Surgeons is the guardian of the most magnificent Museum in the world, and few would like to see a curtailment of that monument to Hunter. But the Museum costs the College a couple of thousand pounds a year, and that is a serious item. The nation has given in different grants nearly sixty thousand pounds for the Museum, building, &c. But the College has been more liberal, has, in fact, expended not only an equal sum, but nearly one-third more. Yet who would willingly see the Hunterian Museum languish? Ought not other economies to be first practised, for assuredly some retrenchment will be needed to save the College. The medical reforms looming in the future will diminish its income unless its own reform shall be the most popular—a consummation few dare to hope for. How about the Examiners? Perhaps a more economical system of testing candidates could be managed, and at the same time one that would lead to essential reforms. It will long be doubtful to most men whether ten Examinerships should be the goal of surgical ambition, and the pecuniary recompense of collegiate age. Looking over the accounts, such as they are, we fancy we see other items that require explanation. The members of the College are interested in these things. Is it not their cash paid for the diploma which is the only resource of the College? Should they abandon all interest in their College when they have paid their twenty guineas, and received the right to call themselves M.R.C.S. Eng.?

Death from Chloroform.

On Sunday, Feb. 14th, a chemist of Sheffield, named Godley, died under the administration of chloroform. He was about to undergo an operation for the removal of a piece of diseased bone from the leg; and, although he seems to have felt exceedingly nervous about chloroform, it was, nevertheless, at his own request that this anæsthetic was administered.

The patient's heart and lungs were examined prior to the use of the chloroform, and the quantity employed was exceptionally small; yet, after inhaling for but three minutes, the heart ceased to beat, and the man was a corpse.

It is impossible to say, in this instance, how far the great fear and apprehension of the patient may have contributed to the fatal event, for we have heard of those who have died suddenly on the operating table, from the mere dread of the surgeon's knife, before the days of anæsthetics. It has always seemed good to us, in cases where any extra precaution is advisable, to use chloroform mixed with ether, or else to employ the bichloride of methylene. The nitrous oxide gas, perfect as an anæsthetic in dental surgery, is hardly as yet adapted to produce lasting anæsthesia for prolonged surgical operations.

The Hunterian Oration.

THIS biennial discourse was delivered at the College of Surgeons on Monday, the 15th inst. by the President, Mr. Quain. After a short review of the life and doings of John Hunter, the orator made some remarks on the subject of the shortcomings of general education in the present day.

Mr. Quain lamented the imperfect acquaintance with their mother tongue possessed by many in the so-called educated classes, and wished to urge upon the instructors of youth that more time should be devoted to English composition and less to the Greek and Roman classics. When, in the course of the address, we listened to the apt, tasteful, and distinctly uttered Latin quotations of the distinguished orator, we admired his well-stored mind, and were distressed to hear afterwards his ideas on classical education. Years ago, when Latin and Greek were made much more of in schools and colleges than they are at present, English composition, if we may judge from the writings of the time, was certainly not to be complained of; and we believe that infirmities of diction, composition, and even spelling, in the present day are among the early fruits of the commencing depreciation of the study of Latin and Greek.

Winter at Home and Abroad.

THAT the weather has been "all wrong" this year has become a common saying in England, and judging by our correspondence—a pretty wide one, by the way—the same remark is applicable on the Continent. While the whole of the British Isles have enjoyed an exceptionally mild winter, some of the most highly favoured health-resorts in the South of Europe have had an unusually severe one. From Yorkshire and parts of Scotland we hear that March and April flowers were blossoming in the beginning of February. Residents in Eastbourne boast of their geraniums having been in excellent condition about the same time. Only four or five nights of frost have been noticed in many localities. In our own most southern resorts we are told of gardens in a forward state scarcely credible, and in our northern and eastern counties even broccoli run to seed, and pears and apricots begin to blossom. Our Special Correspondence from abroad tells us of biting frost in Naples, Rome, and other parts of Italy and France that do not often thus suffer. Dr. Hawkins and other correspondents have described Nice, &c., in our columns. These contrarieties are of great importance, and will be noted by meteorologists as well as by those who have made a special study of climates and their influence in health and disease.

Of course we are not pretending that the English climate equals those of more southern sheltered districts as a home for all invalids or a locality to pass a pleasant winter, but we wish to draw particular attention to the great variations to which such places are liable, and the care that should be exercised in their selection. We commend to the reader's serious attention the letters and communications in course of publication in this Journal.

Charity.

THE synopsis of reports of London charities that appeared in the *Times* of the 11th will be of great value to those who are studying the subject. Of course it cannot be complete, but it is an excellent basis for further work; and we trust our readers will gladly respond to the appeal that has been made for further information. Not a few must know all the particulars of hospitals and other charities, and we can conceive of no better employment of that knowledge than placing it at the service of the gentleman who has done so much and is ready to do more Mr. Hicks has systematically commenced a work which may be continued, becoming at each revision more complete and more exact. The *Times* has done well in giving him such an extraordinary share of its space, and we hope all will be ready to contribute such items as they can.

The late Joseph Hodgson, F.R.S.

THIS gentleman, who had filled all the high posts at the Royal College of Surgeons, has passed away at the age of 82, under circumstances to excite unusual emotion. It was thought he might some time survive, but the sudden and unexpected death of his wife caused such a shock to the aged surgeon that he himself died the next day (the 7th inst.). His diploma of M.R.C.S. bears the date November 15, 1811; and he won the Jacksonian Prize that year, the subject being "Wounds and Diseases of Arteries and Veins." He was, in the early part of his career, Surgeon to the General Hospital, Birmingham, but at length removed to the metropolis, and acquired a large practice. He obtained a seat at the Council of the College in 1849, delivered the Hunterian Oration in 1855, was made Examiner in 1856, and in 1864 passed to the President's Chair. He contributed many choice specimens to the Museum.

The Carmichael Essays.

THE Master of the Rolls for Ireland last week delivered judgment as to certain alterations proposed by the Council of the Royal College of Surgeons in Ireland in the scheme for the granting of these prizes, as set forth by the founder, Mr. Carmichael. The expressed intention of Mr. Carmichael was, that the interest of the £3,000 bequeathed by him should be expended every four years in the grant of two prizes, of the value of £200 and £100, for the best essays on the subject of "Medical Education." These prizes were to be awarded by the verdict of three jurors chosen by lot from the Council of the Royal College of Surgeons in Ireland, and if these judges declared the merit of the competing essays insufficient, the Council had power to postpone the award for a further period of four years, and, if they saw fit, to double the prizes at the end of that time. This contingency did, in fact, arise, for the essays forwarded four years ago for competition were declared unworthy, and no award was made till last year.

As many of our readers are aware, the prizes were then adjudged to Dr. Mapother, Professor of Anatomy and Physiology in the College, and to Dr. Isaac Ashe, of Warrenpoint, Local Secretary of the Medico-Political Association; but the Council declined to double the prizes, as the provisions of Mr. Carmichael's will entitled them to do. It was then ascertained that the four years' interest would be insufficient to meet the cost of the adjudication and publication of the essays and the amount of the prizes. The prizes amounted to £300, the publication and advertising of the two essays to about £100, and the three judges voted £50 each for their labour in reading the essays and reporting on them; and it thus appeared that not only was no provision made by Mr. Carmichael for this latter charge, but that the sum set down for publication and contingent expenses was totally inadequate. When we state that, at the competition four years since, thirteen essays were sent in, and that one of them consisted of five volumes of microscopic writing, and filled a large box, it is obvious that no Member of Council could be asked to undertake the perusal of them with the requisite care without remuneration for the duty. In point of fact, such a duty would constitute a penalty on Councillorship which few persons would willingly incur.

To meet the difficulty of deficient funds the Council proposed to depart from Mr. Carmichael's intention to the extent of awarding the prizes every six years, instead of every four, and they submitted a scheme to that effect to the Master of the Rolls. Inasmuch as it was provided by the testator that the money, in case of there being no award, should pass to the Royal Medical Benevolent Fund Society of Ireland, the Council of that Society were interested in the arrangements, and, after due consideration, they assented to this proposal of the Council of the College, and approved of the award to adjudicators. The Master of the Rolls has, however, now decided that, as Mr. Carmichael omitted to make provision for this outlay, it cannot be now provided for, and the adjudication must be effected without remuneration, if at all. Under these circumstances we anticipate that at the next period of award it will be found impossible further to carry out the intentions of the testator, and the fund will probably pass to the Royal Medical Benevolent Fund. We imagine that the profession will regard with satisfaction this solution of the difficulty as one more advantageous than the publication of wordy compilations or impossible propositions in medical education.

The Recent Contest for the Representation of the City of Dublin.

The Committee for promoting the return of Sir Dominic Corrigan have issued within the last week in book form a record of their recent proceedings in furtherance of that object. The prefatory matter, as might be anticipated, strongly advocates the superiority of professional over political considerations, and with consistent vehemence denounces the conduct of those members of the profession in Dublin who thought it their duty openly to oppose the return of Sir Dominic Corrigan.

The transactions of the meeting of the profession, held in the Molesworth Hall, in support of Sir Dominic Corrigan, are reprinted *in extenso*, and a list of the subscribers to the election fund complete the volume. The publication is admittedly *ex parte*, and will be therefore read with the necessary reservations.

Criminal Abortion in America.

The foulest social stain which it is possible can attach to a community—that of habitual fœticide—has been pointed out with indisputable distinctness and authority in the work on Criminal Abortion recently published by Dr. Storer, a Fellow of the American Academy of Arts and Sciences, and, jointly with him, by Mr. Heard. It is not, we believe, too far for us to go if we aver that the procurement of abortion—premature child murder—is a practice so frequent amongst the women of the upper classes in the United States, and so well recognized an "institution," that it is hardly thought necessary to conceal it. Within our personal knowledge an American "lady" boasted to her English friend that she need never be troubled again with the pains and penalties of her sex, for that when she found herself in the family way she "took pills" and set matters right.

Dr. Storer furnishes the following statistics:—In the city of New York, in eight years from 1848 to 1855, the number of premature still-births amounted to 2,078, and 10,792 still at the full time; showing an average of 1 in 5. In 1856, the average was 1 in 4·02.

Dr. Harris estimates that an eighth of the still-births in New York are now (1868) at the seventh month. That abortion is steadily increasing is proved by statistics in this country, and confirmed by foreign records, which, by the way, are abundantly quoted.

Happily, the Women of the Period are not yet Amberleyized up to the American point, and with them child-murder has not acquired the dignity of refined Malthusianism or advanced Liberalism.

Hospitals for the Sick Poor.

A letter from the Poor-law Board was read at a meeting of the Metropolitan Asylum Districts Board on the 13th instant, the substance of which was that they had reconsidered the question as to the number of hospitals which it may be absolutely necessary to erect, and they suggested whether it would not be more expedient to build two of them only, and reserve their final decision as to the third. Time, they thought, should be afforded to ascertain by actual experience whether there would be sufficient accommodation in the two hospitals at Homerton and Stockwell, and if further permanent accommodation was found necessary, then the third at Hampstead might be built. Meantime, for any sudden outbreak of fever temporary buildings might be erected on that site. The Board are desirous of ascertaining the views of the managers after they had reconsidered the subject. The question will therefore again be brought forward at some other time.

Indian Medical Service.

The following is the list of the Candidates for Her Majesty's Indian Medical Service who were successful at the competitive examination at Chelsea, on the 8th of February last.

Thirty-eight candidates competed for twenty appointments. Thirty-six were reported qualified.

Names.	Total No. of Marks.	Names.	Total No. of Marks.
1. C. W. Calthrop	2730	11. H. P. Roberts	1870
2. A. Wood	2455	12. C. W. Mackury	1840
3. R. C. Sanders	2355	13. C. T. Peters	1830
4. E. Sanders	2290	14. J. Backhouse	1820
5. R. T. Wright	2260	15. W. Price	1800
6. G. McB. Davis	2220	16. S. M. Tyrrell	1795
7. K. P. Gupta	2175	17. E. Calston	1780
8. J. A. Howell	2160	18. M. E. M. Murphy	1765
9. F. P. Edis	2135	19. H. J. Linton	1755
10. B. Franklin	1985	20. W. H. Boalth	1705

List of the Candidates for Her Majesty's Indian Medical Service who were successful at the competitive examination at Chelsea in August, 1868, and who have undergone a course of instruction at the Army Medical School, together with the total number of marks obtained at the examinations at Chelsea and Netley :—

Order of Merit.	Names.	Studied at	Number of Marks.
1	*Downie, K. M.	Edinburgh.	5745
2	Mackenzie, F. M.	London.	5183
3	Lupton, A. W.	Edinburgh.	4930
4	MacGregor, J.	Ditto.	4768
5	Hutcheson, G.	Ditto.	4735
6	Johnson, E. R.	London & Edinburgh.	4676
7	Wright, W. E.	London.	4535
8	Robb, J.	Aberdeen.	4388
9	Kiernader, W. C.	London.	4278
10	Blenkinsop, F. H.	Ditto.	4018

The profession in Dublin is at this moment interested in the retirement of one of its members from its ranks under peculiar circumstances. A physician practising principally in the treatment of skin diseases, and holding office in the King's and Queen's College of Physicians, has, we understand, decided on relinquishing the practice of the profession altogether and going into the Church. The gentleman in question is well-known to many of our contributors as having acted for some time as sub-Editor of the Irish Department of the Medical Press and Circular, and as having subsequently become connected with another medical periodical under circumstances on which, at the time, we thought ourselves called upon to animadvert. Shortly afterwards he became a candidate for the Registrarship of the College, in the competition for which he was defeated by the late Dr. Guinness. His name was next publicly mentioned as the probable successor of Dr. G. H. Kidd in the Editorship of the *Dublin Quarterly Journal of Medical Science*, but the arrangements were not completed, and the management of that journal devolved upon Dr. Little, under whose able and acceptable supervision the first number has just appeared. Within a few weeks, the lamented death of Dr. Guinness again created a vacancy in the Registrarship, for which, however, the physician to whom we allude did not think fit to compete ; and we now learn that by his decisive and ultimate retirement from the profession his connection with our medical contemporary has passed into other hands.

The gentleman's intimate connection with an ultra Ritualistic Church periodical in Ireland prepared the profession to a certain extent for the step which he has now taken.

Even with most earnest desire to forget the means and circumstances under which our former sub-Editor connected himself with an avowed competitor for the journalistic patronage hitherto accorded by the profession in Ireland to the Medical Press and Circular, we cannot refrain from giving utterance to some allowable self-jubilation on the utter collapse of a scheme for undermining our influence, built upon connection with our journal.

This evening, at half-past seven o'clock, the first meeting of the London Students' Debating Society will be held at the Botanical Theatre, University College. Dr. Sibson will deliver an opening address.

The President of the Poor-law Board visited the Marylebone Workhouse lately. He found that the Guardians had carried out the orders and rules of the Board, and much improved the buildings. But there are other workhouses which require strict visitation, as there is in them great neglect of the sick poor.

The *Gazette des Hôpitaux* announces that subnitrate of bismuth has been employed in large doses with wonderful success in Algeria as a specific for dysentery.

It was stated by Sir S. Waterlow, M.P., at a meeting of the Industrial Dwellings Company, that the buildings are progressing, and that they are let as fast as they are completed. The object is to provide healthy dwellings for the working class in a way that will not interfere with their independence and self-reliance.

On the 16th instant, the Isle of Wight Union Workhouse was visited by the Queen. Her Majesty was conducted over the establishment by the governor and matron.

Several cellars have been closed at Liverpool by order of the stipendiary magistrate. This was done at the instance of the Health Committee, who considered them unfit for human habitation. Some of the persons occupying them were summoned and fined. One woman, upwards of seventy, said she had lived there more than twenty years, and could not conceive why she should be molested.

The Malvern Lying-in and Samaritan Charity held their eighth annual meeting on the 16th instant. The report stated that 150 poor women had been attended to in their confinement during the year without loss of life. Since the institution of the charity 975 cases had been attended professionally with only one casualty. A gratuity of ten guineas was offered to each of the medical practitioners.

We learn that to-morrow (the 25th) an ordinary meeting of the Metropolitan Counties Branch of the British Medical Association will be held at 32A George street, Hanover square, at eight p.m., when Mr. E. Hart will open a discussion on hospital administration, and will bring several important topics before the notice of the meeting.

---

* Obtained the Herbert Prize.

The report which was read at the annual meeting of the Governors of St. Luke's Lunatic Asylum, after giving statistics of accounts and of patients, stated that the Lunacy Commissioners had visited the hospital, and quoted the following extract from their report :—" With few exceptions, we found the patients in a favourable state. Not one was suffering from any degree of excitement in either side of the hospital, and their appearance both as regards dress and tidiness and generally as to bodily health and condition was throughout very satisfactory."

◆

Correspondence.

UNIVERSITY COLLEGE HOSPITAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your paper of January 27th, I observe some remarks calculated to reflect injuriously on an Institution at which I had the privilege of being a student, and to the medical and surgical staff of which I feel I owe a daily increasing debt of gratitude.

It is said, at page 77, that the medical officers of University College Hospital " surrender their fees to prop up a small institution which is always in debt, and only gets a fair supply of surgical cases when a house tumbles down, or an unlooked-for railway accident occurs in the immediate neighbourhood." Now, as to the " Debt " part of the question, I do not see that here University College Hospital is any worse off than a host of other unendowed hospitals which have annually to get from the public something in addition to the regular annual subscriptions in order to make up for the excess of expenditure over regular income.

With respect to the supply of cases to the hospital, I know that when I was a student there surgical injuries of all kinds were constantly coming in, not only from the immediate vicinity of the Hospital and from the immense railway termini which are so close at hand at Euston and King's Cross, and to which we may now add the new St. Pancras Terminus of the Midland Railway, but I have seen cases of recent injury brought from some distance on purpose to receive treatment at the Hospital. With surgical diseases of interesting and instructive character the wards were well supplied, and anyone who might be at the hospital at two o'clock on Wednesday might be almost sure to see one or more good operations, and hear the previous history of the case told briefly but concisely to the assembled students.

For clinical teaching, both surgical and medical, in the wards, and in the out-patients' rooms, University College Hospital has always been celebrated ; and I have heard students from other hospitals of London of highest repute remark on the excellent clinical teaching of the Hospital when they have been going round as visitors to the wards.

I am, Sir, yours obediently,
John C. Thorowgood, M.D. Lond.
Welbeck street, W., February 9, 1869.

(*⁎* We refer our correspondent to our remarks on this subject in another column.)

◆

PAUPERISM, CHARITY, AND THE POOR LAWS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am very glad to see you have devoted some of your valuable space to the consideration of Pauperism in its various forms, and that you have not excluded articles with which you do not altogether agree. It is of importance to the nation that such a subject should be fully ventilated. Of all classes none is more interested in it than our own profession, and I therefore hope you will continue with the impartiality you have evinced to lay before us the thoughts of the " good men and true " amongst us who take the pains to put them in shape for our benefit, and all of whom are as worthy of being heard as the hasty writers who turn out so many crude articles weekly for your contemporaries.

Yours, &c.,
Impartial.

DUBLIN SCHOOLS AND DUBLIN DEMONSTRATORS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Allow me space for some remarks on the line of tactics pursued by the heads of Dublin schools with regard to demonstrators of anatomy. I am induced to trouble you with these remarks, because I am personally affected by their policy in this respect, and because I believe, if it be persisted in, it will impair the efficiency and lower the status of Dublin as a school of medicine. The line of tactics to which I take exception is the habit of appointing a number of demonstrators in the different schools out of all proportion to the requirements of teaching. This habit, as I shall show, inflicts grave injury on the real working demonstrators, and is followed by results the reverse of advantageous to the students.

In London, where the closeness of the union between the school and hospital imposes a double duty on the staff, we find seven schools with not more than two demonstrators, three with three, and one only (Guy's) with four. Here, with a smaller average of pupils and lighter work, most of the schools have twice this number, and some of them nearly three times as many as Guy's Hospital. Why this large number in Dublin ? It is not that our neighbours have less than they require to work their schools efficiently ; for if we look to results we find that the students they turn out are at least as good practical anatomists as ours. This would not be the case if they were under-demonstrated ; nor am I aware of any special obtuseness in Irish intellect that necessitates it. The ridiculous number of demonstrators here is due, not to the fact that they are wanted, but to the fact that the heads of schools think that their success depends on the length of the string of names which they bring before the public.

But what harm does this yearly relay of newly-fledged birds do to any one ? Very great indeed to the working men of the school. The prestige of the office is seriously depreciated by it.

Now, *bonâ fide* demonstrators, by which I understand those who take more or less permanently to this department, have been, and are, paid more by the status which they derive from the office itself than by any emolument which they draw from it. Hence, if you strip the office of all dignity, which you do by unlimited and unnecessary appointments, you inflict on them a great injustice, and from the services rendered by them it becomes oftentimes a case of robbing the tiller of the fruit of that which he has sown. The entire school staff is also injured. A connection with a school is supposed to favour practice ; but of what advantage can it be towards that end if the public find that the name on every second house through town is that of a gentleman connected with teaching ? Owing to this superabundance of " lecturers," school connection has lost, and is losing every day in the eyes of the public, more and more of the value formerly attached to it. The wonder is, that they should still attach any value at all to a position which can be got for the asking.

No man becomes a surgeon by always looking at others operating. No student becomes a practical anatomist by always listening to demonstrations. The one must operate, and the other must dissect, if either is to become the anatomist or the surgeon. The student is simply ruined by having everything done for him. Now this is what obtains under a system of over-demonstrating. Need we be astonished, therefore, if we find that two out of every three of our Dublin students could, if called on, dissect with about the same amount of neatness the coverings of a hernia or the structures that overlie an artery the day they bid adieu to the dissecting-room, as they could the first day they entered it ? For aught of practical knowledge they possess two years after passing, they might as well never have shown themselves in a dissecting-room.

In Dublin, students are spoon-fed and made idlers of ; in London they obtain just that amount of assistance needed to enable them to work for themselves. Need we be surprised if the results be different ? Is there any gain to anybody to set off against the injury done to working demonstrators and student ? Parents and first years' students are, as it seems to me, led to make choice of this school or that by other considerations altogether. The non-professional knows nothing about such personages as demonstrators. A school prospectus is to him three-fourths unintelligible. The senior student does know ; and, aware of the number really required to work a school properly, merely smiles, if he bestow a thought at all on the matter. If the parties will only look into the history of the different schools, they will find abundant reason for coming to the conclusion that there has been, and is, no connection whatever between the prosperity of a school and an unnecessary number of demonstrators. If they continue, as at present, they will in a few years so debase the position that no person of merit will be got to accept it. When the age of part payment by position will have passed away, the only inducement which will provide them with men of the poorest abilities will be large salaries. This the resources of the schools will not admit of. The charge of students must then be given to men incapable of teaching them.

Now, Sir, as one of the *bonâ fide* demonstrators, I would ask the heads of the different schools to come to an honourable understanding among themselves to abate this nuisance and put some limit within the bounds of the actual requirements of teaching to the number of their junior staff. If they fail to do so, the duty of using a little gentle pressure will devolve on those who feel aggrieved by things as they are.

I am, Sir, yours, &c.,
T. Laffom, M.R.C.S.E., L.K.Q.C.P.,
Demonstrator of Anatomy Catholic University.

◆

PAUPERISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am glad you have decided as you say in the Notes on Current Topics, to give us the benefit of diverse views on this all important subject.

This accounts satisfactorily for the apparent inconsistencies between some of the articles that have appeared in the Medical Press. It is evident that three or four writers would not harmonize their views on a question on which no two people seem quite in unison. I confess to having read the article in your issue of the 10th inst., with much pleasure, although I am not prepared to accept its conclusions, nor as I understand, do you absolutely commit yourself to them.

I think one or two articles that preceded that, and especially those that referred to emigration, may be nearer the solution, but I am not so full of "false shame" as to refuse to consider the points set forth by your writer, who has evidently thought over the subject, and is thoroughly in earnest.

His views after all are infinitely preferable to the astounding notions that have been borrowed from continental socialists, and urged, I regret to say, by members of our profession; by some, too, who should know something of history, politics, and political economy.

Proceed, Sir, in the way you have marked out for yourself. Do not deny to able and thoughtful men the opportunity of addressing us in your columns; and a free expression of various opinions may add much to our knowledge, and promote the welfare of the community. Our profession is deeply interested in such subjects.

I am, &c.,
Medicus.

[We have already stated that our columns are open to different views on this subject.—Ed. Med. Press, &c.]

◆

RELATIVE CHARACTER OF THE LONDON AND DUBLIN SCHOOLS IN SURGERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have lately had a warm discussion with my son, a newly fledged Licentiate of Dublin, on the relative superiority of the two Schools, he maintaining, with all his powers of argument and sophistry, that the Dublin School is preeminently superior and ranks higher than that of London. To this I demurred, and after several hits and counter-hits right and left, I left him *hors de combat*. The strongest argument used by me was the superiority of teaching, better hospitals, &c. I yielded to Dublin in anatomy and surgery, chemistry and materia medica, but the hardest hit was the system of cramming insisted on by the Dublin Court.

I compare the cramming system of teaching to the poulterer's coop—over-fed and wholly depending on their grinder, ever dissecting and seldom leading, while the London School is more appropriately compared to the poultry having a run of a good farm-yard, barn-door at hand, and the open gleanings of the stubble, all which conduce to the health of the bird and its fine plumage. You cannot attempt to go in to the Dublin College without having all the tips of the Court, the smallest and most insignificant, often totally devoid of practical value.

Thirty-six years ago I, intending to go to India, having received my education in Dublin between the Colleges of Physicians and Surgeons, was advised to take a London diploma. There I went, without any of the grinding or cramming, fresh from my anatomy room and Meath Hospital, under first-class men, never since equalled, viz., Crampton, Greaves, Stokes, McNamara, Collis, &c. I met the Court in Lincoln's-inn-fields, Guthrie, the celebrated army surgeon, being chairman and my first examiner. And on what subject was I taken? The amputation at the hip-joint, an operation never before heard of, much less seen by me. I was startled. My answering turned wholly on my knowledge of anatomy. The first step in the operation was the first question, and this I unflinchingly replied would be to take up the artery as it passes under Poupart's ligament. He brought me back several times to this, and I wound up by saying I would be firm in that first step because it would be hazardous to trust to compression by an assistant on the battle-field, where I calculated such an operation only could be required, but that I had most respectable authority against me.

At this I observed the nod of one of the eldest of the Court, a fine, handsome, portly man, who followed me to the door, saying under his breath, "You'll do."

I wrote to Dublin describing the examination, but would not be credited when I described it in the old hackneyed words *Veni, vidi, vici*. I am, &c.,
James John Johnston, M.R.C.S.Eng.

◆

Literature.

DISEASES OF THE LIVER.*

Since Dr. Budd's standard work on the Liver we have had nothing from an English pen with which we may compare Dr. Murchison's new volume; for the great work of Frerich's, translated for the New Sydenham Society, belongs to foreign literature, and, like some other books, is also of an essentially different nature. We make no doubt whatever that a clinical treatise by such a teacher as Murchison will exercise considerable influence over students and practitioners, and we are therefore gratified to be able to state the one before us is well worthy to do so. Gentlemen in full practice will do well to revise their notions of the part the liver plays in disease or indisposition by the light of this volume. It will enable them in many cases to substitute well-grounded reasoning for mere guess work; will dismiss for ever some notions that have long lingered obscurely in their minds, and enable them to think to some purpose on the problems that are now occupying some of the foremost minds of the profession.

Take, for instance, the question of the action of mercury on which Dr. Hughes Bennett has been engaged in experiments for the British Medical Association, and whose conclusions thereanent so surprised the great body of practitioners. Dr. Murchison has evidently carefully weighed the evidence, and he has come to a conclusion which is likely at present to receive the assent of the majority. He thinks that "mercury and allied purgatives probably produce bilious stools by irritating the upper part of the bowel, and sweeping on the bile before there is time for its absorption." He recognizes the fact that articles of food frequently give rise to similar effects, and thinks that their action is precisely similar. From this we might suppose that other purgatives should be substituted more frequently than they are, and assuredly this view supports the American preference for podophyllin, or, as it is called sometimes in the States, "vegetable calomel." We could certainly say much in its favour. Dr. Murchison considers calomel of great use in congestion of the liver, but if it increased the secretion of bile, it would have an injurious effect. He thinks it likely that "irritation of the duodenum by purgatives, may be reflected to the gall-bladder, and cause it to contract, and that the evacuation of the viscus may account in part for this increased quantity of bile in the stools." Dr. Murchison's is a handy sized volume. The former half treats of enlargements of the liver, under the division of painful and painless enlargements. The latter includes gall-stones, jaundice, hepatic pain, contractions, and abdominal dropsy. The cases upon which the lectures are founded are well selected and carefully related. Their study is likely to lead to more careful diagnosis and treatment.

---

* Clinical Lectures on Diseases of the Liver, Jaundice, and Abdominal Dropsy. By Charles Murchison, M.D., F.R.S. London: Longmans and Co. 1868.

Gleanings in Medicine, Surgery, and the Allied Sciences.

MEDICINE.

BROMIDE OF POTASSIUM AND ANTIMONY IN PUERPERAL CONVULSIONS.

Dr. T. N. Simmonds reports to the *Philadelphia Medical and Surgical Reporter* the history of a case of puerperal convulsions, in which the efficacy of these remedies was evident. A primipara, while in labour, with the head of the child in the inferior strait, was seized with a violent convulsion, which was followed by four others, with an interval of about 15 minutes between each. Chloroform proving of no benefit, bromide of potassium was administered, beginning with a dose of 40 grains in combination with half a grain of antimony. In combination with the bromide one half grain of the antimony was given every hour and a half or two hours, until three grains of the antimony were taken. After the first dose there was a return of four paroxysms. The first occurred within an hour, the second in two hours, the third between three and four hours, and the fourth in eight hours. Their intensity and duration were also diminished in the order of their recurrence. Convalescence was rapid.

NITRATE OF SILVER IN THE TREATMENT OF UTERINE POLYPI.

Dr. M. M. Eaton (*Chicago Med. Examiner*) gives his experience in the use of the nitrate of silver in a case of uterine polypi which he treated successfully. The patient was 46 years old, of a nervous temperature, anæmic and emaciated. A digital examination revealed two small polypi attached by a long pedicle to the margin of the os uteri. These were soon discharged spontaneously, and she was free from hæmorrhage, for some months. An examination about a year after, revealed the uterus enlarged, and a considerable flow of blood mixed with pus. A sound producing an alarming hæmorrhage, a sponge tent was introduced and the os freely dilated. The finger being easily passed in the neck of the uterus, the whole surface was found thickly studded with polypi, from the size of a *grain* of wheat to a hickory-nut. To these the solid stick of nitrate of silver was applied, and the sponge tent reintroduced, to act as a tampon. On removing the tent next day, several small polypi came away, and the nitrate of silver was again freely used and the os left open. On the fourth day of the use of the caustic all hæmorrhage had ceased, and the tumours in the neck were all found to be detached and discharged. The uterus was then syringed with tepid water, and caustic applied to the suppurating spots where the pedicles had been removed, at the same time giving tonics and good food. This treatment was continued ten days, when she began to flow again very freely, and an examination revealed two large tumours in the cavity of the womb about the size of an orange. Ergot was given to cause contraction of the womb and descent of the tumours, and nitrate of silver was applied locally. By this means the hæmorrhage was controlled, but the caustic was applied for about ten days, when by forceps they were removed and the uterus left empty, though enlarged. By tonics and generous diet the patient entirely recovered, and has had no return of the polypi.

PHARMACY.

VARIABLE STRENGTH OF AQUA LAUROCERASI.

The introduction into the British pharmacopœias of 1864 and 1867 of aq. laurocerasi has had a marked effect upon the consumption of this preparation, the demand being now at least two or three times greater than it was five or six years since. Those engaged, or who have had any experience, in the distillation of essential oil of almonds well know that the longer the almond, when thoroughly disintegrated, is in contact with water, the less is the product in the distillate of essential oil, as water is very favourable to the oxidation of the oil into benzoic acid. Many experiments which I have made at intervals during the last eighteen months show that immediate distillation of thoroughly bruised leaves, as soon as in contact with water, gave always a distillate superior in fragrance and equal in hydrocyanic acid, and, in some cases, slightly in excess of the latter, to those made after twenty-four hours' maceration. The main point, however, to which I would direct you is one of more importance,—the percentage of hydrocyanic acid obtained from leaves distilled at different periods, and the variable state of the cherry-laurel waters as found in pharmacy at the present time. The three periods at which I have made the water have been March, July, and November; the highest strength of prussic acid being obtained in March, when it reached 1·26 grs. of real acid in 1000 grs.; the lowest in November, when it was only half the strength, ·64 grs. of real acid in 1000 grs.; the distillate of July being nearly a medium between these—1·08 grs., real acid, in 1000 grs. The various distillates were examined from time to time; it was found that they had depreciated as much as 10, and in some cases 20 per cent. of the original quantity of acid. This depreciation in value of acid by age, and variable strength of the water, as obtained from leaves at different periods of the year, lead me to suppose, that if I examined the cherry-laurel water in the pharmacies in town, I should find such a difference as should not exist with such a powerful remedy, which is about one-twentieth of the strength of the dilute hydrocyanic acid of the Pharmacopœia. I found aq. laurocerasi varying as 53 does from 100, or some only about half the strength of others; in one case I found, upon obtaining a second specimen from the same source (within seven days) that water dispensed one week was but little more than half the strength of that of the previous week. Such discrepancies as these ought not to be found, and must not exist, if we wish to have uniformity in medicine, and the life of the public safe in our hands. *Pharmaceutical Journal.*

SURGERY.

FRACTURES OF THE LARYNX.

From a paper of some length on a case of triple fracture of the cricoid cartilage we extract the following observations:— L., æt. 30, in a quarrel was seized by the throat by a strong antagonist, who knocked him down, and held him for some seconds. He was unable to rise, or to articulate, and his face was deeply flushed; he was at once carried home to bed. Next morning, when seen by Dr. Gagnon, L. was in a state of extreme dyspnœa, and quite livid. On the sides of the neck, corresponding with the lower border of the larynx, were slight marks of ecchymosis. The cellular tissue of the front of the neck was emphysematous. No crepitus, or any movement of fractured surfaces could be felt. Leeches were ordered, and after their application the swelling diminished, and breathing becames so much easier that tracheotomy was postponed; however, in the course of the night, during a change of posture the patient died suddenly. At the post-mortem examination the larynx was carefully removed, and on dissection a triple fracture of the cricoid was discovered, along with a partial dislocation of the left arytenoid cartilage. Considerable œdema of the glottis was present. The death seemed to have been caused by a sudden displacement of a fragment of the cricoid and the corresponding arytenoid; which, pressing on the already diminished glottis, caused asphyxia. Other cases of this very rare accident are detailed. One recorded by Dr. Cavasse, caused by a fall down stairs—fatal. Another caused by a carriage accident, saved by tracheotomy, by M. Maisonneuve. Another caused by a blow from a piece of coal—recovered. Another recorded by Marjolin, when the thyroid was split by a woman's hand in a quarrel. Two others by M. Martin-Damourette and Plonck, in which instant death was caused by the fracture of the thyroid. Another set collected by Gibb, are well known in this country. Dr. Fredet divides the cases he has collected, for practical purposes, into two sets. 1. Simple fractures, which are accidents so trivial that rest and silence are sufficient for a cure. 2. Complicated fractures. A. causing instant death. B. accompanied by suffocation, cyanosis, &c. In these, death may occur at any moment from displacement of fragments or œdema; and tracheotomy ought to be performed as a precautionary measure.—*Gazette des Hôpitaux*, and *Edin. Med. Journ.*

GUYON'S "CEPHALOTRIPSIE INTRACRANIENNE."

M. Guyon claims (*Wiener Med. Press*, No. 20, 1868) that by making an additional perforation with the sella turcica, we secure greater compressibility of the head. He uses the following instruments: 1. A guiding-staff thirty centimetres long, seven millimetres in diameter, the lower end shaped like a screw-driver, the upper provided with a moveable handle. 2. Two trephines, which differ only in the size of their crown. One crown is three, the other four centimetres in diameter. Each trephine consists of a crown with simple saw-teeth, a hollow axis, which permits it to be pushed over the guiding-staff and a transverse handle. To guard against going too deep, the crown is provided with a short sheath. 3. A slender steel cephalotribe, which is only to be compressed with the hand; the handle of the right blade is provided with a moveable serrated plate (cremellaire), which fastens to a tooth on the handle of the left blade, and holds the handles together when they are compressed. The operation is as follows:—Pass the guiding-staff up under guidance of the fingers of left hand, and bore into the presenting cranium; then remove the handle, and push the larger trephine over the staff through the opening in the skull. This is easily accomplished; and we then withdraw both instruments. The operator now introduces his left hand, and with its index finger enters the opening in the fœtal cranium, and seeks the sella turcica: when found, the guiding-staff is led to it, and bored in as before. The smaller trephine is now pushed over the staff, and bored as deep as the protecting sheath will permit. The cephalotribe is then used in the customary manner. Of course, this operation can only be performed in head presentations. It has the recommendation of Professor Späth, of Vienna.

THERAPEUTICS.

TO PREVENT DEATH BY CHLOROFORM.

Experiments on inferior animals show that they may be restored from apparent death by chloroform, by the continuous galvanic current, the negative pole being put in the mouth and positive pole in the rectum. In some cases the animal was left for two minutes in a state of apparent death and then restored.—*Pacific Med. and Surg. Journal.*

◆

NOTICES TO CORRESPONDENTS.

Communications, enclosures, &c., received from Dr. Johnstone, Hawkshead; Dr. Here, Shoreham; Dr. Barr Meadows, Mr. Smith, Bishop Lydeard; Mr. Allot, Hoyland; Dr. Hoblyn, Bath; Dr. Buckley, Sutton; Mr. Barker; Dr. Chevers, Jamaica; Messrs. Nelson and Sons, Leeds; Mr. Ford, Gray's; Messrs. Black, Edinburgh; Mr. Hooper, Basingstoke; Mr. Stott, Disley; the Registrar of the Glasgow Royal Infirmary. Mr. Maxwell, Dr. Dobell, Mr Beckett, Dr. Scott, Alison; Dr. J. S., Manchester; Dr. Pierson, Scarbro'; Mr. Acton, London; Dr. Waters, Liverpool; Rev. Alex D. D'Orsey, Mr. F. J. Ashton, London; Dr. Julius Althaus, Mr. Clarke, Bury St. Edmunds; Dr. Downing, Bath; Dr. Donovan, Hongkong; Dr. Burnett, Tullow; Dr. Quinlan, Banisaleigh; Dr. Byrne, Blackrock; Dr. Scott, Achill; Dr. Johnston, Riversdale; Dr. MacMunn, Ballymate: Dr. Alcock, New Ross; Dr. Douglass, Glasslough; Dr. Green, Baltinglass; Dr. Furlong, Streamville; Dr. Betty, Lisbellan; Dr. Reynett, Portlaw; Dr. Diamond, Racharkin; Dr. Kearney, Carndonagh; Dr. Quin, Nenagh; Dr. McDermott, Ballyfeared, &c., &c.

Dr. Edward Crisp has favoured us with a copy of a communication, which he says he has forwarded to members of Council of the Royal College of Physicians, in Ireland. It refers to the recent adjudication of the Carmichael prizes to which Dr. Crisp, one of the candidates, takes exception.

The matter is a plain contest of opinion between Dr. Crisp and the Adjudicators, and as we have no reason to discredit the well advised verdict of these gentlemen, we must really decline to give currency to Dr. Crisp's causes for differing from their decision.

Dr. Stevenson, (Clontarf).—Thanks for your enclosure. We cannot republish extracts from another medical journal, coming to us *viâ* the columns of a daily paper.

Mr. T. Edwards.—You will be able to obtain them of Messrs. Weiss and Son, Strand.

Dr. J. S. (Manchester).—We cannot explain the matter ourselves, nor have we yet received a reply from the President of the Royal College of Surgeons, to whom a letter has been sent on the subject.

Previous applications had hitherto been made to the Secretary, and Mr. Stone, the Clerk, and failed.

Mr. Maclean (Dublin).—Dr. Peirson, Scarborough. See previous reply.

The Report of the Army Medical and Chirurgical Society of Portsmouth will appear in our next.

◆

BOOKS, PAMPHLETS, &c., RECEIVED.

Collection de Calculs Urinaires ou Dr. J. Civiale.

L'Origine de la Vie. Third Edition. Par F. A. Pouchet. Paris: J. Rothschild.

Nomenclature of Diseases. By a Committee appointed by the Royal College of Physicians.

The Western Journal of Medicine.

The Law to Regulate the Sale of Poisons. By William Flux, Esq., Solicitor to the Pharmaceutical Society. London: John Churchill and Sons.

The Old Vegetable Neurotics, Hemlock, Opium, Belladonna, and Henbane. By John Harley, M D., F.L.S., &c. London: Macmillan and Co.

Journal de Médécine de Bordeaux.

Advertisements.

THE SIAMESE TWINS.—These Wonderful Living Curiosities, with the beautiful Circassian Lady, are now appearing at the EGYPTIAN HALL, PICCADILLY. Receptions during the day as follows:—From Twelve until One, admission Two Shillings; from Half-past Two until Half-past Four, and from Six until Nine o'clock, admission One Shilling.

DEFECTIVE ARTICULATION,
STAMMERING, WEAKNESS OF VOICE, &c.

THE REV. A. J. D. D'ORSEY, B.D., Lecturer at King's College, receives Pupil-Patients daily at One and Five, at
13 PRINCES SQUARE, LONDON, W.

MENTAL DERANGEMENT.—Orchardstown House, Rathfarnham. PRIVATE ASYLUM. The Patients receive every attention and kindness under the care of Mrs. Stanley, Proprietress, and her family. Dr. Henry Croly, F.R.C.S.I., Visiting Physician. Terms moderate.

PRIVATE RETREAT
FOR
THE UPPER AND MIDDLE CLASSES
OF BOTH SEXES,
MENTALLY AFFLICTED,
TUE BROOK VILLA,
NEAR LIVERPOOL.
Further information may be obtained on application to Dr. H. OWEN
Vide page 1075, "Medical Directory," 1869.

GAME LICENCES.

THE COMMISSIONERS OF INLAND REVENUE hereby give Notice, that SUPPLEMENTARY LISTS, containing the Names of all Persons who have taken out LICENCES to KILL and DEAL in GAME in the current Year, from 30th September last inclusive, have been printed for each Excise Collection.

A Copy of the List, applicable to any District, may be obtained GRATIS on application at the Offices of the respective Collectors or Supervisors of Inland Revenue, Distributors or Sub-Distributors of Stamps, by whom Licences are issued.

The Commissioners further give Notice, that instructions have been issued to their Officers to take the necessary steps to prefer informations for penalties against all persons found in pursuit of or dealing in Game without Licence.

WM. CORBETT, Secretary.

Inland Revenue, Somerset House, London,
15th February, 1869.

LURGAN UNION.

MEDICAL OFFICER WANTED FOR THE MOYNTAGH SUB-DISTRICT OF THE LURGAN POOR-LAW UNION.—The Committee of Management of the LURGAN DISPENSARY DISTRICT will, at a Meeting to be held in the Dispensary, Lurgan, at Three o'Clock, on Thursday, the Ninth day of April, elect a properly-qualified Candidate to the above appointment. Salary (exclusive of Vaccination and Registration Fees), £100 per annum. Residence in the Sub-district indispensable.

Papers and Testimonials to be lodged with me before Ten o'clock on the morning of the Election, and Candidates must be in attendance.

By order, JOHN HANCOCK, Hon. Sec.

The Manor House, Lurgan, Co. Armagh,
12th March, 1869.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

NOTICE is hereby given, that the next PRELIMINARY EXAMINATION will be held on WEDNESDAY, the 21st DAY of APRIL next, at 2 o'CLOCK p.m.

The following are the subjects upon which the Candidates will be examined, viz.:—The English Language, including Grammar and Composition; Arithmetic, including Vulgar and Decimal Fractions; Algebra, including Simple Equations; Geometry, First two books of Euclid; Latin and Greek, including Translation and Grammar.

By order,
JOHN BRENNAN, Registrar.

CITY OF DUBLIN HOSPITAL.

DR. ARCHIBALD H. JACOB
will deliver, during the ensuing Session,
A FULL COURSE OF LECTURES
on the
DISEASES OF THE EYE AND EAR,
and the
OPERATIONS NECESSARY FOR THEIR TREATMENT.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 3, 1869.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE
Further Experience in the Treatment of Phthisis Pulmonalis, &c., by Pancreatic Emulsion. By Richard J. Kinkead, A.B., Lic. Univ. Dub., L.R.C.S.I., & L.M.D.. 177
Experiences of a Regimental Surgeon in India. By C. A. Gordon, M.D., C.B., Deputy Inspector-General of Hospitals. 179

TRANSACTIONS OF SOCIETIES.

Medical Society of London.—Dr. Greenhalgh on some New Medicated Pessaries and Suppositories; Dr. Anstie on the Popular Idea of Counter-Irritation 181
Army Medical Chirurgical Society of Portsmouth. — Assist.-Surgeon Power on the Topography of the Mauritius in Relation to the Epidemic of Malarial Fever of 1867; Assist.-Surgeon Alcock on the Influence of Nervous Power in Controlling the Temperature of the Body; Surgeon Porter on Calculus in the Bladder 182
Surgical Society of Ireland. — Dr. Bookey on Ossification in the Right Gluteus Maximus Muscle; Dr. Stoker on Hour-Glass Contracted Stomach; Dr. Hamilton on Fracture of the Spine 183
PAGE
Dublin Pathological Society. — Dr. Stokes on a Remarkable Specimen of General Hypertrophy of the Heart; Dr. Fleming on Cystic-Sarcomatous Tumour 185

LEADING ARTICLES.

Specialities.—The Obstetrical Society of London........ 187
The Repression of Quackery 188
"Prevention Better than Cure." 188

SCOTLAND.

Edinburgh.—The Royal Infirmary Site.... 189
St. Andrew's.—Death of Provost Moncrieff 190
Cupar.—The Lunacy Board 190
Falkirk.—Parochial Board 190

FRANCE.

Jurisprudence of Infanticide and Delivery. 190
The Post-Office Delinquencies........ 191
Homœopathy 191

NOTES ON CURRENT TOPICS.

Vaccinophobia 191
Prince Leopold's Health 191
Naval Retrenchment 191
Health of Southampton 192
Compulsory Vaccination in San Francisco 192
A Working Man's Movement for Hospital Extension 192
The Hunterian Oration........ 192
PAGE
Extra Medical Expenses for Military Hospitals 193
The New Nomenclature 193
Public Health for 1868 193
The late Dr. Wardrop 193
Physical and Mental Culture 193
The Navy Estimates for the Years 1869-70 194
Workmen's Contributions to Hospitals .. 195

LITERATURE.

Transactions of the Pathological Society.. 195

CORRESPONDENCE.

G. P. on the Truth about Nice 196

MEDICO-PARLIAMENTARY INTELLIGENCE.

House of Lords.—Contagious Diseases in Cattle 197
House of Commons.—Contagious Diseases—Medical and Educational Charges (Ireland)—Rating of Hospitals and other Charities........ 197

GLEANINGS IN MEDICINE, SURGERY, AND THE ALLIED SCIENCES.

Surgery 197
Therapeutics 198
Notices to Correspondents, &c........ 198

Original Communications.

FURTHER EXPERIENCE IN THE TREATMENT OF PHTHISIS PULMONALIS, &c., BY PANCREATIC EMULSION.

By Richard J. Kinkead, A.B., Lic. Univ. Dublin, L.R.C.S.I., & L.M.D.

(Continued from page 185.)

How comes it that pancreatic emulsion is retained and assimilated when cod-liver oil is not? In the paper before alluded to I stated that the pancreatic juice had alkaline properties, and so neutralized the excess of acid in the stomach; and, although Bernard has given his authority to the statement that the pancreatic juice is always alkaline, yet I believe there is reason to doubt the accuracy of the assertion. The following experiment was made in the pig-killing establishment of Mr. Harris, of Calne.

"On March 22, 1866, forty pigs were killed, and the pancreas of each examined immediately after death. The killing and examination of the forty pigs in succession occupied less than an hour. Litmus paper was applied to the interior of the duct and to the divided gland cells, and on being pressed sufficiently against the tissues to absorb moisture, the paper was in each case reddened where it was moistened."*

On August 3 Dr. Collins writes to Dr. Dobell, "As you requested, I have tried a series of experiments upon the pancreas parotid and sublingual glands. The two latter have a decidedly acid reaction, but the pancreas I'm not quite so certain about. In one batch of pigs killed in Buckinghamshire it was acid; in another lot in Hertfordshire, alkaline."†

It is therefore not on account of its alkaline properties that the emulsion is retained; indeed, we find that in an excessively acid state of the stomach it will be rejected; but, unlike cod-liver oil, the administration of an alkali before the meal after which the emulsion is taken, will in most cases overcome this difficulty.

The explanation I think is this—that the stomach is not the organ in fault, and that the emulsion is not affected by the stomachic digestion, but passes through unchanged to where the digestion of fats commences the duodenum. If the dislike to fats and the difficulty of their digestion depended solely on the acidity of the stomach, the administration of alkalies should set all right. But we find they fail to do so. This and the fact that cod-liver oil agrees for a certain (indefinite) time and then disagrees, points out that the evil lies somewhere beyond the stomach.

The stomachic digestion is mainly that of plastic food. The fault then must be either in the pancreas or in the mucous membrane lining the intestine.

Either the pancreas pours out an unhealthy secretion incapable of emulsifying fats and so preparing them for absorption by the lacteals or the secretion may be deficient; or, again, the absorbing surface of the intestine may be diseased and rendered incapable of taking up the emulsified fat by some independent disease. We know that in dysentery there sometimes occur "exudations into the pulmonary parenchyma, chiefly in the form of isolated deposits of considerable density disseminated through the substance of the lungs. These masses passed into a purulent condition, and, microscopically, they were composed of broken-up cells, granular matter, and pus elements.'* Does it not seem probable that these deposits may be tubercle? Or there may be a functional incapacity for absorbing fats, the lacteals being irritated by a viscous secretion, and improperly prepared fat passing over them.

What so likely to correct these faults as fat made into an emulsion by healthy pancreatic juice? It gives time for the pancreas to recover tone and become healthy. It affords to the functionally diseased lacteals a properly emulsified fat, and so reclaims them from their bad habit, and, at the same time, supplies to the system what is its chief want—oleaginous food. That the emulsion passes through the stomach unchanged is, to say the least, highly probable, from its having "remained complete after standing two days mixed with pepsine, hydrochloric acid, and water."*

---

* Dobell on Special Action of Pancreas on Fat and Stomach.

† Dobell op. cit.

* Aitkin's "Practice of dicine," vol. i., p. 511.

There is good reason for believing that fluid oils may be taken up by the blood of the portal system; and this furnishes a probable explanation in those cases in which cod-liver oil is for a time retained by the stomach. But this mode of ingress for fatty food may be, after a time, stopped up, perhaps from repletion, and the stomach, acting as porter to the system, will not retain food that there is no demand for.

But there is yet another class of cases in which cod-liver oil agrees, in which the oil is digested, and yet the progress stops at a certain point, and the patient sooner or later declines again.

A rational explanation of this is "that not less than two ounces of fat per day on an average is required to keep up healthy nutrition in an adult. We have next to bear in mind that, before a case of consumption ordinarily attracts attention and begins to be treated as such, many pounds' weight, principally consisting of fat, have been gradually removed from the body. In this condition—1. A deficiency of fat through the organism. 2. A loss of power to assimilate ordinary fats. 3. A constant demand for two ounces per day to maintain healthy nutrition. We administer cod-liver oil in the belief that this form of fat will assimilate, when other forms will not. Supposing that it agrees, and that some or all of it is utilized, a rapid improvement takes places in the patient, from the supply of some of that for want of which life was steadily fading." "But there are very few persons who can take more than from half an ounce to one ounce of oil per day—few who can take this steadily from week to week without intermission. But supposing an ounce or an ounce and a half per day to be taken regularly, how is this to supply, not only the two ounces per day required for healthy nutrition, but all the extra ounces of arrears that were lost before the treatment was begun? But, assuming the possibility of two ounces of oil for nutrition and another two ounces for arrears being taken and utilized, even then the *whole thing may be unstable and may break down*, from the fact that we are supplying oil and not *solid fat*: a body rich in olein and poor in stearin and margarin; in the place of bodies, rich in stearin and margarin and poor in olein—such as the fats taken in normal food."†

"The importance of pancreatic emulsion of solid fat over cod-liver oil in the treatment of tuberculosis must be as great as that of supplying a plant with good soil instead of putting it into water. In the one case a provision is made for the maintenance of normal life; in the other, death is only postponed by a temporary expedient."‡

But, after all, the true test of the value of a remedy is experience of its effects. If we see it prove of undoubted benefit in a succession of cases, and especially where other remedies have been of little or no use, and if the improvement that follows its use is not a mere temporary one, a sudden flickering up of the expiring flame of life, but a steady, progressive, permanent one, then it is probable that the theory on which it is put forward is correct.

It is necessary, however, to avoid considering a medicament which is of great value as a new form of, or rather in any form, as an elixir vitæ.

The following cases, treated by pancreatic emulsion, demonstrate its value, not only in phthisis, but in other affections caused or attended by a low state of nutrition and a poor condition of the blood.

C. G., (whose case I reported in the MEDICAL PRESS AND CIRCULAR of Feb. 26, 1868,) having exposed herself to wet and cold, got a relapse. I was sent for to see her 29th of March. She had slight spitting of blood, night sweats, pulse about 80, breathing slightly interrupted under right clavicle, expiration slightly prolonged, bruit in subclavian. Ordered pancreatic emulsion, in ʒii. doses, twice a day, to be taken one hour and a half after dinner and supper. Also ℥ss. of a mixture of ol. morhuæ, ℥vii. syr. ferri iodidi, ʒi. in the morning and an hour before supper. She gradually improved till the 21st of April, when she was seized with a slight attack of rheumatic fever; the chest signs, too, were worse. On the 27th slight hæmoptysis, but otherwise better. On 29th, dose of emulsion increased to ʒiij. On May 4th, physical signs better; general symptoms improved. On May 25th I saw her for last time; she was greatly improved. She steadily progressed, and has, up to the present date, continued in perfect health.

J. M., railway porter, suffering from aneurism. Sharp hæmoptysis, purulent expectoration, night sweats. Confined to bed. Has taken cod-liver oil, which did "some good." Began the emulsion in ʒii. doses. In a week he was able to be up and about; in a fortnight more he returned to his work, the station-master setting him to light duty. At this time I got him weighed. His increase for three consecutive weeks was—1st week, 4 lb.; 2nd week, 1¼ lb.; 3rd week, 1 lb. He regained his colour and strength; his appetite improved, and he picked up flesh. He died suddenly in October from the aneurism bursting. He began to take the emulsion at the end of March or the beginning of April, at which time he was in a very low, almost a dying, condition. He was enabled, by the use of the emulsion, to attend to his business, and was a comparatively healthy man till his death, nearly seven months afterwards.

B. R., ætat 20, male. Very tall and thin; dark complexion. Eldest brother died of acute phthisis. Had a bad cough last winter, which got better towards summer, but never entirely left him. Cough worse within last few days. Can't *eat fat meat or fat of any kind.*

August 31st.—Cough very bad; headache; face flushed; pain in side; expectoration scanty; sweats at night; dulness under right clavicle, the rest of chest clear, on percussion; respiration interrupted under right clavicle; sibillant râles over both sides of chest; pulse hard and rapid. Ordered, tr. verat. virid. ʒiiss. in emuls. amygd. ℥viii., ʒi. teris horis, emplast. sinapis to chest, to inhale steam of boiling water.

September 1st.—Cough easier. Sputa purulent and nummular, floating in a rusty-looking watery expectoration. slight pectoritoque under right clavicle; minute crepitation in lungs on both sides, posteriorly; râles not so loud; respiration tubular in parts; inspiration and expiration equal. Ordered continued mixture, beef-tea, and wine.

September 2nd.—Posterior and lower portion of right lung solidified; slight friction sound. Painted side with lin. iodi; purgative of calomel and jalap.

September 3rd.—Side better; friction sound on left side. Applied lin. iodi to both sides. Crepitus less; râles continued; expectoration purulent, tinged with blood. ℞ iod. kali, gr. 80; liq. cinch. ext. tarax., liquid aa. ℥i., tea-spoonful three times a-day.

September 5th. — Dry friction sound on left side. Emplast. littæ.

He improved till the 10th, when he was not so well. Pectoritoque very distinct under right clavicle; breathing tubular on right side; dulness under right clavicle. Ordered ʒii. doses of pancreatic emulsion.

September 12th.—Emulsion agrees with him. Better. Respiration natural, save in the right subclavicular region, where there is still some pectoritoque; expectoration less, but still purulent; night sweats less; pain in side (pleuritic stitches) nearly gone.

From this date he progressed favourably, and is now apparently well—"stouter than ever he was." He could not take cod-liver oil or fat of any kind, but experienced no difficulty in taking the emulsion. The habits and position of life of this patient were much against his recovery. The ceiling of the room he slept in was so low that I could touch it with my hand, and it was not more than 8 feet by 10 in size, and, besides his own, there was a large bedstead, with a top to it, in the room, in which some other member of the family slept.

---

* Dobell on Tuberculosis, p. 81.

† Dobell, *op. cit.*, p. 86.

‡ Dobell *op. cit.*, p. 52.

The Emulsion I have always used was that prepared by Messrs. Savory and Moore.

◆

EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

By C. A. GORDON, M.D., C.B.,

Deputy Inspector-General of Hospitals.

DYSENTERY (*continued*).

There is, perhaps, no disease in the treatment of which absolute rest is more necessary than it is in dysentery, and certainly there is none in which removal by such means as in India are commonly employed for transport of the sick is so likely to be injurious. This is so evident when we consider the nature of the tissues involved that I need not in this place further dwell upon it than to remark that the discomfort, jolting, and necessary exposure, not alone on field service, but on an ordinary march, act most injuriously upon persons affected with this disease; and that, however great may be the benefit obtained in many cases of disease from rapid change and the jactitation inseparable from travelling in that country, it is essential that the patient labouring under dysentery be not removed until the active stage of the malady has subsided. In those cases where the affection has become chronic the conditions are altogether different. The wonderful effect for good exerted in them by removal, more especially if it be to sea, is well known to all officers of experience in the treatment of tropical diseases.

I have already alluded to the prevalence, in the lower parts of Bengal, of the hæmorrhagic form of this affection. In the majority of stations further inland, where the soil is more arid and the atmosphere less humid, the inflammatory is the more common; but persons debilitated by fever, insufficient food, or by more length of Indian service, not unfrequently become the subjects of the former even there. It has, moreover, been found that the rate of mortality from dysentery has always hitherto been greatest during periods when fevers prevailed in an endemic form.

The experience of 1857-8 induces me to believe that a soldier attacked with severe dysentery on the march must almost to a certainty die from the disease unless it be practicable to at once give him the advantage of being left in a stationary hospital. Men affected with mere trivial attacks of diarrhœa, if arising from irritation of the intestinal canal, often have that malady converted first into inflammatory dysentery, and then into hæmorrhagic, by the continued jolting in a dooly on successive long marches; added to which the exposure to chills, to which they are subject when obliged to attend to the calls of the disease during the night, and in the cold morning air while on the march, are of themselves most injurious.

I have already given cases in illustration of the two forms of dysentery most frequently met with in India. In both extensive disorganization of the large intestines was present; and indeed it is difficult to believe in the occurrence of a case of dysentery in which there is not destruction of tissue to some extent at least. That such are not altogether wanting, however, is indicated in that which follows, its subject having, no doubt, by the exposure and fatigues he had undergone, been reduced to a condition of body in which the tone of his tissues and functions generally were much lowered.

Private Patrick Drennan, 10th Regiment, aged thirty-two years; thirteen years in India; admitted, August 22, 1857; died, 27th; under treatment five days. Came in from Jugdespore, where he had much exposure, fatigue, and wet. Six days previous was seized with severe purging of blood, after having been wet all night. Had to march every day, and on arriving at Dinapore was much exhausted; skin clammy and cold; pulse feeble and soft; purged every few minutes, the blood trickling away as he went from bed to stool. Quinine, three grains, and opium, one grain, every hour; chloroform to abdomen. The flux continuing, he, on the night of the 24th, had gallic acid and quinine, each five grains, opium two grains, every hour; turpentine fomentations and turpentine enemata. These moderated the purging, but he has prolapsus ani from straining. He had dysentery on two former occasions, first in 1846 and in 1854, but in neither so severely as now. On the morning of the 26th improvement had taken place; he felt more comfortable, and was somewhat less often purged; hæmorrhage ceasing, continue medicines. It would appear that the improvement was but temporary. The flux continued unchecked by the use of medicine; on that night the frequency with which he was purged increased; the evacuations were pure blood. On the 27th there was very copious discharge of fluid blood, and he rapidly sank and died.

The *post-mortem* appearances in this case were:—Liver healthy; bowels pale and bloodless; colon tinged internally with partially coagulated blood.

The notes of this case distinctly state that examination failed to detect the presence of ulcers within the colon, or other disorganization of the intestine. We are therefore forced to believe that, however rare such instances may be, yet that under certain conditions fatal hæmorrhage may occur by exosmosis of blood through the mucous membrane, and without the presence of ulceration.

Subsequent experience induces me to believe that in cases not only of inflammatory dysentery, but in those of the hæmorrhagic type of the disease, enemata of hot water repeatedly administered are not only highly to be recommended as means of treatment, but that they afford an amount of relief to the patient that by no other means can be obtained. I do not mean by this the repeated introduction of long enema tubes, such as were some years ago in common use in India, but the administration of lavements in the ordinary manner. Nor can I too strongly urge the great benefit and relief derivable from the very simple means of permitting patients affected with dysentery to sit upon commodes containing hot water. The vapour soothes the pain of straining in a manner that nothing else does, and thus, no doubt, becomes a powerful means of cure. One other remark on treatment I would here make. It is to recommend in those terrible cases of hæmorrhagic dysentery, such as I have described, that, where gallic acid fails to check the flux, a solution of alum with diluted sulphuric acid added, or of acetate of lead with acetic acid, should be tried. But let us hope that, with improved sanitary conditions among our troops in India, such forms of disease as have been just described shall for the future only occur in rare and exceptional circumstances.

Some years ago a translation of a book by Dr. Bleeker, of Batavia, appeared in the Indian "Annals of Medicine," and attracted much attention. According to that author the early stage of hæmorrhagic or, as he called it, malarious dysentery, consisted in hyperæmia and retention of blood in the mucous and submucous tissues, indicated in the first instance by mucous and muco-sanguineous evacuations; then by the deposit of exudation beneath and in the mucous membrane of the colon, indicated by hæmorrhagic or chocolate-coloured evacuations.

According to Morehead, the most striking effects in restraining the discharge of hæmorrhagic dysentery were obtained from the practice of Dr. Leith. This consisted in administering gallic acid in doses of eight grains, with a couple of drachms of tincture of catechu every hour and a half, port wine being at the same time given freely. This plan was, with many others, tried in the 10th Regiment, but, unhappily, without the success attributed to it by the author named. Quinine is frequently used, and it is stated with considerable success, in the treatment of the hæmorrhagic form of dysentery, more especially in Batavia, Rangoon, and in fact wherever in India malarious influences prevail with great intensity.

In the early part of these remarks, I mention the circumstance that the disease in the 10th Regiment prevailed to the most fatal extent during seasons when fevers affected the men to an unusual extent, and also when the soldiers were subjected to great atmospherical change, and debilitated by severe duty and exposure. I cannot, therefore, better conclude this portion of the subject than by quoting the statement of two eminent authorities, whose expressed opinions are fully corroborated by my own personal observations. Dr. Watson, in his work "On Practice of Physic," states "that whatever gorges the splenic vein gorges its tutelary, the inferior mesenteric, which carries the blood from the colon and rectum; before such congestion of the mucous membrane, inflammation is engrafted, and in this way (indirectly) dysentery may be said to result from marsh effluvia. Ague is an effect of malaria, and dysentery is sometimes a sequel of ague. In precisely the same way dysentery is apt to supervene in hot climates upon hepatic congestion and disease."

Annesley looks upon dysentery as often caused by exposure to night air, and believes it to prevail most at stations characterised by great heat and moisture during the day, and cold dews at night.

When dysentery passes into the chronic form, not only is the health of the person so affected seriously jeopardised, and recovery always distant and uncertain, but accession of the symptoms in an active form is at all times liable to occur from exposure, whether by accident or carelessness to the ordinary causes of intestinal disorders. Patients thus affected are not now ever retained in India, but are sent either to England or to the continent of Europe, with the view of restoration to health. Of the nature of attacks from which men and officers thus sent home are liable to suffer even a considerable time after leaving India, the following case is a fair illustration, and considering the importance of my present subject to army medical officers, I trust I may record it, although not strictly within the sphere indicated in the title of these papers.

W. C. L. had been in England a year, having been invalided from India in consequence of dysentery. Had suffered on several occasions since his return to this country from accessions of that disease, and in the early part of Nov. 6, 1859, had an attack of greater severity than usual. He was then quartered with his regiment at Newbridge, and having been recommended to proceed to his friends at Brighton, left Dublin by one of the Irish steamers. The weather he experienced on the passage was boisterous, and the consequence was that his condition became so alarming, that on the arrival of the vessel at Plymouth, he had immediately to be landed. This occurred on 20th Dec. following, at which time his condition was thus described: —He was suffering severely from abdominal pains; the limbs and body were cold; he had constant retching; was purged every ten minutes or so, passing small quantities of clear jelly-like matter, slightly tinged with blood; straining was very severe. He immediately on being seen had chloroform, ♏ x. in a little soda-water; a sinapism was applied to the abdomen. An enema, consisting of tinct. opii, ʒss. in one ounce of starch was administered as soon as possible, and he was directed to take every second hour a pill composed of pulv. Jacobi, grs. ij.; opii, gr. ss.; pulv. ver. capsici, gr. ss.; kino, gr. i.

He obtained some degree of relief in the course of the night, and the report of his state on the 21st mentioned that he was not worse than on the previous evening. The vomiting had been checked, purging was attended by less suffering, the evacuations were less slimy than they had been, but had the characteristic dysenteric odour, the tongue was thickly coated with grey fur. He was now ordered in addition to the former pills, which were to be continued, those composed as follows—one every six hours—namely: Pil. hyd. et pulv. Jacobi, aa gr. i.; extracti gentianæ, gr. ij. The only nourishment he was allowed was milk. On the evening of the 22nd, at his urgent request, he was permitted to have a little coffee. On the 23rd he was very weak, but he described his own sensations as being decidedly improved. He had slept several hours at intervals, and the abdominal pain, which for some time had continued to recur in paroxyms, was now much diminished. The medicines were steadily continued.

On the evening of the 25th he vomited a little liquid, which, although not coloured by bile, was described as being bitter to the taste. During the early part of that day he had taken more fluid than usual. Was purged about every second hour; the evacuations liquid, fœcal, but containing some streaks of blood. The bladder sympathised with the irritation in the rectum. Occasional paroxysms of severe pain recurred in the abdomen. The tongue continued much coated, but the tip showed some slight tendency to clean. Pulse 88, of moderate strength. The treatment to be strictly continued.

On the morning of the 26th he was much in the same condition. He had been moved every two hours; the character of the evacuations as on the previous evening. In addition to the abdominal pain, which still occurred in paroxyms, he now complained much of severe spasms affecting the lower jaw and neck. He was very weak. Tongue as on the former day, and yet he expressed himself as conscious of his own sensations being still further improved. He was now directed to take one of each of the pills already ordered every alternate two hours.

On the evening of that day the tongue had begun to assume a more distinctly moist appearance than it had hitherto presented. The purging and other symptoms were as last described. The treatment was therefore persisted in.

On the morning of the 27th, the improvement in the state of the tongue had not advanced. Thirst, which had from the time when he was first seen been urgent, was now less so. The urine was high coloured and scanty. Considerable tenderness existed over the region of the bladder. He had slept tolerably well during the night, and purging was somewhat less frequent than it had been. Evacuations had become still more fœcal than they had been, and the mucus in them had decreased in quantity. There was no general tenderness of the abdomen, nor did that feeling of *bogginess* exist, which, to the experienced touch, is perceptible in advanced stages of this disease. The paroxysms of sickness and pain, although not entirely ceased, had become much less severe, and the spasm affecting the muscles of the jaw and neck had altogether ceased. The pulse continued at 88, with moderate power. The spirits were improving, as were also the patient's sensations as to his own condition. Medicines continued.

On the morning of the 28th, a very distinct improvement was recorded to have taken place. The tongue was cleaning, and was moist. The evacuations were less frequent, were voided with less suffering than previously, and were still more distinctly fœcal. The irritability of the bladder had also diminished. The medicines still to be continued.

In the evening of that day he was found to have been more frequently purged, although without pain. The evacuations were fœcal, but very offensive. He was directed to omit the use of his former medicine, and to substitute the following, namely—pulv. catechu., gr. ij.; opii gr. ss.; pulv. Jacobi, gr. i.; ex. gent., gr. ss., in pill; and a mixture composed of æth. chloric. m. xv.; spt. ammon. aromat., m. xv.; in ordinary chalk mixture flavoured with syrup of orange peel. One of these pills and a dose of the mixture were directed to be taken after each evacuation.

The morning report of the 29th states that the diarrhœa had been checked, although the character of the evacuations continued much what they were on the previous day. The irritability of the bladder had also diminished, but the spasms in the neck (trismus) had become more severe than they had been since their first occurrence.

The medicines last prescribed were omitted, and he reverted to the use of the first ordered forms of pills.

During the 30th, the state of the bowels had slightly improved. The trismus had given way. The evacuations were less frequent, but still fœcal. The medicine was continued.

On the morning of the 31st he was very much better. He had enjoyed a good night, having only been moved four times. The evacuations unchanged in character, save that they contained a little mucus. Throughout that day the bowels continued to be moved about every second hour; the evacuations at times tinged slightly with blood, but in other respects unaltered in character. The straining and abdominal pain were both less severe than they had been, but there was considerable irritability of the bladder.

During the forenoon of 1st January, 1860, the diarrhœa had increased, in so far as the amount voided was concerned, although not in the frequency of the evacuations. The proportion of blood voided with them had increased, but portions of the evacuations were semi-consistent and fœcal. The trismus was less urgent than it had been, but a considerable degree of *rawness* was complained of along the course of the transverse colon. A cataplasm, with some mustard, was applied; the pills were omitted, the mixture continued, and he was directed to take every three hours one of the second description of pills that had been ordered, namely, those containing ½ grain of opium, catechu, grs. ii., and capsicum, gr. i.

On the evening of the 2nd an improvement in his condition was again reported; the tongue was cleaning and moist. He had not been much moved during the night; there was no thirst; trismus was less urgent; pulse 80, soft; and he for the first time relished a small piece of toast with tea. He was directed to continue the pills last ordered, and the mixture.

The notes of the case state that from this time to the morning of the 6th he continued as above described; the frequency of his evacuations gradually decreased, the tongue became cleaner, he felt a little appetite, and in all respects progressed favourably. On that date, however, a slight accession of diarrhœa took place. The evacuations were of a dark clay colour, and yeasty in appearance, unmixed with blood, but offensive. A dose of fifteen grains of confection of senna, fifteen of carbonate of magnesia, with tincture of ginger and aromatic spirit of ammonia, was administered, and with much benefit.

On the morning of the 7th, the notes of the case recorded that the evacuations had become more natural in character, and had diminished in frequency. The pills of the 1st were therefore re-ordered. From that date he progressed so favourably that on the 8th the astringent mixture was omitted. On the morning of the 9th he stated that he had only been moved at midnight and again at eight a.m. The evacuations were liquid, fœcal; sensations natural, and tongue clean. He now expressed himself as very hungry. He was therefore considered to be convalescent. The pills were ordered to be continued as before. The diet was and had been entirely farinaceous.

From the above date improvement was progressive, and on the 30th he proceeded to his relatives at Brighton.

This case I consider illustrative of the nature of attacks to which, for a considerable time after their return to Britain, persons who have suffered from the acute form of the disease in India, are liable. It is, moreover, valuable as illustrating the various phases assumed by such attacks, and, I think, of the means by which these are to be best combated.

(To be continued.)

Petroleum and Scabies.—A. P.: "Please inform me in what manner petroleum should be used for the cure of itch or scabies, and whether crude or not." It may be mingled with any mucilaginous or unctuous substance, as mucilage of gum arabic, olive oil, &c. The crude will answer.—*Health Reformer.*

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

Monday, February 15, 1869.

Dr. B. W. Richardson, F.R.S., President, in the Chair.

Mr. **Coles** exhibited two polypi, removed from the rectum by an operation rendered painless by ether-spray.

Dr. **Thompson** adduced a case showing that success in the prevention of pain is not always attained. This was corroborated by Mr. **Coulson**.

Dr. **Anstie** pointed out the great difference in sensibility between the skin at the verge of the anus and the mucous membrane higher up. The former required the profoundest influences to deaden its sensibility.

Mr. **Mason** thought that ether-spray was but seldom successful in these cases.

The **President** said that ether-spray in these cases certainly did not present unequivocal advantages. Some cases succeeded admirably; others failed. Two things are most important: first, a tube which does not use large quantities of ether; secondly, a pure anhydrous ether, having no acid reaction.

Further remarks were offered by Dr. **Camps** and Mr. **Marshall**.

Dr. **Greenhalgh** exhibited—

SOME NEW MEDICATED PESSARIES AND SUPPOSITORIES,

the basis of which (isinglass and glycerine) offered many advantages over the fatty and saponaceous compounds hitherto used.

Dr. **Meadows** agreed that fatty bases were unavoidable, as the vagina does not absorb fat. He had tried the fluid pessaries introduced by Dr. Sansom, and was inclined to prefer them to all others.

Dr. **Anstie** read a paper on—

THE POPULAR IDEA OF COUNTER-IRRITATION.

His own views presented a very complete though undesigned coincidence with those propounded by Dr. Dickinson in a late number of the "St. George's Hospital Reports." As to the value of counter-irritation in medical practice, proof is singularly deficient, and we are unable to explain the rationale of the process. The term itself is almost a relic of barbarism, of the times when the human body was supposed to be ruled by intestine demons. The author passed in review the various structures which could be possibly influenced by the process known as counter-irritation.

1. The Blood-vessels.—These could only be affected within a narrow range. In the case of counter-irritation of joints, the operation might be explained on account of the connection of the superficial with the deeper vessels, and consequently the depletion of one being the depletion of the other; but in the case of counter-irritation of the chest for the possible relief of an internal congestion, no such explanation can be given.

2. The Nerves.—The difficulty here is the fact, taught by ordinary experience, that peripheral irritation is more productive of morbid than of beneficial results.

3. The Absorbents.—Here the action must be almost wholly a bad one. The author condemned the routine practice of blistering. The foundation of it was too often the lingering love of something like a charm.

Dr. F. **Simms** thought that Nature herself taught lessons of the value of counter-irritation when in an agricultural labourer suffering from internal congestion she induced a crisis coincident with a belt of shingles. Lepra, too, was sometimes a Nature's counter-irritant.

Mr. **Braine** supported the plan of counterirritation on his own experience, and in practice tried upon himself. He had suffered from injury of the knee, and was thus subjected to great pain. The actual cautery was applied at a white heat; the procedure gave little pain at the time, but led to immediate relief and ultimate recovery.

Dr. **Sansom** believed there was a danger of our becoming too iconoclastic. The practice of centuries should not be lightly cast aside. Science taught us that slight peripheral irritations might produce profound internal effects—witness the phenomena of epilepsy. It is impossible to draw a line between the vascular and nervous system as to the extent of their implication. A cutaneous counterirritant acts on multitudes of minute ganglia and nerve fibres, surrounding capillary blood-vessels, and in direct relation with the like nerves of more distant blood-vessels. He felt that the evidence of experience in this question was too direct to admit of doubt—it was rather to be hoped that investigators would demonstrate the obscure links of the causes of the phenomena than that they should at once abandon a method which they cannot wholly explain.

After some remarks by Mr. J. W. Barnes,

Dr. **Cholmeley** thought that in the medical world there obtained the converse of that process of rehabilitation which is common in the literary world. He defended counter-irritation, and was convinced of its value, especially in cases of ulcer of the stomach.

Mr. **Weeden Cooke** adverted to the plan of treating diseases of the joints by blisters distant from the seat of morbid action. The *modus operandi* could be explained on the principle of one disease (induced) relieving another.

Mr. **Watson** admitted the practice was empirical; he considered when counter-irritation is employed in a severe degree it is hurtful, but when in a mild degree it is beneficial. The sequelæ of burns showed how strong an influence peripheral impressions have upon central actions.

Mr. **Dunn** inquired what is the effect of vesication upon the pulse?

Dr. **Webster** supported counter-irritation on the ground of practical experience.

Dr. **Symes Thompson** agreed with the author as to the impolicy as well as the cumbrousness of the word "counter-irritation. He nevertheless supported the practice; the skin is a great nerve-expanse, offering greater facilities for therapeutic action that even the stomach itself."

Dr. **Broadbent** said the plain question was—Do so-called counter-irritants do good? On the ground of objecting to any term which one does not understand, he agreed in condemning the term. He certainly believed in the good effects of warm fomentations, &c.

Dr. **Camps** thought that the explanation of the action of nearly all remedies was in the fact of their being counter-irritants.

This view was also held by Mr. **Gregory Smith.**

The **President** thought that the term was good if the facts were good; the author's arguments seemed intended to shake the foundations of the *practice*. Much harm had been done, especially in phthisis, by injudicious irritation of the skin. In some cases we must accept what we cannot explain. Who can doubt the value of blistering in obstinate ulcers of the legs? He confirmed the observations made as to the powerful agency of external impressions, instancing the observations of Weir Mitchell, confirmed by himself, showing that the stage of thawing of the skin after freezing in the neighbourhood of a portion of the encephalon was attended by the same symptoms as freezing the portion of the encephalon itself. There is an intimate and constant relation between the skin nerve and the encephalic centre.

Dr. **Anstie**, in the course of an able reply, repudiated the notion that he desired to condemn all agents known as counter-irritants. He wished to render them "arms of precision." He had seen danger directly follow from the unrestrained practice. A blister does not equalise the pulse, it aggravates the febrile form of the pulse-trace.

THE ARMY MEDICAL CHIRURGICAL SOCIETY OF PORTSMOUTH.

Feb. 3, 1869.

Deputy Inspector-General Dr. **Gordon**, C.B., in the Chair.

Assistant-Surgeon **Power**, 2nd Bat. 13th Light Infantry, read a paper on

THE TOPOGRAPHY OF THE MAURITIUS IN RELATION TO THE EPIDEMIC OF MALARIAL FEVER OF 1867.

He observed that the island presented a central elevated plateau, irregularly surrounded by detached hills, the remains of an old crater wall; that its northern part was irregular, broken into a series of small ridges and valleys, its soil thin, and its surface much covered with basaltic rocks. Towards the south the island presented a succession of mountains and spurs of hills, and everywhere the land sloped more or less irregularly towards the sea, a belt of coral, thickest towards the southern end, almost entirely surrounding it. Forests now only exist in a few of the upper districts, having within recent times been in part destroyed. Rivers run chiefly on the windward side, and the prevailing rock of the island is columnar basalt, the whole apparently still undergoing a gradual process of upheaval. The soils are of stiff ferruginous clay, especially in the middle of the island and near the hills: in other places it is of a dark slate colour. To the leeward there is much flat marshy ground, charged with organic matter. He entered into particulars regarding the meteorology of the island, and observed that the districts where fever most prevailed were on the leeward side of the island, and where, under ordinary circumstances, the greatest rainfall took place. He observed that, until within the last few years, no marked malarial fever was known in Mauritius, indeed, less than occurred in the fenny districts of England. The chief characteristics of the hot season of 1866-7, he observed, were—1. An absence of rain in the proper rainy season. 2. Greater and more continued heat than usual. 3. The absence of the usual electrical phenomena, as thunder and lightning, and, 4. The absence of cyclones. There was thus a comparative state of stagnation of the atmosphere, the breezes that did prevail being only local in their nature. He observed that high temperature and an absence of rain, acting upon soil saturated with organic matter, were the existing causes of the fever; many of the parts left dry having heretofore been always covered with water, and the temperature being further raised by the circumstance of the sun's rays being absorbed and retained by the thinly covered basaltic rock. He believed that this view was confirmed by the fact that those parts where the greatest rainfall occurred, and where the soil was moist, were free from the fever which elsewhere prevailed.

Enteric fever is not as a rule, he thinks, recognized in the Mauritius, and that where, in 1867, it did occur, it was due to typhoid poison, and not to malaria.

Assistant-Surgeon **Alcock**, 35th Regiment, then read a paper on

THE INFLUENCE OF NERVOUS POWER IN CONTROLLING THE TEMPERATURE OF THE BODY.

Starting with the theory that "the blood itself is the seat of those chemical changes that develope force in the body," he alluded to the mechanical part played in the development of heat by the dilatation or contraction of the capillaries.

To exemplify the direct influence of the nervous centres over the metamorphosis of tissues, he instanced the six-fold increase of urea in the urine of the rutting ram, as noted by Professor Haughton.

He then reasoned that præternatural heat was the result of three conditions—suspension or exhaustion of the functions of the sympathetic, diminished nutrition, and increased metamorphosis—but he believed the second and third to be consequences of the first, and brought forward heat apoplexy as a disease in every way typical of an exhausted sympathetic; in support of which he showed that in ten out of eleven cases of this affection which occurred in the 35th Regiment in Mooltan, there was a distinct history of previous nervous exhaustion from fatigue, intemperance, or disease. In conclusion, he laid before the meeting the thermometric record of a case, in his own practice in India, in which uterine hæmorrhage caused temporary paralysis of the right half of the body, with lowering of the temperature of that side. Fever supervened, and then the temperature on the paralyzed side rose considerably above even the fever heat shown on the sound side.

A case of

CALCULUS IN THE BLADDER,

reported by Surgeon **Porter**, 97th Regiment, was then read.

A native of India, aged 22, applied to Dr. Porter for relief from a large vesical calculus, whose presence was readily detected. In addition to the ordinary symptoms of stone, there existed a fistulous opening in the right lumbar region, evidently connected with the kidney, through which passed urine, pus, and "gravel." The lateral operation was performed, and, after considerable difficulty, the calculus extracted. It was found to consist of the triple phosphates, and weighed three ounces and four drachms. The health of the patient rapidly improved, the fistula in the lumbar region closed, and in six weeks after the operation the man returned to his home.

SURGICAL SOCIETY OF IRELAND.

(Continued from page 164.)

OSSIFICATION IN THE RIGHT GLUTÆUS MAXIMUS MUSCLE.

Dr. Bookey presented a specimen taken from a subject in the dissecting-room of Dr. Steevens' Medical School, in the month of November, 1868. The subject was a very muscular man, aged 65 years, and six feet high. On taking the integuments off the right glutæus maximus muscle its lower third was raised; on examining the raised portion of the muscle, a bone could be felt deeply imbedded and covered by the muscle, descending obliquely outwards and forwards from the right side of the sacro-coccygeal articulation towards the base of the great trochanter of the right femur. On raising the glutæus maximus it was found to be attached to the inferior surface of the bone. The bone itself is seven inches long, somewhat like a rib, only thicker and rounder; its convexity looked backwards, its concavity forwards, and its surfaces upwards and downwards. The head of the bone is attached by means of ligaments to the right side of the sacro-coccygeal articulation; it is also attached to the great sacro-sciatic ligament, and could easily be felt on introducing the finger into the rectum. The body of the bone arched over the great sciatic nerve, and terminated, rounded and pointed, on the posterior inter-trochanteric line, near the base of the great trochanter. This extremity of the bone is enveloped in a bursa, and also attached to it, by means of ligaments, is a smaller bifid bone, intimately related to the tendon of the glutæus maximus muscle. On placing thin sections of both bones under the microscope the bone-cells and Haversian systems were seen well-developed. On examining the other muscles of the subject no ossifications were seen, save a small speck on the tendon of the left sub-scapularis. The insertion of the left deltoid was ossified for about half an inch. The normal sesamoid bones were largely developed. The lesser sacro-sciatic ligament on the left side was almost completely ossified, the great one slightly so. On the right side the great sacro-sciatic ligament was ossified for about half an inch, the lesser one was free from ossification. The other ligaments were normal. On the first rib on the right side there was an osseous tumour, which was united by ligaments to a similar tumour on the second rib. On the bodies of the last lumbar vertebræ, and on the second bone of the sacrum, small osseous deposits were found. The coccyx consisted of three pieces, and its articulation with the sacrum was quite movable. There were the normal number of ribs on both sides. Neither the integuments of the glutæus maximus muscle nor the muscle itself presented a trace of inflammatory thickening. This may be due to the movable condition of the bone, so that, taking into account the ligamentous connections of the bones, the other ossified ligaments, and the bony tumours, also its microscopical structure, it may be regarded as a case of true ossification in the glutæus maximus muscle, and not anything of homological interest in comparative anatomy.

HOUR-GLASS CONTRACTED STOMACH.

Dr. W. Thornley Stoker laid before the Society a specimen which he had recently removed from the abdomen of a female subject lying in the dissecting-room attached to the College of Surgeons. It was an instance of a peculiarly rare and interesting condition of the stomach—namely, the division of that organ into two portions, a right, or pyloric, and a left, or œsophageal, pouch. The entire length of the two parts from right to left was rather more than twelve inches, and they were obliquely situated in the abdomen, the left being most superior. The œsophageal division, which was more or less globular in form, was the larger, having a capacity of thirty-four ounces; whilst the right portion, which somewhat resembled the usual form of the viscus, held but twenty-five ounces of water.

The constricted part between the two was about an inch in length by three-quarters of an inch wide, and had a peculiar twisted appearance, which became less apparent when the left pouch was distended, and which Dr. Stoker conceived might have acted as a valve, by so untwisting and opening the passage from one cavity to the other. It was surrounded by a tendinous structure, into which the longitudinal fibres of both sides appeared to be inserted, and which extended for more than an inch on to the stomach on either side, being longer above, behind, and in front, than below. The stomachs appeared to join obliquely, the plane of their junction running from before, backwards and to the left, and being surrounded by the tendon completely, as the muscular fibres of one side were not continuous with those of the other.

On examining the interior of the organ, the mucous membrane, which was too old for microscopic inspection, seemed to possess the usual appearance in all its extent. No valve existed at the constriction, which was sufficiently large to give passage to the thumb. The pyloris was well-developed, but smaller than usual, and the œsophageal opening, which was situated at the upper and back part of the left cavity, presented no peculiarity.

The pyloric division possessed coats of a greater and more even thickness, whilst those of the left side were thinner and of more variable strength. The muscular fibres, which were developed to a most extraordinary extent, consisted of two sets, the outer longitudinal, the inner oblique or circular. The superficial fibres of the left side were continuous with the longitudinal fibres of the œsophagus, and ran along the superior and inferior borders of the organ as far as the tendinous structure, into which they were inserted, being also thinly distributed over the anterior and posterior surfaces, and being so thick and red along the upper edge of the stomach as to resemble voluntary muscle. The corresponding fibres of the right side were continuous with the longitudinal bands of the small intestine, and ran, as did those of the left, principally along the borders of the sac, and to some extent on its surfaces, being also like them inserted into the tendon. On removing a portion of this coat the deep fibres could be seen, running on both surfaces of both pouches in the same direction—viz., downwards and to the right side.

The greater and lesser omenta were attached along the lower and upper borders respectively of both the stomachs, and the gastro-splenic omentum was connected to the left side of the œsophageal cavity.

The arteries presented some modifications; the gastric and pyloric took their usual courses, one running to the right and the other to the left, neither arriving at the constriction, but stopping short without anastomosing, and distributing themselves to the surfaces of their respective divisions. The splenic sent the vasa brevia as usual to the extreme left of the stomach. The gastro-epiploica dextra and sinistra ran along the inferior borders of the right and left divisions, and anastomosed freely at the constriction, the only anomalous condition being that the latter came off from the left phrenic instead of from the splenic artery.

A careful examination showed that no abnormal condition existed in any other part of the intestinal tract, excepting that the duodenum, which crossed the spine in its usual situation, was somewhat larger than it generally is. As far as he (Dr. Stoker) could ascertain the history of the case, the woman, who was forty-three years of age, and who had been an inmate of the North Dublin Union, had died from lung disease, and had shown no symptoms referable to the state of her stomach.

There were some old adhesions in the abdomen, but nothing more than is seen in the great majority of subjects. There could be no possible doubt that the condition of the stomach was congenital; but to enter upon its true explanation—to discuss whether it was merely a division of the stomach into cavities, whether it was a true case of double stomach, or whether, on the other hand, it might not be an exaggeration of that condition described by Luscha as the spindle form dilation of the œsophagus—was forbidden by the rules of the Society in exhibiting a recent specimen.

Struthers has described a somewhat similar case, but it differs from his (Dr. Stoker's) in that no mention is made of the peculiar muscular development, of the twisted neck, or of the tendon surrounding it. The same writer mentions a number of authors who have referred to a bilocular condition of the stomach, but most, or all, of the cases recorded by them are imperfectly described, and were probably due to disease in every instance where the contraction was well marked; in most, however, it seems to have been only of a slight degree.

Dr. Stoker exhibited a cast of the viscus, which Dr. Barker had made for the Museum of the College of Surgeons, and several full-size drawings, showing the disposition of the muscular coats and the twisted appearance of the constriction.

Dr. E. Hamilton communicated to the Society the following case of

FRACTURE OF THE SPINE.

M——, aged eighteen, a strongly-built muscular man, was admitted to Steevens' Hospital, January 9th, suffering from the effects of an injury of the neck. His lower limbs were in a state of complete paralysis, both as regards voluntary and reflex movements; there was also anæsthesia extending to the level of an inch above the nipple; the respiration was purely abdominal, there being no action of intercostal muscles, except a very indistinct movement in the first space. He had voluntary power over the head, neck, and upper extremities, and complained of most acute pain in the shoulders and arms; the skin was cold and clammy, the pulse being slow—only 40 in the minute—with a peculiarly prolonged beat; his mental faculties were perfectly unclouded; there was no alteration of voice or defect in deglutition; he complained of great soreness in the neck, and manifested pain on pressure about the middle of its posterior aspect, but enjoyed complete power of moving the head. He stated that the night before he was at a wake, and playing leap-frog with some of his companions, he stooped down in the usual position, when a heavy man, instead of jumping clear over, leaped on him with his legs astride his neck. He distinctly felt a sudden pain, and a sensation as if something had given way, and he fell to the ground. He was able to raise himself and to walk to an adjoining room; he then became powerless, and was conveyed to hospital. The accident was pronounced to be a fracture of the spine, about the fifth cervical vertebræ. He was placed comfortably in bed, the head being supported, but it was with difficulty it was retained in its place, as he was restless, and constantly entreated of his attendants to change his position and turn him side to side. In the course of the night the water had to be drawn off, but unfortunately its reaction was not tested. I saw him next morning in consultation with Mr. Colles; he was still perfectly conscious, but there was no return of motor power. The temperature of the surface had undergone a remarkable change; it was taken by Dr. Grimshaw, and registered 106. The anæsthesia extended to an inch or so higher. The pulse was now 120. The abdomen was tympanitic; the face congested; he was still restless; the head was somewhat twisted; there was slight priapism; no difficulty in swallowing. The question of operation was discussed, but the hopes of any benefit to be derived from it in this case were so faint it was not considered expedient to resort to it; in fact, he seemed to be rapidly approaching dissolution. He died at 7 o'clock that evening, having survived the accident about thirty-six hours.

Mr. Hamilton continued to say that the *post-mortem* appearances were in every respect peculiar. The first thing which struck their attention was the intense degree of *post-mortem* livor which was present. There was not merely the usual blue-coloured appearance, especially on the posterior surface of the body, but it was covered with numerous black spots resembling the appearances with which they were familiar in cases of só-called black death. On making the necessary dissections to expose the spinal column and cord, the blood was found to be of an intensely dark colour, and perfectly fluid—there was no attempt at coagulation. On examining the column, it was found that a fracture had taken place at the fourth cervical vertebræ; the body of the vertebræ had been completely fractured or broken across. At the same time they had a dislocation of its corresponding articular process on the right side, with partial dislocation corresponding on the left side. On raising up the cord, he found it had undergone at this point a considerable amount of compression, and it was stretched over a complete bridge, caused by the body of the vertebræ. There could be no doubt the cord had suffered considerable injury from pressure, the pressure taking place on its inferior aspect. The case was interesting in three points of view:—In the first place, there was the peculiarity of the accident—a man playing at leap-frog coming down with force on the neck and breaking it across. The second point of interest was the peculiar effect produced on the circulation. When first seen, the man was cold, with a clammy skin and a pulse beating only 40 in the minute. On the day afterwards the pulse rose to 120. There was also the peculiar dark fluid blood, and the appearance on the surface of the body after death. The third point of interest was the very great elevation of temperature which occurred after the accident, amounting to 106 degrees, and being inclined to rise even above that.

The CHAIRMAN observed that hitherto they had not paid as much attention generally to the registration of the phenomena of temperature in disease as the subject deserved. He was astonished to hear of the elevation of temperature which had been recorded in some of these cases, and regarded it as a new phase in diagnosis of a most important character. He hoped that in the course of the discussion they would hear some important observations as to the result of certain injuries in increasing the temperature in the lower animals as contrasted with human beings.

Dr. ROBERT McDONNELL thought the great interest of the case brought forward by Mr. Hamilton turned on the remarkable increase of temperature which had occurred. It was not a new symptom in these cases of injury of the spine, and it had been noticed to run even to a higher degree than that recorded in the present instance. It was a pity the phenomena of heat had not been hitherto better observed in such cases. Sir Benjamin Brodie, however, long ago noticed in his celebrated paper in the "Medico-Chirurgical Transactions," cases in which the temperature mounted to 111 between the scrotum and the thighs. He (Dr. McDonnell) was absent from Dublin when this case of Mr. Hamilton's occurred, or he should have endeavoured to ascertain the temperature both before and after death. During his own accident week a somewhat similar case of cervical injury occurred. He was absent, but his resident pupil had taken the temperature with great care, and found that in the axilla it mounted to 102. This case also terminated in death within thirty hours after the injury, the subject being an old man, whereas Mr. Hamilton's patient was a young one. It was obvious, from a moment's consideration, that the increase of temperature in these cases must depend on something quite different from what it did in those cases where they found the side of the head getting warm after the cervical sympathetic had been divided. When they divided the cervical sympathetic in a rabbit, the other side became warmer, but the cause of it was purely mechanical. There was paralysis of the vessels on the one side, more blood flowed into the vessels on the other, and the temperature was increased to the hand. There was no cause here that would make the ear hotter than the heart, the lungs, or the liver. Obviously they had in these cases of injury to the spinal column, where the temperature became higher than the ordinary temperature of the circulating fluid, something to be explained very different from that which took place in the cases of injury to the cervical sympathetic. He had made some observations on rabbits to ascertain what might be the cause of this phenomenon. It was well known that Bernard had ascertained, that on puncturing the fourth ventricle, the abdominal viscera became vascular; but at the same time he (Dr. McDonnell) had met with remarkable results quite the reverse in his experience. In the first place, in experimenting on rabbits, the normal temperature of the animal should be carefully ascertained. The normal temperature of a rabbit, ascertained by a thermometer passed into the rectum three or four inches, varied considerably, but it often, within the limits of health, amounted to 103 or 104. He had often found it standing at 104. The second cervical vertebræ had a ridge at the back on which you could put your finger, and by pressing the head down the spinal column could be punctured with the greatest nicety at any point desired. Immediately after this was done there was a remarkable diminution of temperature. Within half-an-hour the temperature fell considerably, and in an hour it would fall to 97, and that even when the animal was kept near a fire. The injury, although it paralysed the lower limbs, did not kill the animal; on the contrary, it would completely recover from the effects of the wound, and the observation could therefore be extended over several days. He found that the temperature rose slowly, that on the second day it was 99, on the third day 101, and on the fourth day 103, the normal temperature; but he had never, in any case of injury to the spinal cord in a rabbit, found the temperature increase above the normal standard, as in the case now before the Society. This influence which gave rise to increase of temperature in fevers, especially in traumatic fevers, had been carefully observed in recent times by German experimentalists. The experiment had been tried of injecting into the cellular tissue putrid material such as was often found in wounds, and it was found that some produced a marked elevation of temperature, while others produced a diminution of temperature. The generally received opinion now-a-days was that the increase of temperature that occurred in traumatic fever, where, in three or four days, the temperature will rise to 102, was that it was excited by absorption of these putrid materials. Some of them produced violent local inflammation and fever; others produced a great increase of fever, without much local inflammation. The pyrogene, or fever exciter, was something which excited the blood to rapid oxygenation, and gave rise to combustion, which went on with such intensity that they had the temperature running up to 106 within a few hours. There must on that theory be some material that got into the circulation, and which excited it so as to cause the increase of temperature. He confessed he should be inclined to look in the direction of the liver, rather than in the direction of the lungs, for this influence that excited the circulation. The subject was one of great interest, and had an important bearing on practice, for when better understood they might be enabled by temperature to discover the locality injured. This increase of temperature had never been observed save in cases of injury of the cervical vertebræ. The direction he should be inclined to look to for the explanation of the phenomena was not to the disturbance of the vasa motor system simply, but to the disturbance of the vasa motor in connection with the liver, and the pouring out of some of those fluids which will excite, as pyrogene does, some of the phenomena peculiar to fever.

Dr. **Grimshaw** said there were some points in this case resembling features in the disease called cerebro-spinal meningitis. He had observed the temperature for a period of forty days in cerebro-spinal meningitis, and in some cases it had risen to a considerable height. The highest temperature on record in such cases was 110. In those cases the part generally attacked was the upper part of the spinal cord, and it was during the first period of the disease that the temperature rose to its highest point; and on the occasion he observed the highest temperature, the most intense suffering was experienced, and was referred by the patient to the back of the neck; so that the locality of the cord most affected in cerebro-spinal meningitis, was the part that had been injured in Mr. Hamilton's case. The eruptions were also similar to what he had observed in cases of meningitis.

Mr. **Hamilton** said he was inclined to believe, with Dr. McDonnell, that the great increase of temperature could not be explained by vasa motor paralysis. He thought Dr. McDonnell's suggestions worth carrying out.

The Society then adjourned.

◆

DUBLIN PATHOLOGICAL SOCIETY.

(Continued from page 142.)

Dr. **Stokes** exhibited

A REMARKABLE SPECIMEN OF GENERAL HYPERTROPHY OF THE HEART,

and remarked that one of the great advantages of this Society is that it leads us to study the phenomena of the combination of diseases, and here we have a very remarkable example of combination of diseases. The symptoms having been tolerably noted during life, we have enormous muscular hypertrophy, disease of the aortic valves, chronic pericarditis, acute pericarditis, and hydro-pericardium. This heart was taken from a young man twenty-five years of age, and his history is remarkable. It seems to be one of those cases in which disease becomes, as it were, a second nature, for this boy had been the subject of rheumatic fever for the best part of his life—that is to say, not that he had been always labouring under rheumatism, but that scarcely a year passed without his having an attack of rheumatic arthritis. Doubtless in some of these attacks he suffered from pericarditis; we have tolerable evidence that the heart was attacked some years ago, for then, for the first time, he complained of cardiac symptoms; but it often happens, in cases of chronic arthritis, that the cardiac symptoms are latent, and were it not for physical diagnosis that disease might be overlooked, and very often is overlooked. This boy was admitted into hospital with the ordinary symptoms of permanent patency of the aortic valves in the most exaggerated form. It was a model case of the disease so well described by Sir Dominick Corrigan, in which we have the phenomena of a laboured and violent action of the heart, visible pulsation of the arteries, the collapsing pulse and the double sound at the base of the heart, the murmur of exodus, and the murmur of regurgitation. It was obvious, also, in this case, that the capacity of the ventricle was greatly increased, and this conclusion we come to from observing the apparent volume of the arteries during their pulsation. This was remarkable even in the carotids. The carotids beat like the abdominal aorta, giving the idea of the same volume of vessels. It is possible this remarkable throbbing of the carotid arteries was indicative of the commencement of the pericarditis, because we know that this is one of the most interesting symptoms of pericarditis, the local increased action of the carotid arteries, as compared with the radial and femoral arteries. It was very soon after his admission that the signs of pericarditis showed themselves, and therefore I think it quite possible that this violent action of the carotid arteries may be indicative not only of the great capacity of the vessels, but of the commencement of pericarditis. The heart weighed, along with the pericardium, four pounds and two ounces, and I believe this is the largest heart that has ever been exhibited at the Pathological Society. Dr. Law showed a heart some years ago that weighed thirty-eight ounces; this weighed four pounds two ounces, and it is the true "cœur du bœuf," the ox-heart of the French. This boy may be said to have been the subject of rheumatic fever most of his life, and doubtless had many attacks of pericarditis. It can, therefore, be readily understood how it was that this enormous condition, this irritative condition of the heart, was developed, for every structure in the heart was hypertrophied. We often see, when we have mere aortic valve disease, hypertrophy and dilatation confined to the arterial side of the heart, but here the right side is equally hypertrophied with the left. The parietes of the right ventricle are of great thickness, and the right auricle is also prodigiously hypertrophied.

The walls of the left ventricle are more than one and-a-half inches in thickness, the muscular structure being very firm and florid.

There are marks of very chronic pericardial inflammation in one place, a cartilaginous deposit of great thickness, and above it the thickened pericardium. The carinæ columnæ, when taken out, were prodigiously thickened, being about the size of one's finger, and the tendinous chords also exhibited remarkable thickness. The only valvular disease that exists is that of the aortic valves. The central valve is greatly thickened, and it has a calcareous patch of considerable size in its centre; the other valves are also shrivelled—that is, the whole of the pathological anatomy of this extraordinary specimen. Except when we come to look at the pericardium itself, the whole surface of the heart is covered with lymph in great masses, very hard, in some places laid smoothly on, and in others in numerous tuberosities. On the face of the external layer it is an exaggerated representation of the ox tongue. It can easily be imagined that there must have been very violent friction experienced by this heart when the pericardium was in this condition.

There are one or two curious matters connected with this case which are worthy of record; the phenomena of pericarditis are very obvious. They were so obvious that they obscured the valvular murmurs. It was with difficulty we could hear them, owing to the ear being occupied by the tremulous rasping sound of the heart. But I want particularly to notice the phenomena of the disappearance of both murmurs immediately before death. In cases of permanent patency of the aortic valves, it commonly happens, as the patient approaches death and the heart gets weaker, the first sound of exodus disappears; but I have never known any instance where before death the second, or regurgitant sound disappeared. It always remained, though diminished in intensity; but in this case both sounds disappeared. In this case we have, as it were, a backward process in the physical phenomena. In the first stage we have the murmur of exodus, then we have the murmur of regurgitation, then both these sounds become distinct, with a throbbing pulse, a visible pulsation, and all the other symptoms; but as death approaches the phenomena take a reverse course—the throbbing pulsation ceases, the visible pulsation ceases, the double murmur disappears, and, so far as external observation, all the physical signs that were so apparent in this form of the disease subside before death, save and except the regurgitant sound. But in this case the regurgitant sound also disappeared, and the patient before death had no valvular murmur. This is to be attributed to the increasing weakness of the heart before death; but the disappearance of the regurgitant murmur can only be explained by assuming that the resiliancy of the arteries diminishes as well as the contractile power of the muscles. I have another observation to make: this young man was the son of a farmer, and was employed as a ploughman on the farm up to within one year before his death. He was a young man of considerable intelligence, and he said that he always felt better after a day's ploughing. This fact makes us review some of our practical rules as to the management of cases of heart disease. I mean particularly those where the patient is restrained from exercise.

I believe there is a case in which active exercise in organic heart disease will prolong life, or, to put it in other words, that particularly in this form of disease, whatever tends to promote the vital contractility of the heart tends to prolong life. One of the first cases of heart disease I ever saw in my practice was that of a young lad, fourteen years of age, who was attacked with pericarditis. The mother took the care of the boy into her own hands. In about six months afterwards she commenced the following system: she took him to the Phœnix Park, made him hold on by the handrail of the car and run after the trotting horse round the whole of the fifteen acres, and this was his exercise for years. He was always better after this, and when he grew up he pursued the same plan. Whenever he felt cardiac distress he mounted his horse and galloped round the Phœnix Park, and always with the result of the cessation of the distress. So also a gentleman, who was a fellow of one of our collegiate institutions. He had permanent patency of the aortic valves for years. His only method of obtaining relief was to play a violent game of cricket, and whenever he drove his pulse up to 160 he was perfectly free from all symptoms of the disease—no pain—no distress—and passed the evening in apparently perfect health.

JANUARY 30, 1869.

Dr. B. F. McDowell exhibited

THE HEART, LIVER, AND KIDNEYS OF A PATIENT,

which he believed to possess very considerable interest, showing as they did the remarkable changes which may take place in the different organs of the body under the influence of severe syphilitic infection. The patient was admitted under the care of his late colleague (Dr. Byrne) about four years ago. She was eighteen years of age, and was then a strong healthy-looking girl. She suffered at that time from an "infecting" sore, which was followed by an abundant papular eruption and intense constitutional disturbance. She had two or three minor evolutions of the poison subsequently in the form of sore throat, &c. She now lapsed into a very debilitated state, her pulse was weak and small, she was very much reduced, and assumed that peculiar look which is characteristic of profound syphilitic taint. The liver became very much enlarged, and painful on pressure. She complained of a dragging weight in her right side, and constant nausea. Under treatment she rallied, and left the hospital for the South Dublin Union. Some months ago she returned in a very wretched condition. The liver gave signs of enormous enlargement. She suffered from constant vomiting—her stomach obstinately refusing all food. She had frequent diarrhœa. She suffered from dyspnœa and palpitation. She gradually sank, and died about ten days ago.

Autopsy fourteen hours after death.—The body was very much emaciated. A large hole was visible on the right tibia. A "chronic syphilitic sore," about the size of a shilling, occupied the anterior wall of the vagina. The pericardium contained about two ounces of clear serum. Several small yellow streaks were visible on its inner surface, resembling those seen upon a syphilitic placenta, and I believe of syphilitic origin. The heart was very much atrophied, weighing only 4¾ oz. Several small syphilitic deposits might be seen upon its surface, particularly over the left ventricle. The white spot of Baillie, it will be observed, is considerably enlarged, and may almost be removed as a distinct membrane. Passing to the liver we find it to be enormously enlarged, it weighs eight pounds and a quarter, and appeared when I opened the abdomen to occupy almost its entire cavity. It is very solid looking, and wants that flaccidity which is to be observed in a healthy organ. I believe it to be an example of the acute syphilitic interstitial hyperplasia of Frerichs—it answers abundantly Virchow's test for albuminoid degeneration, as my friend, Dr. Thomas Evylin Little, has demonstrated. The kidneys were also much enlarged, averaging in weight over nine ounces. A vast number of syphilitic deposits might be observed on their surface, and their capsule was easily removable. When under my treatment the patient's urine was highly albuminous. Altogether, I consider the case one of great interest.

CYSTIC-SARCOMATOUS TUMOUR.

Dr. Fleming exhibited a tumour, which had been removed that day by Mr. Colles in Steeven's Hospital. The subject of it was a woman, aged forty years; she was married, was a mother of many children, and enjoyed excellent health. About ten years back, she accidentally perceived a small tumour, somewhat of the size of an ordinary hazel nut; it was moveable under the skin, and was situated in the right lumbar region. During seven years or so, the tumour slowly and gradually increased in size, but within the last three or four years it showed a disposition to enlarge with much greater rapidity. Under these circumstances, she presented herself at the hospital for advice; she did not complain of any uneasiness in the tumour, nor did it occasion any inconvenience in her several movements. It was very prominent, was smooth on its surface, and resting on the two last corresponding ribs, reached to the crest of the ileum. In its vertical diameter it measured between seven and eight inches, and in its transverse, somewhat less. The spinal column lay about an inch or so from the right line of the tumour. The superincumbent skin was perfectly natural, and had no intimate adhesion to the tumour, neither were any large vessels visible. Its consistence was very solid, with the exception of a limited portion, where from its great tension there was a deceptive sensation of fluctuation. Freely moveable in a lateral direction, it was less so in the vertical, and specially so over the ribs, where there was a hardness almost amounting to that of a bony hardness. The removal of the tumour was decided upon, and effected with ease and rapidity; in fact, by a free division of the integuments down to the tumour, it was as quickly enucleated as a fatty tumour, or as an encysted scalp tumour. It lay in a deep vascular bed superficial to the muscles underneath, and was found to be in weight little less than a pound. The appearance of its section resembled closely that presented in an ordinary fibro-cystic tumour of the female breast, exhibiting its several grades of development—viz., the single or the "unilocular cyst," the "compound cyst," and the final "cystic sarcoma," from the development of the fibrinous intracystic material. It constituted, as described by Sir Astley Cooper, the variety of hydatid tumour, and by Sir Benjamin Brodie the serocystic. That this special class of tumour should occur with such characteristic features in a situation such as in the present instance, must render somewhat questionable its original formation by dilatation of duct tubes.

Dr. Lyons said the specimen he had to exhibit was taken from the body of a young man, twenty-six years of age, admitted to the Hardwicke Hospital on the 17th November last, labouring under scarlatina. The history of the case was as follows:—He was a gardener in the south of Ireland, and travelled up to Dublin on the 15th November in company with a number of soldiers' wives and children, whom he heard talking about scarlatina, and this was the only occasion on which he was at any time to his knowledge exposed to the possibility of the contagion of scarlatina. His case was one of ordinary scarlatina, and he was convalescing very fairly from the disease when it was noticed that the glands in the neck began to swell. They swelled rapidly, and Dr. Lyons was under the impression that they were going to suppurate very freely. He was suitably treated, striped, and poulticed, when to his (Dr. Lyons') surprise, he found one day that a large mass of the gland which occupied the left side of the neck had quite suddenly receded. This was attended by a simultaneous development of acute pneumonia in the apex of the left lung, which ran a very rapid course, and under the influence of treatment he seemed to be convalescing from the pneumonia, when several glands on the right side of the neck became enormously enlarged, and after poulticing them for ten days he was enabled to evacuate a good deal of matter in that situation. The apex of the lung was in the third stage of pneumonia, and now he seemed to get into a sort of passive condition, the lung making no progress either towards recovery or in any other direction. He fell into a chronic pyemic condition, and depots of purulent matter formed in five or six different situations. In the small of the back two collections of matter suddenly appeared, which were evacuated, and then one appeared in front of the left thigh. A chronic pyemic condition was now obvious in the case, and he seemed not to be making any way. He continued in hospital for several weeks with comparatively little change, his strength being supported by a liberal allowance of wine, food, and tonic medicines; his pulse was exceedingly weak, and he now had night sweats. About a fortnight before his death he complained of a considerable amount of acute pain low down on the left side. It was now evident that pleuritis was superadded to the other conditions presented, and at the same time the original disease appeared to undergo some extension in the lung, and to travel downwards, but it was not until about five days prior to his death that the most remarkable symptoms of all in the case became developed. Suddenly, one morning while he (Dr. Lyons) was inquiring how he had passed the night, he began to cough, and he at once noticed the characteristic odour of gangrene in his breath. He coughed up quantities of an exceedingly foul fœtid matter of a dark greenish hue, and it was obvious that there was an enormous quantity of this in the cavity of the chest occupying the lower two-thirds of the chest, and accumulated to such a degree as to thrust the heart to the right side, and produce a very remarkable amount of dextrocardia. He daily spat up large quantities of this fluid ; it was extraordinary what a quantity he would pour out at night into the spitting vessel. He sank quite suddenly. They found on making a *post-mortem* examination, the upper third of the left lung in the third stage of pneumonia, and from that down the lower two-thirds of this organ, were converted into a deliquescent putrilaginous foul-smelling mass. So intimate was the adhesion between the pleural membrane and the surface of the lung, that it was found impossible to detach it from the ribs. A line which could be seen distinctly showed the line of separation between the still healthy lung and the diseased part. It was a sort of line of demarcation which seemed to be formed between the good portion of the lung and that which was broken down into the deliquescent mass, and the odour of which was intolerable. It would seem from looking back upon the case, as if the destruction of the lung tissue had been going on for some considerable time, and that a large quantity of the lung structure had broken down into this deliquescent state, but that this was for a time cut off by a conservative inflammatory operation from the upper part of the organ, and had no access to the external air, and the muco-purulent expectoration which he had was therefore devoid of a fœtid character. Then, suddenly under some violent access of coughing, an opening egress was effected through a bronchial tube, and he then spat up this foul-smelling fluid. It was worthy of note in this case that the condition of consolidation of the lung coincided with the sudden subsidence of the glandular swelling in the neck. They seemed to be related as cause and effect. It was further remarkable that the patient lived under this long and complicated process of disease for a period of seventy-three days from the time of his admission into hospital.

◆

THE INFLUENCE OF IRRITATION ON THE NERVES OF THE SKIN UPON THE TEMPERATURE OF THE LIMBS.

MM. **Brown-Sequard** and **Lombard** publish in the *Arch. de Phys. Norm. et Path.*, p. 688, the first results of some experiments instituted by them to determine the effect of irritation of the nerves of the skin upon the temperature of the limbs. They experimented upon each other. Being seated quietly in a room of steady temperature, one of them was pinched in some part of a limb a few moments after placing upon the same limb, or the opposite one, a thermo-electric pile, and the establishment of equilibrium judged of by the steadiness of the flame at the zero of the scale. Suppose the pile was placed on the left forearm ; now, pinching the skin somewhere on the hand, forearm, arm, shoulder, or even the neck of the opposite side, produced a diminution of temperature in the limb carrying the pile. If, on the other hand, the limb carrying the pile were pinched, no matter where, below it, at the fingers, hand, and thumb, or above it, at the forearm, arm, or shoulder, the temperature of the limb became elevated. The same results were obtained in the lower limbs. They also found that pinching the lower limb, for instance, while the pile was upon the upper limb of the opposite side, produced a diminution of temperature in the limb carrying the pile ; while, on the other hand, pinching the skin of the lower limb of the same side as the forearm carrying the pile, produced an elevation of temperature in that forearm. This elevation and depression of temperature was very little, not more than one-hundredth of a degree centigrade, the diminution being in general greater than ,the increase. The difference would have been greater had the temperature of the room in which they experimented been less elevated (19° to 21° Cent.). The maximum depression or elevation took place at the end of a minute and a half. The deviation of the flame indicating a change of temperature commenced almost immediately after the pinches. The stronger and more numerous the pinches the more marked the changes of temperature. Repetition of the experiments on the same person rendered the results, after a while, less and less pronounced. The elevation of temperature is ascribed to increase of blood in the part, the depression to a diminution ; and the phenomena of change of temperature are attributed to the effects of vascular contraction or dilatation, taking place by reflex action,

Notice to Subscribers.—Subscriptions for the year ending Dec. 31st, 1868, are now due. Subscribers resident in England will greatly oblige by forwarding the usual amount, 22s. 6d., either by cheque or P.O.O., made payable to A. A. Tindall, 20 King William street, Strand, London.

Subscriptions in Ireland to be sent to 3 Lincoln place, Dublin, and in Scotland, to Maclachlan and Stewart, South Bridge, Edinburgh.

Advance subscriptions, 21s. 8d. post free per annum, for the current year, can also be paid as above.

Registered for Transmission Abroad.

The Medical Press and Circular *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price 5d. Stamped 6d.*

By Post to Annual Subscribers, £1 2 6
„ *If paid in advance,* 1 1 8

⁂ Post-Office Orders and Cheques to be drawn in favour of
A. A. Tindall, 20, King William-street, Strand, London,
„ 3, Lincoln-place, Dublin,
Maclachlan & Stewart, South Bridge, Edinburgh.

Sole Agents for the United States.
Messrs. Kelly and Piet, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 3, 1869.

SPECIALITIES.—THE OBSTETRICAL SOCIETY OF LONDON.

Notwithstanding all that has been said *against* specialities in medical practice, we find that there is, as in many other departments of human life, so much to be said *for* such specialities, that in all probability a considerable number of special practitioners will always exist. For our own part, we must acknowledge to having received so much enlightenment from attending the clinique of the London Ophthalmic Hospital of Moorfields, and other special cliniques, that we cannot help believing that at least ophthalmic surgery could not be so well studied by a busy general practitioner or surgeon. Is this the case, too, with the art of obstetrics? Well, we suppose it is. There seems to be such a number of diseases connected with the uterus that, without special attention to them, the subject appears in danger of being rather carelessly handled. And, if this hypothesis be granted, the formation of an Obstetrical Society must be considered as one of the best means to attain to the knowledge of the accidents of parturition, and to clear up the difficult points in the obscure pathology of female generative diseases. Not that we do not a little regret that such societies do not exist rather in the form of committees of the Medico-Chirurgical or other leading societies, instead of being isolated from the main body of medical practice. In our humble idea, there ought to exist a committee of the Medico-Chirurgical Society of London, composed for the most part of those who occupy themselves most with ophthalmic questions, another committee for those most interested in obstetrical inquiries, and perhaps another for those interested in laryngoscopy, and we should even suggest one to investigate the genito-urinary organs of our own sex. Above all, however, we do think that a committee for therapeutical inquiries ought as soon as possible to be instituted, when all questions of treatment, even the most heterodox or absurd, might be combated and freely discussed. Lastly, a committee on hygiene is much wanted. Such committees, sitting on different days, would be far better than separate societies, which waste the funds of the medical men, by no means a rich body of men, and conduce to isolation and mere special views. We cannot, above all, understand why there is no ophthalmic committee.

In hopes that our afflicted Faculty of Medicine may, ere long, get over these struggles towards better times and a more perfect unity, we welcome the existence and labours of the Obstetrical Society of London. It has already done enormous service to the cause of science. The debates inaugurated by Dr. Tilt, by Dr. Barnes, by Dr. Tanner, and other able men, have saved the female sex from many of the rash operative proceedings which required only to be fairly spoken of to be thrown aside by the majority of able practitioners. Theories such as the ulceration of the neck of the womb have been reduced to their just dimensions by the papers of Tyler Smith, and, if truth be an accordance of our ideas with the facts in nature, the Obstetrical Society has done much to reveal the truth regarding the nature of female diseases. Among the most able among the members of this useful society is Dr. Graily Hewitt, and it is with very great pleasure that we find that the society has done him the signal honour of selecting him as its president for 1869. We have no hesitation in saying that his work on the diseases of women is by far the most comprehensive and able work on this obscure and difficult subject which it has been our lot to read. And, in saying this, we have regard both to the special knowledge shown by the author of the subject-matter on which he treats, and also to the general enlightened views upon drug therapeutics generally entertained by him. With the exception that he seems more enamoured of large doses of alcohol, than the modesty of our opinions permits us to sanction, his treatment by means of drugs leaves us little to desire.

Opinions move rapidly in our day, and thus we are not at all surprised to find the president of the Obstetrical Society in favour of educating ladies to become skilled midwives. He truly observes, that midwifery, although in most cases there is no difficulty to overcome, in some cases requires all the skill and all the resources of the most accomplished surgeon. Hence he expresses his belief that "the great emergencies of obstetric practice can never be adequately met by anything short of masculine intelligence." Our lady friends will thus perceive that Dr. Hewitt considers their intellect to be inferior to that of our sex, and in this he has doubtless the assent of the great mass of mankind. We are almost rash enough to believe this to be partly true, although we should like to hear the opinion of Mrs. Somerville and Miss H. Martineau on that point. Dr. Hewitt thus thinks that the employment of midwives, as he calls them (not entertaining evidently the idea of such an innovation taking place soon, in which we believe him to be in error, in this country, as the introduction of female M.D.'s), must probably continue to be necessary "to supplement the work of medical men." But, notwithstanding this, he points out the disastrous effects often resulting from the employment of uneducated midwives. We are quite disposed to agree almost entirely with Dr. Hewitt in these liberal and enlightened remarks. Even, however, granting that women of the stamp of Madame Boivin, M.D., and the famed La Chapelle, of Paris, would require to call in the assistance of surgeons in operative cases, which we hardly think would very often occur, we must remember that there is no doubt that the ordinary run of gentlemen in general practice in London not unfrequently do the very same thing, and hence, this reason seems quite inadequate for keeping out educated women from such a lucrative employment as that of obstetric practice. Events succeed rapidly now-a-days, and the laying of the Atlantic Cable was, we imagine, a far more startling fact than the invasion of a part of medical practice by our sister sex is likely to prove to be. For our own part, we believe that social schemes are by no means all worked out as yet, and that metaphysics and theology have had too much to say in forbidding new combinations and experiments in human society. At any rate, we are not by any means arrived at that state of freedom from misery and disease which would entitle us to fear all change. The introduction of educated women into the obstetric department of medicine is, in our opinion, one of those changes which must be looked upon in the light of progress, and not merely of variety. Nay more, we would not fear the result, even if that pleasant sex should become competitors with our noble one for the emoluments of the medical, the legal, or even (alas !) the theological profession. In a word, we are considerably converted to the opinions of Mr. J. S. Mill on this question.

◆

THE REPRESSION OF QUACKERY.

The great public service which has been done in the very infrequent occasions in which quack swindling has been from time to time publicly exposed, renders it a matter of earnest regret that the occasions have been so few, and that the forcible impression which for the moment had been made upon the public recollection should never attain greater importance than the temporary interest which attaches to a nine-days' wonder. Once in every two or three years one of the legion of victims is dragged into unwilling notoriety by his connexion with some pseudo-medical blackleg, and for the time the world is all agog at the unveiling of a system of wicked swindling, of the existence of which they had not even a thought. But the very nature of the confession which a prosecutor must necessarily make to establish his case would enforce silence in all but the most exceptional cases, and before the facts have had time to exercise any beneficial influence the recollection wears away, and the swindle is resumed with increased energy. The fact is that, as in many other instances, the law of the land is not suited for the peculiar circumstances of the matter. The obligation which rests on the prosecutor to tell his own tale and to incur all the risk and opprobrium is more effective in protecting the guilty party than any effort of his own could be. The law declares that the suitor shall be listened to only in his full and public confession, and the severity of the penalty is thus actually transferred from the swindler to his complaining dupe.

It would seem to us, therefore, that obscene quackery is an evil the remedy of which ought not to be thrown upon any individual, and which may be properly taken in hand by philanthropic persons. The task of absolutely stamping out the obscene quacks is no difficult one if it be met by efficient means. The cases for prosecution are innumerable, the evidence is always at hand, and of the most conclusive description, the defence has always proved to be weak and could not be otherwise, and if the *mauvaise honte* which a solitary victim feels were sunk in the action of a committee of philanthropic men, the complete extirpation of this system of swindling would inevitably follow. We shall yet hope to see an Association for the Repression of Quackery, mentally and morally strong, devoting themselves to this work; and, with the understanding that its organisation be not open to the suspicion of professional self-interest, we shall hope to be allowed to co-operate in the movement.

◆

"PREVENTION BETTER THAN CURE."

It has at last been discovered that 72 per cent. of the paupers in the United Kingdom are reduced to pauperism by sickness, and that disease is the most expensive luxury the State can indulge in, not only by reason of the loss of labour, but because it makes paupers, who are the drones in the hive, living on the produce of the workers. Yet, as the London *Daily News* remarks, the Poor-law Medical Service is treated by Boards of Guardians *as a kind of luxurious or extravagant appendage of their administration*, and is kept *as cheap and as inefficient as possible*. The smallest item in the expenditure of the poor rate is that for the relief of the great cause of pauperism. We spend vast sums in supporting paupers, hardly anything in keeping the people from falling into pauperism. It has been truly said that the stingiest of all stingy things is the pay of Poor-law doctors. Yet there is an equally homely and familiar experience which every one goes through that might teach us not to believe that every thing which is cheap is economical. It has also been asserted that the direct consequence of the underpayment of the Poor-law Medical Service is inefficient attendance on the illnesses of the poor; that this neglect leads to a most serious and unnecessary increase of invalids and ultimately of paupers; in short, that starving the doctor means swelling the poor-rates. The low estimate at which the value of medical services is held by Boards of Guardians arises in great measure from the indiscriminate and vast amount of gratuitous medical assistance that is yearly given by the profession. This appears at last to have reached its culminating point in London, where it has been computed that 1,800,000, or about four-sevenths of the population, received gratuitous attendance from medical institutions in the course of a single year. No wonder that medical and surgical assistance that may be had to this extent for the mere asking for should not be highly prized. Many of these people, no doubt, were able to pay, more or less, for the value they received, and would have done so if it had been necessary; there was, therefore, a diversion from the medical profession of so much wealth which was clearly its due. The interest of this subject to the public lies in the fact that the unintelligent distribution of funds for the relief of sickness is constantly tending to the increase of pauperism. The interest to members of the profession is more simple: it concerns their actual existence upon the face of the earth. A contemporary, treating of this subject, says that it has "a strong and growing conviction which may be thus expressed: Very poor persons must receive gratuitous assistance in time of sickness, the State providing it, and the medical men who furnish it being adequately paid. Persons in work, but of very moderate means, must keep up an insurance against sickness by which, in time of need, good and properly remunerated medical assistance would be forthcoming; and the medical profession must cease to squander their energies and lives in ministering gratuitously as they now do."

◆

SCOTLAND.

EDINBURGH.

THE INFIRMARY SITE.

An excellent letter addressed to the contributors of the Royal Infirmary by Professor Syme appears in the *Scotsman* of the 22nd ult. We have watched the controversy on this subject while passing through its several phases, and we own that to us at this distance the weight of argument seems to incline to the side taken by the learned Professor. His statements, we suppose, cannot be denied, and his conclusions must therefore be equally well founded. We can only quote the more prominent portions of his letter. After showing that nothing had been done which could lead to a decision, he observes—

"There are two great questions to be considered—1st, Whether the new hospital should be entirely medical, or contain surgical as well as medical wards? 2nd, Where it should be built?

"With regard to the first of these questions, seven out of the eight surgeons employed in the service of the hospital have expressed their opinion that it is defective in salubrity, and also in the arrangements at present deemed requisite for such establishments. It is also maintained that the construction of a new hospital with all modern improvements in immediate proximity to the old one would bring out all its defects in still more glaring relief.

"As to the second question, the managers originally proposed that additional space should be obtained to the extent of one acre for building a merely Medical Hospital by the purchase and removal of houses valued at from £60,000 to £70,000, and have scheduled a bill to this effect, which is now or was lately before Parliament. But as this plan, with the other necessary expenses attending it, would absorb the whole amount that has been subscribed for building the new hospital, the General Court of Managers has advised that the application for an Act should be withdrawn, and the Court of Contributors has approved of this resolution."

Referring to the four other plans which have been proposed he showed serious objections which may be brought against them, and then went on to say:—

"The ground of Watson's Hospital is nine acres in extent, and must be regarded as fully sufficient for the purpose, since the existing site extends to only five acres, and if enlarged by the space scheduled in the managers' bill would not be more than six acres—while Mr. Bryce, in one of his plans, speaks of seven acres as being abundantly ample. It is a south-west exposure, instead of one to the north-east like St. John's Hill. It is permanently free and open on all sides, instead of being hemmed in by the constantly increasing density of a crowded population. It is considerably nearer the College than St. John's Hill, and affords ready access to patients from every part of the town. It is uniformly even and gently sloping, instead of being precipitous and irregular like St. John's Hill, and the present sites. It has long been remarkable for the healthiness of its situation. It admits of the most perfect drainage at an expense of £300. It may be acquired for

£43,000, from which, if £17,000 (the estimated value of the present Infirmary buildings) be deducted, £26,000 will remain as price of the site. Lastly, a new hospital may be built here without disturbing the old one, injuring the Medical School, or depriving the patients of relief."

He then proved that the defects attributed to the grounds of George Watson's Hospital were simply imaginary, and concluded by warning the contributors that "unless the question were fairly considered, there was great risk of important interests being sacrificed to the gratification of personal vanity—the pecuniary advantage of greedy officials, and the bigoted obstinacy of narrow minds."

ASYLUM FOR THE INSANE.

DR. SKAE read his report at the annual meeting of the Corporation of this Institution. A variety of interesting and important particulars were presented to the attention of the meeting. The number of inmates was 720 on the 31st December last. During the year 121 had recovered, being in the ratio of 43·4 per cent. to the admissions, while from the commencement the ratio was 38·5 per cent. This is considerably less than the percentage of all the large asylums in England. The mortality has been lower than it was for many years preceding the improvement of the dietary. Numbers had been refused admission for want of room, among whom were patients of the higher class, whose friends would have paid from £80 to £400 per annum for their board. Designs were obtained for the extension of the department for these higher class patients and for other improvements, but these buildings were for the present delayed. The funds of the Institution are in a very satisfactory condition.

WATER SUPPLY.

THE different Municipal Wards of the City of Edinburgh have held their meetings, and have all voted their approval of the Council taking over the works of the Water Company, and carrying out the St. Mary Loch Scheme. Some difference of opinion existed at one meeting as to who could claim the majority. The Lord Provost declared the motion carried, but the vote was a very close one. This and the question of the Infirmary site seems likely to divide opinion for some time to come.

ST. ANDREW'S.

DEATH OF PROVOST MONCRIEFF.

THE sad intelligence, says the *Scotsman*, of the death of Lieutenant-General George Moncrieff, Provost of St. Andrew's, reached the city on Tuesday morning, and was announced to the citizens by the tolling of the town-church bell. The sad event took place on Monday evening, at the Alma Hotel, Princes' street, Edinburgh, where the General was taken seriously ill about three weeks ago. Lieutenant-General Moncrieff was appointed Provost of St. Andrew's in November 1867, and continued to discharge the duties of that office with marked ability, acceptance, and satisfaction, up to the time he was taken ill. His loss will be deeply felt by all classes of the community, by whom he was deeply beloved, and is now sincerely sorrowed for.

CUPAR.

THE LUNACY BOARD.

A MEETING of the Fife and Kinross District Board was held on the 24th ult., at which Sir James Coxe gave in his report in reference to the proposal to add additional accommodation for sixty patients. He said it might be doubted whether this additional accommodation would prove sufficient for the wants of the district for more than a very limited number of years, unless efficient means were adopted to prevent the transmission of cases unnecessarily, and to facilitate the removal of those for which asylum treatment was no longer required. Application on this point was made to the General Board, who said it could best be done by the Parochial Boards sending their own medical officer to examine those they wished removed and to select such as appeared incapable of receiving further benefit and might be safely removed elsewhere. The Board agreed to appoint an assistant physician to the Asylum.

FALKIRK.

PAROCHIAL BOARD.

THE Committee report the prevalence of fever amongst the poor in the parish, and state that the accommodation in the hospital having been found to be inadequate, they have contracted for an extension of the same. The Stirling District Asylum having been opened, the lunatics confined in the poorhouse have been removed to the new asylum, where the cost per annum for each will be £25, as against £16 in the poorhouse. The Committee regret to report that in this parish, as well as throughout the whole country, pauperism is on the increase. It was agreed to add £10, which had fallen back into the hands of the Board, to the salary of the present medical officer, Dr. Espie, who had all along very ably and efficiently discharged his duties.

◆

FRANCE.

(FROM OUR OWN CORRESPONDENT.)

PARIS, FEBRUARY, 1868.

JURISPRUDENCE OF INFANTICIDE AND DELIVERY.

THE difficulty that sometimes surrounds charges of infanticide, and the skill required to pronounce on the question of recent delivery, have lately been illustrated here, in a painful case that has attracted a good deal of attention.

A young woman named Bernard was tried and condemned last November to six months' imprisonment, on a charge of concealing the birth of a child. The prosecution alleged that in October, having given birth to a child, she threw it into a pigstye, where it was devoured by the pigs. No evidence was tendered to show whether the alleged child was born alive; but the young woman confessed as much as I have stated. A surgeon and a midwife who examined her on her arrest, testified that they found traces of recent delivery. Sentence being duly passed the girl went to prison, where, a month later, she gave birth to a fully developed child. It would thus appear that the conviction had been a great judicial blunder. The time, however, for an appeal had gone by, and it seemed not unlikely the poor girl would have to remain in prison for the full term. Scandalised at the facts, the public prosecutor took measures to secure a re-hearing in some form of appeal. The girl now stated to the Court that her mother and the midwife had persuaded her to make a false confession, as they declared that the punishment in that case would only be light, whereas persistence in denial would go against her, and with such medical evidence would lead to her being condemned for a long term of years to the *travaux forcés*. The doctrine of superfœtation, which has caused so much discussion among jurists, was imported into the new trial as a mode of accounting for the medical evidence of the former one. Like many of your contemporaries, I rejoice that this doctrine was rejected by the Court, and that the sentence has been reversed; for few will deny the more probable explanation to be a blunder on the part of the medical witnesses. Some people think that the French have carried the use of experts to perfection. This trial makes one feel these witnesses may sometimes be too expert. There is reason to fear that the experts as a body are too pliant, and too often act as witnesses for the prosecution. If this be so, the English plan of admitting a similar skilled evidence on both sides may not after all be worse than the French.

THE POST-OFFICE DELINQUENCIES.

Speaking of Vienna reminds me that the French post-officetreats Austria with peculiar injustice. Letters are almost always delayed, while nearly all the Austrian newspapers are absolutely confiscated on the frontier. My correspondents have sent me a considerable number of papers lately, but not one has reached its destination, and I am told that this is universally so. It is no great loss to me, to be sure, for I have the greatest difficulty in reading German ; but there are not a few who revolt against this detestable practice, and surely they might let medical journals pass without much fear. Let me add that again last week your paper took three days to reach me ; that your contemporaries of Saturday reached here only on Wednesday ; and that several copies of the *Times* (which I have posted to me daily), published since I last alluded to this subject, have never come to hand at all. Paris, with all its advantages as a residence, has some sad vexations.

HOMŒOPATHY.

I gave you some account a little while ago of the French homœopaths. A pamphlet has just been put into my hands by Dr. Teste, which has made a little talk. It is published by Baillière, and is in the form of a letter to Dr. Maguet, of Dampierre-sur-Sallon. It is only, in fact, the dedication of a new edition of Teste's *Comment on devient Homœopath ;* and it opens with the old song, "Nihil Contemnere," and then proceeds to relate a set of cases of poisoning by belladonna, on which an appeal is grounded to subscribe to the dogma, *similia similibus*, with what reason let your readers judge. It happened in a nunnery, under the care of Teste, that a decoction of belladonna was made as a drink instead of one of wild chicory, and that fourteen of the nuns partook of the beverage. The usual symptoms ensued, except in two of the girls, who were ill at the time, and were cured instead of poisoned by the drink. Dr. Teste saw all nine hours after the accident. Meantime, strong coffee had been recommended by a pharmacien, and given to seven of them. The others, in the confusion, had been neglected, and so taken nothing. Dr. Teste ordered those who had taken the coffee to continue it. To the others he prescribed infinitesimal doses of opium. The next day, according to the assertion, the results were marvellous. Those treated by coffee remained in a most dangerous condition and quite senseless ; while those who had only taken the infinitesimal quantity of opium had recovered their mental powers before the middle of the night, after which they had had a refreshing sleep, from which they awoke convalescent. All this, of course, because one soporific is homœopathic to another, argues Dr. Teste. He tells us, however, absolutely nothing as to the varying quantities of the drink that may have been taken, and some other points equally important to the comparison. He merely adds that he tried experiments on some chickens ; but these were not injured by the belladonna, so that he could learn nothing thereby.

Nothing fresh is stated in the pamphlet, but many old statements as to the virtues of certain globules are repeated. One thing is, however, worthy of remark. The author says, make a trial—all he asks is a fair therapeutical experiment—pending which the experimenter should not discuss homœopathy. He says "cure first ;" afterwards it is time enough to say *how* you have cured, if it seem proper to say.

Herein lies the secret of much of the opposition that has been excited, and of much of the quackery that has been practised. Men proclaim themselves followers of some pathy and ignore everything else. They laugh at the history of the healing art, and then wonder they are pooh-poohed as quacks. To dub oneself —path is to call in the public to reason on things they know nothing about, is, in fact, to appeal to the weakness of human nature in order to gain patients.

Notes on Current Topics.

Vaccinophobia.

The vaccino-maniacs have been brought to their senses and to good manners by a recent prosecution in Sheffield. The defendant was Thomas Orton, a master tailor, and secretary of an anti-compulsory vaccination committee, and he was summoned for the publication of an anti-vaccination handbill, in which libellous statements were made about Alderman Saunders, late chairman of the Sheffield Board of Guardians, on account of his attempts to enforce the Vaccination Act, and with a view to prejudice him at the next election. The handbill made out vaccination to be the mark of the beast spoken of in Revelations ; and described Alderman Saunders as a wholesale murderer, urging on, like another Herod, the slaughter of the innocents. The bench held the handbill to be a libel, and, publication being proved, they committed the defendant to the assizes for trial. The analogy between the mental calibre of vaccino-maniacs and spiritualists appears so close that we should suggest that the aggregate idiotcy of both organisations might be justly amalgamated. Mr. Home would make a creditable Financial Secretary, and Sir J. Jervoise might enjoy the double honour of being Parliamentary advocate of free-trade in small-pox and spiritual community of goods.

Prince Leopold's Health.

Her Majesty the Queen has the entire sympathy of the medical profession, who can alone thoroughly appreciate the urgency of the circumstances in the affliction which has compelled her to forego the reception of her Parliament at Buckingham Palace. With great regret, and much apprehension for the future, we have learned that Prince Leopold is a sufferer from the hæmorrhagic tendency in a very marked form, and that now for the second time he has experienced internal effusion of blood so serious in degree that great fears were felt as to the Prince's recovery. On the first appearance of the hæmorrhage Dr. Hoffmeister was called in, and had charge of the Prince until Sir William Jenner's arrival at Osborne next morning. Fortunately the treatment was remarkably effectual, and the bleeding was summarily checked ; and the attack was on the whole much less prolonged and less dangerous than on the last occasion. Our readers will, of course, estimate for themselves the chances of the hæmorrhagic tendency being successfully combated in future years, and will not fail to experience the gloomy anticipations which the existence of the diathesis in early youth necessarily suggests.

Naval Retrenchment.

The Naval Hospital Commission, appointed by the Lords of the Admiralty, consisting of Dr. C. Murchison, Mr. T. Holmes, and Mr. Robert Ellis, completed its inquiry into the organisations of naval hospitals by a careful inspection of Haslar Hospital, terminating on Thursday last week. The results of this inquiry will shortly be submitted to the authorities, together with the recommendations suggested during its course. The hospitals visited have been the Melville Hospital at Chatham, the Royal Hospital at Plymouth, and Haslar Hospital. The organisation of the marine infirmaries at Portsmouth and Plymouth has also been carefully inquired into.

Health of Southampton.

Owing to many sanitary improvements, the health of this town has much improved during the last few months, and the death-rate, according to the quarterly return just issued by the indefatigable officer of health, Dr. MacCormac, is only 22·69 per 1,000, as compared with 26·26 per 1,000 in the previous quarter. This return cannot be considered otherwise than most satisfactory, when we consider the constant influx of seamen of all countries, from the tropics to the polar regions, into this port. The report before us alludes to some of the former pests of the town, such as the slaughter-houses, lodging-houses, &c., which are now, owing to the strict surveillance of the health officers, in a very satisfactory condition. There is, however, one great nuisance still unabated, and to which the attention of the Board is particularly drawn, and that is the nuisance caused by the inundations of sewage matter in some parts of the town. Such a state of things can only end in an outbreak of some form or other of fever, diarrhœa, diphtheria, or even cholera, and we hope the authorities will take immediate steps to remedy so dangerous an evil.

Compulsory Vaccination in San Francisco.

Small-pox has been raging in San Francisco since last July, and the Board of Health there has appointed public vaccinators who are to vaccinate all persons under a penalty of 500 dollars, or 100 days' imprisonment. They will not guarantee the purity of the lymph. Persons may be vaccinated by their own medical man.

Whenever small-pox appears in a house a policeman is stationed at the door in order to prevent anyone either entering or leaving it except the doctor and the nurse. No child will be admitted to a school unless it is vaccinated, whether it has been already vaccinated or not; and it is common to see old men and women with their arms in slings under the effects of the operation.

A Working Man's Movement for Hospital Extension.

A special committee appointed by the governing body of the Queen's Hospital has made known the fact, that the out-patient department of that institution is altogether insufficient for the large and steadily growing demands upon the charity, and it has therefore been suggested that a new out-patient and accident department may be erected with great advantage on a piece of ground immediately adjoining the Queen's Hospital, the freehold of which has been purchased by the Governors.

A number of managers, foremen, and artizans employed in several of the principal establishments in the town and district, believing that the working classes would be glad to lend a helping hand in the good work, offered to assist the hospital committe, by organizing a scheme for collecting subscriptions in the manufactories, workshops, and trade societies of the town and neighbourhood. This offer has been accepted with expressions of gratitude; and the Queen's Hospital Committee have added that they will be most happy to co-operate with the artizans in their endeavours to increase the efficiency of the hospital.

Among the objects which the promoters have in view are :—

1.—The classification of out-patients in separate waiting rooms, so that a healthy person suffering from a trifling accident, or another the subject of some harmless complaint, may not be compelled to wait in the same room with others afflicted with contagious diseases.
2.—Baths for out-patients, to lessen the risk of the public baths being used by sick persons.
3.—Carriages and stretchers of proper construction for the easy conveyance of the sick and wounded.
4.—Carriages for contagious cases, which are now conveyed in cabs and other public vehicles, to the great injury of the public health.
5.—The appropriation of the detached building now existing at the rear of the Queen's Hospital, for contagious cases.
6.—The establishment of a fund to provide working men whom accident has deprived of their limbs, with the best made artificial substitutes.
7.—The erection of a conservatory, which shall be available for convalescents at all seasons of the year.

It is proposed that the workmen in every factory and workshop hold meetings, elect representatives on the General Committee, and agree to a plan for collecting subscriptions amongst themselves. Bodies of workpeople below 200 have a right to elect one representative on the General Committee; two, when above 200.

We hail with satisfaction the action of working men in furtherance of the medical relief of their own class. They have many and great interests to subserve, and a task of reform before them worthy of their efforts, and it would be the surest guarantee for effectual public sanitary guardianship if those most interested would lend their personal and pecuniary influence in its aid.

The Hunterian Oration.

The oration this year was delivered by the President himself, Mr. Quain—a combination of offices that has not often occurred. Needless to say it was well attended, being, as usual, the surgical reunion of the year. Mr. Quain's tribute to Hunter will appear in a separate form, and will no doubt be widely read by the many who could not hear it. Here we need only remark that the orator devoted much attention to the subject that is uppermost in so many minds—education; and that this was considered, of course, with special reference to professional education. Mr. Quain ranges himself with those who would devote larger attention to modern languages, physical science, and all branches of so-called "utilitarian" study, as distinguished from the old classical system. For our own profession he advocated long training of a preliminary character, and did not believe that merely making examinations more severe would suffice. This stringency did not lead to the acquirement of solid knowledge. There can be no doubt but that the force of this argument will be increasingly felt by all who are paying attention to the present system, and we should be glad to see any plan which would secure a longer preliminary training for medical students. It is, however, extremely difficult in the present condition of the country to secure it. Still, Mr. Quain has done good service in devoting so much of his oration to the question of the year. Our columns have borne witness of our desire to do our share in promoting the great reform needed, and it is very encouraging to see a President of a Royal College thus keeping "founder's day." No better way of honouring Hunter in an oration could have been selected.

Extra Medical Expenses for Military Hospitals.

In the present retrenchment furore the following extracts from the Army Estimates for 1868-9 will be read with interest:—

NETLEY HOSPITAL.

1 Governor and Commandant, in addition to £456 5s. unattached pay	£600
1 Staff Captain and Assistant Commandant	303
Contingent allowances to do.	73
Captains of Orderlies	146
	£1,122

WOOLWICH.

1 Governor, in addition to half-pay, £200 15s.	£350
1 Captain of Orderlies	137
	£487

CHELSEA HOSPITAL.

1 Governor	£500
1 Lieutenant-Governor	400
1 Major	360
1 Adjutant	210
6 Captains of Invalids	388
1 Quartermaster	158
	£2,016

The New Nomenclature.

The work to which we have several times referred during its progress is now on sale. Our readers must be familiar with the general plan of its contents, so that we need not again repeat it. We are, however, desirous of urging that it should at once be universally employed, and of stating our opinion that even a Government pledged to economy might vote a sum towards what is in effect a national work. The London College of Physicians, in bringing out this work, has conferred a great obligation on the country, and we hope that its continued revision will be as carefully carried out as that of the London Pharmacopœia used to be. To those who have done the hard work in this case the profession will render due honour; still, ought not the country to render something more substantial?

Public Health for 1868.

We have in our hands the Returns of the Registrar-General for the past year, and the following particulars which we select from them appear to be of general interest. London, he says, is still growing greater. Its population has not been counted for seven years, but it is probably 3,126,635. The constant flow of strangers into it exceeds the outflow of its children to all the parts of the empire. The people live in 400,778 houses; the streets are irregular and often narrow, but the elevation of the houses is not so lofty as to cover the streets with unhealthy shadows. The annual value under county rate assessment exceeded 15,000,000*l.* On the whole the water supply is satisfactory, and in the summer months, according to Dr. Frankland's analysis, the waters attained an unusual degree of purity. The sewerage of London is approaching completion, and when the northern lower level sewer is finished and the branches of all the sewers are in safe communication with the houses, when the sewers are well cleansed and ventilated, and when the sewage is utilized, this system of treatment will be in full operation, and the weekly returns will test its efficacy. After correction for all disturbing elements, the mortality was found to be at the annual rate of 23·59 in every 1,000 of the population. It has been regularly decreasing in South London every five years since 1845, and in the last year it was 23 per 1,000, and is now lower than in North London. Diarrhœa was unusually fatal, 4,060 deaths in the summer, and 320 deaths by simple cholera were registered. The other fatal zymotic diseases were fever 2,483 deaths, scarlatina 2,921 deaths, whooping-cough 2,369, measles 1,989.

The late Dr. Wardrop.

The death of this veteran has severed an important link with a generation passed away. The trusted friend and surgeon of George IV., the brilliant *littérateur* and associate of the elder Wakley in the early career of the *Lancet*, the skilful surgeon who could maintain a hospital single handed as a school worthy of the visits of all foreigners who came to the metropolis, the physician who placed on record his written opinion on the case of George IV. for the perusal of Halford and Knighton, the genial gentleman full of knowledge of "the good old times," the associate of Lawrence in a professorship, and in the famous education speeches of Freemason's Tavern, —in him, indeed, the profession has lost what no one can supply. He had the materials for a history that would have been eagerly perused by all, and could have shed a flood of light on many a dark page of professional and social biography. Born in Scotland he went to the High School of Edinburgh, began the profession under his uncle Dr. A. Wardrop, passed to the Edinburgh Infirmary, and afterwards to London, where Cooper, Clive, and Abernethy continued his instruction. Then he went to Paris and Germany to finish his education, returned to Edinburgh to commence an active career in practice and literature, but eventually migrated south, taking up the position in London to which the reputation he had achieved entitled him. He was elected F.R.C.S. Edin., 1804. Graduated M.D. at St. Andrew's in 1834, and ten years later became Fellow of the London College. He was born August 14, 1782, and died on the 13th February last, in the 87th year of his age. Amongst his numerous writings may be mentioned his Life of Baillie and his work on Aneurism which appeared in 1828. He had previously contributed to the "Encyclopædia Britannica" the article on Surgery, and his pen furnished those on Aneurism and Anastomosis to "Costello's Cyclopædia." His later work on the Heart is well known to every medical reader.

Physical and Mental Culture.

Dr. Bence Jones has written an able and exhaustive letter, in which he protests against the premature over-working of human brains. He says the prize system is ruinous to boys. They leave school after undergoing its influence "repelled from all knowledge" and permanently injured in health. The arguments adduced by Dr. Jones appeal more particularly to the common-sense portion of teachers and the public. He maintains that as physical exercise judiciously applied is conducive to health, and the muscular development of the human frame; and, on the other hand, as over training—which means overstraining the tissues of the body—is a most dangerous practice; so is it with mental culture. Tutors and parents, either from the go-ahead system of the present day, from pecuniary circumstances, and other causes, seem to vie with each other in keeping the brains of youths under their care in a constant state of high pressure. The half of each twenty-four hours is considerably exceeded, if not in actual schoolroom work, in hard study at home. Little time is thus left for recreation or exercise; the brain before it is thoroughly formed is overweighted, and the mischief that often supervenes is incalculable. We would impress upon all whom it may concern that they should not fail to recognize this truism in its entirety. If "the race is to the swift the battle is also to the strong." Youths with stout frames will fight the battle of life much more successfully than those whose constitutions have been enfeebled, their health undermined, and their brains overtaxed with the cramming and grinding of the modern system of education.

The Navy Estimates for the Years 1869-70.

It appears from the Estimates that have just been furnished to Parliament that the amount to be voted for the current year towards the expenses of "Medical Establishments at home and abroad" is £54,757. The sum granted for the same purpose last year was £64,824, showing a decrease of £10,067: whilst the amount required for "Medicines and Medical Stores" is £79,300, against £78,164 for 1868, showing a further reduction of £1,136. We sincerely hope this clipping of £11,203 will not impair the efficiency of this valuable department of the public service.

Her Royal Highness Princess Christian gave birth on Friday last to a Prince. The health of the Princess and infant is satisfactory.

Prince Leopold has returned with Her Majesty to Windsor, having recovered from his recent severe indisposition.

We have heard that Mr. Adams will retire from the office of Surgeon to the London Hospital. He has discharged the office for twenty years, and, no doubt, will be appointed Consulting Surgeon.

A child was poisoned at Gravesend last week through the mistake of a chemist, who dispensed strychnine instead of powdered sugar. It appears that he had lately taken the business of another chemist, and had mistaken the word "strychnia" for "saccharum."

We hear that the Secretary for India has directed that whenever any officer of Her Majesty's Indian Medical Service shall be provided with a passage on board one of the troopships destined for that country he will be entitled to Indian pay and allowances upon landing at Bombay, or other port.

The Lords of the Privy Council have revoked the restrictions respecting quarantine which were imposed in October, 1867, whilst yellow fever was raging at St. Thomas's Island. Vessels calling at that port from the present date will not, therefore, be required to show a clean bill of health prior to disembarkation in England.

The proposed scheme of drainage by irrigation of the city of Winchester has suddenly collapsed, owing to the enormous expense the plans submitted for the consideration of the Board would entail upon the ratepayers. The city is not a large one, and to ask its inhabitants to stand the brunt of £100,000 in a doubtful experiment was a little too much to expect.

The Chancellor of the Exchequer received a deputation from the Royal College of Physicians on Thursday last. The object was to ask the Government to distribute to each registered medical practitioner a copy of the "Nomenclature of Diseases" recently issued by the College. Mr. Lowe promised to consider their request.

The weekly charge for the maintenance, lodging, clothing, and other expenses connected with the lunatics confined at the Colney-hatch County Lunatic Asylum has been reduced from 10s. 2½d. per head to 9s. 11d.; and for those at the Hanwell Lunatic Asylum from 10s. 9½d. to 10s. 2½d. per head for lunatics chargeable to the county or any parish in the county; for others the charge remains at 14s. per head per week.

A meeting was lately held, in the Town Hall at Stamford, on the subject of the local charities, particularly in reference to Browne's Hospital, the funds of which are now very large. The Inspector had viewed the hospital buildings, which afforded but miserable accommodation, and which were absolutely dangerous. Several proposals were made to the meeting, but no immediate steps were taken.

The *Architect* says that Dr. Chadwick, of Southport, has just presented to the town of Bolton, where he formerly practised, £5,000 towards the erection of modern dwellings for the poor, and an orphan asylum. Only twelve months ago Dr. Chadwick made a bequest to the town of £17,000 for the same object, so that the total amount of his gift is now £22,000.

One result, remarks Dr. Ballard, of the high atmospheric temperature of the month of January has been that the mortality in Islington has been much less than is customary in this month. The deaths registered amount to 350. Had the death-rate of January for the last ten years prevailed, the registered deaths would have amounted to 417. Dr. Ballard has frequently notified the fact that the number of deaths cannot be taken as the index of general sickness or healthiness; so in this month the sickness recorded in the public practice of the parish has been excessive. The cases on the books amount to 3,201, about 400 more than in January last year.

In the parish of St. Marylebone a parochial mortuary and *post-mortem* house has just been completed. The Sanitary Committee of the Vestry are now considering the rules and regulations for the management of the building. It is fitted internally with a commodious dissecting table, is well supplied with water, and contains everything necessary for the conducting of *post-mortem* examinations, excepting surgical instruments, which each operator will be required to provide for himself.

Dr. Letheby, the Medical Officer of Health, reported to the Commissioners of Sewers that, during the preceding week, 494 houses had been inspected, and that 43 required sanitary improvement in various particulars. Seventeen of the sanitary orders of the Commission had been executed, and 49 were in hand. Thirty-three ships had been examined, and two of them were deficient in ventilation in the forecastle. Notices had been served upon the captains, who had undertaken to amend the same.

Seventeen years ago the City Orthopædic Hospital was opened in Hatton Garden for the cure of club-foot, diseases of the spine, and contraction of the limbs. Nearly 17,000 patients have been under treatment since its opening, and some remarkable cures have been effected. The annual dinner was held at the London Tavern this day week—Baron Rothschild presiding—when the subscriptions amounted to more than £600.

Naval Hospital Commission.—This Commission, appointed by the Lords of the Admiralty, consisting of Dr. C. Murchison, Mr. T. Holmes, and Mr. Robert Ellis, completed its inquiry into the organization of naval hospitals by a careful inspection of Haslar Hospital, terminating on Thursday. The results of this inquiry will shortly be submitted to the authorities, together with the recommendations suggested during its course. The hospitals visited have been the Melville Hospital at Chatham, the Royal Hospital at Plymouth, and Haslar Hospital. The organization of the marine infirmaries at Portsmouth and Plymouth has also been inquired into.

Workmen's Contributions to Hospitals.

Mr. Spackman has called the attention of the working classes of Belfast to the fact that in Glasgow and other large towns the hospitals are nobly supported by them, and that the General Hospital in that city receives but a small and unsteady support from the operatives, being last year but £115 17s. 1d. The Glasgow Hospital report shows that there the operatives contribute annually about £6,000 towards that Institution, thus affording it a steady permanent support. During the year 1867, there were 628 medical and 1,023 surgical cases admitted into the Belfast General Hospital, and nearly 3,000 extern patients attended to. This brief statement should be enough to induce all the workers in Belfast to contribute their mite, however small, and resolve to do so annually. Mr. Spackman suggests the following plan for carrying out this object:—"Let a day be appointed in each establishment as the 'Hospital collection day,' and let the workers select one or two of their chiefs to superintend the collection, and on the pay day, so fixed, let each worker give one quarter of a day's pay. For instance, those receiving 10s. per week will pay 5d., those receiving 12s. per week, 6d., and so on through all the different rates, male and female alike. These small sums collected once a year, Mr. Spackman says, 'would yield in the aggregate at least £1,000, and could scarcely be begrudged by anyone for so good an object.'" This plan appears to be very feasible, and might be adopted with advantage by other cities besides Belfast.

◆

Literature.

We may direct attention to a paper on "Tinea Decalvans," by Dr. C. Drysdale, to be found in the new number of the *Journal of Cutaneous Medicine*, so ably conducted by Mr. Erasmus Wilson, who, it will be seen, gathers into his garner the contributions not only of specialists but of a number of gentlemen whose talent or opportunity has enabled them to touch various subjects in the range of medical practices in literature. The same number contains the eighth lecture of Mr. Wilson; it is on Eczema. In the editorial commentary will be found an interesting notice of the late Dr. Helier.

The *Half-yearly Abstract of Medical Sciences* and the *Retrospect of Medicine*, conducted by Drs. Braithwaite, deserve the usual acknowledgments so often accorded to them.

The *Medico-Chirurgical Society* has issued the 51st vol. of its *Transactions*. It contains less than half the papers read in the session and cannot fail to produce much dissatisfaction. Some of the papers admitted are certainly not equal to others that have been excluded. The duty of selection is in all cases a difficult one. We should question whether much has not transpired to induce a complete change in the proceedings of all our Societies.

The *Westminster Review*, which invariably contains much to interest medical readers, has this time an important article on the adulteration of food and drugs. As it will be extensively read by the profession we need only mention here that the *Westminster* writer approves the Bill of Mr. Postgate, which we described last year in full.

Transactions of the Pathological Society, vol. xix., 1868, p. 492, comprising the Report of the Session, 1867-68.

It has always appeared to us that the name "Pathological Society" does not quite express the objects of this admirable Society, the well edited transactions of which lie before us. The name Morbid Specimen Society would better, at any rate, convey to the mind the nature of the business of the Society. And in this respect, the Pathological Society has rendered an immense service to the advancement of medical science by collecting into one focus the different observations in the *post-mortem* room made by its members. An admirable arrangement of the business of the meetings is made by classifying together the different morbid specimens of the various regions, such as of the nervous tissue, the respiratory, the circulatory and the digestive organs. The first 39 pages are devoted to a narration of cases in which the brain and spinal cord have been diseased, and to the appearance of the parts after death. The first case in the book is highly interesting and is that of embolism of the middle cerebral artery, and disease of the brain with hemiplegia from which the patient recovered, followed by death from disease of the kidneys and dropsy. The patient a man aged twenty-one, had suffered from rheumatic fever at the age of seven, and had recently in 1866, when carrying a sack of coals, become giddy and hemiplegic on the left side of the body. On removal to hospital a prolonged systolic bellows murmur was heard propagated along the vessels. He recovered from the hemiplegia, and in 1867 became an inmate of the University College Hospital under Dr. Wilson, where he died. On examination it was found that the aortic valves were almost completely destroyed, and covered with warty growths, so that the aortic orifice was much narrowed. The brain was healthy, except in the portion immediately below the sylvian fissure of the right side. Here there was a tract, with an area of three-quarters of an inch, much indurated, smooth, firm, and glistening on section, and pigmented in spots of a reddish-yellow colour. The anterior branch of the middle cerebral artery, immediately beyond its bifurcation, was completely obstructed by a firm mass of fibrous character, intimately and inseparably united with the coats of the artery.

The next case is equally important and curious. It is one of paralysis with muscular degeneration, or paralysis with apparent hypertrophy communicated by M. Duchenne. In such cases as those related by the author of this communication, there is first, it appears, a stage of paralysis, then one of hypertrophy, and, finally, one in which paralysis becomes general. The patients, although very weak, have the appearance of great muscular power, and are described as looking like "young Hercules." Cases of this kind, when, examined after death, exhibit an appearance of fatty deposits in the muscles, which at certain points cannot be distinguished by the naked eye from the subcutaneous adipose tissue. There is, however, no actual fatty degeneration of the muscles. Lipomatous atrophy is the name suggested. Mr. Lockart Clarke observed increase of the fibrous and connective tissue of the muscles.

Two very instructive instances of tumour in the pons varolii are narrated by Dr. Allbutt, of Leeds, one from a young man of eighteen years of age; the other from a girl of about nine years. In both of these cases the left conjunctiva was inflamed; in both there was paralysis of the sixth nerve; in both paralysis of the seventh nerve; in both partial deafness of the left ear; in both paralysis of the right limbs. In the boy there was no vomiting, in the girl, vomiting for many weeks; the speech was not affected in either case, nor the intellect. The optic discs and retinæ were natural. Death was caused by suffocation in the boy, and from stupor in the girl. In neither of the cases was sugar or albumen discovered in the urine. The mouth was drawn to the right in both, and the orbicularis in both paralysed. Sensation was doubtful. The temporal and buccinator muscles were not paralysed. The symptoms in such cases do not depend on the nature of the tumour, but on its situation in the brain. The tumour in the boy's brain was on the nervous tissue, that in the girl's brain was a villous growth of the pia mater. In the boy's brain the tumour involved the pons chiefly the left side, so that the organs of the left fifth and seventh nerves were included in its edge. The body of the pons on both sides is, however, largely implicated. It overhangs, but does not invade, the crura cerebri. The left side of the medulla oblongata, especially its anterior pyramid and olivary body, is enlarged, and also the same parts of the right side to a less extent. In the girl, the tumour involved the left crus cerebri, left side of pons, and lower and inner part of the left lobe of the cerebellum; also the left side of the upper half of the medulla oblongata, when it extends across the middle line, to include the right anterior pyramid. The left fifth, sixth, seventh, and part of the eighth nerves can be seen springing from the tumour. It is formed of minute dendritic villosities.

Dr. Ogle relates a case of softening of the chief part of the left cerebral hemisphere in connection with plugging of the left internal carotid artery; peculiar tunnelling, or canicu- lated state of the arterial plug, accompanied by a remarkable mouse-trap odour of the patient before death. The patient was fifty-two, had had painter's colic, but never rheumatic fever, or "fits" of any kind. His right arm was paralysed and subsequently the right leg. The urine was albuminous. After death, almost the whole of the central parts of the left cerebral hemisphere were broken down into a pulp extending as far onwards as the outer part of the optic thalamus, and corpus striatum, and downwards almost to the bar of the brain. The left internal carotid artery immediately before its division into its terminal branches, was found to be blocked up by a plug of firm fibrous material, closely adherent to the walls of the vessel. On opening this vessel the plug was found to be perforated by a fine canal, capable of allowing a pig's bristle to pass. The kidneys were in a state of granular degeneration.

The last case we shall notice is that of chronic meningitis in a case of supposed syphilitic disease of the bones of the skull, by Mr. Pick. The patient had been married 33 years, and until the last ten years had been quite well. Since then he had had fits of violent temper. He drank largely, and had lately lived ill. No history of syphilis could be obtained. He died very suddenly in St. George's Hospital, with symptoms of uræmic poison. The urine was observed to be albuminous. On examination the calvaria, especially of the back part, were found to be much thickened, and to present a porous and worm-eaten appearance. All over the surface of the brain was a uniform and diffused layer of solidified lymph, of a greenish colour, at least a quarter of an inch in thickness. From the condition of the effusion, Mr. Pick thinks it must have existed there some time, and he thinks, although we cannot see clearly why, that the disease was probably syphilitic in its origin, and that it had commenced in the bone. No mention is made in the communication as to the appearance of the skull bones.

In our next notice we shall treat of diseases of the respiratory organs, which occupy fifty pages of the *Transactions*.

◆

Correspondence.

THE TRUTH ABOUT NICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—All that Dr. John Hawkins has written for and against Nice is only relatively true. He calls Nice the quarters situated next the river and in the neighbourhood of the sea. But this part of Nice is not the only one, is not the whole of Nice, just as the Strand cannot be said to be the whole of London.

I have passed nine winters at Nice, and five times in different quarters. The true climate of Nice you will find in the country parts, remote from the sea and from the river, in the different villas and gardens of the Quartiers St. Philip, St. Etienne, but principally Lazaret, Carabacel, and Cimies. It is to the latter and to its geological and climatical relations that Nice owes its ancient reputation as a delicious winter station for healthy persons, and as a harbour of health for those invalids who are suffering from certain diseases.

But most people think that you are not at Nice when you do not lodge in one of those fashionable quarters near the sea and the river, and that you do not enjoy the true life of Nice if you do not walk on the *Promenade des Anglais* in the fashionable hours, from two to five o'clock in the afternoon, and if you do not go to the balls and concerts. The very worst hours for taking walks on the one fashionable promenade are from the middle of the day, or say from one to two o'clock p.m. till eight o'clock at night, because then a disagreeable cold and sharp wind blows from the sea; whilst from nine to twelve o'clock in the forenoon are the warmest, most salutary hours, and most free from wind.

But in the morning you meet only a few walkers, mostly children, or all reasonable individuals; whilst in the afternoon the majority of the walkers are unreasonable, or mere pleasure seekers. A.M., you see Nature alone; P.M., art and fashion alone. Dust can be avoided, when those patients who fear it, or for whom it is injurious (as it is for all who suffer in the eyes, larynx, or chest), choose villas situated in the quarters farthest removed from the river and the sea; and do not go out in the town in the windy hours named, or only in their gardens or sheltered streets or roads.

By the bye, all the patients, who suffer from general or local irritability, especially of the eyes, throat, bronchial tubes, or who have tubercular or other diseases of the respiratory apparatus, do not form the true contingent for Nice visitors, and ought never to come to Nice. On the other hand, those suffering from rheumatism, gout, diseases of the skin, kidneys, or nerves, will not be really injured by dust, and may escape the wind if they follow the rules of the manner of life for invalids at Nice, that is to say: (*a*) Never go out without an overcoat; (*b*) Be at home half-an-hour before sunset (till eight o'clock, except when the sky is cloudy, as on dull days there is not so much wind or dust. As for the expenses, those who are not very rich should (*a*) First write to their future physician, or ask a friend, or procure a book on Nice, and seek the hotel that is least dear; (*b*) Not arrive in the evening, in order to be able to make a choice in the hotel; (*c*) Ask the physician which locality is the best for their constitution or health; (*d*) When single or two persons only go to a pension (boarding-house), when with a large family, then take an apartment; (*e*) When with weak stomachs take their own cook; (*f*) The balls and concerts can be as easily avoided as in large towns.

Finally, I think that the philippic of Dr. Hawkins is excellent, and should appear in the French papers, for the information of the authorities of the town, on whom the MEDICAL PRESS AND CIRCULAR has conferred a benefit by speaking the truth about what needs improvement.—I am, &c.,

G. P.

Nice, February 18, 1869.

◆

Medico-Parliamentary Intelligence.

HOUSE OF LORDS—THURSDAY.

CONTAGIOUS DISEASES IN CATTLE.

Lord **LIFFORD** asked the Secretary of State for the Colonies whether it was the intention of Her Majesty's Government to ask Parliament to extend the operation of the "Contagious Diseases Act, 1866."

The Earl of **MORLEY** said the subject was under consideration, and a Bill would shortly be introduced on the subject, either in that or the other House of Parliament. The Bill would be mainly founded on the recommendations of the Committee of last year.

HOUSE OF COMMONS—THURSDAY.

CONTAGIOUS DISEASES.

Mr. **MITFORD** asked the First Lord of the Treasury if Her Majesty's Government would propose to Parliament any extension of the "Contagious Diseases Act, 1866," to places not mentioned in the first schedule of that Act.

Mr. **GLADSTONE** said that Government had under their consideration the course to be taken with respect to that Act, and would in a short time state the conclusion at which they had arrived.

MEDICAL AND EDUCATIONAL CHARGES (IRELAND).

Mr. **GREGORY** asked the Secretary to the Treasury whether, in accordance with the pledge given that the Irish Unions should be relieved of half the medical and the whole of their educational charges, it was the intention of Her Majesty's Government to add the deficiency of the sum voted last year for that purpose to the estimate of the present year.

Mr. **AYRTON** said he had made enquiry into the subject, and the arrangements adopted, as far as he understood, were that an estimate should be made at the beginning of the year of the sum that would be required to meet the charges in each of the Unions, and if at the end of the year that estimate was exceeded, the Treasury should not pay the excess, but if the expenditure was less than the estimate then the actual charge only should be paid by the Treasury. In accordance with that arrangement no application has been made to the Treasury for any further claim, and the subject has not been brought under their consideration.

FRIDAY.

RATING OF HOSPITALS AND OTHER CHARITIES.

Mr. **WHEELHOUSE** asked the President of the Poor-law Board whether it was the intention of Her Majesty's Government to take any step during the present Session, fully to exempt public hospitals, infirmaries, dispensaries for the sick, and endowed almshouses from liability to rating to the relief of the poor.

Mr. **GOSCHEN** replied that that was a very large question —a much larger one, indeed, than it appeared to be as put by the hon. member. It would be very difficult to confine any such exemptions to public hospitals, infirmaries, dispensaries for the sick, and endowed almshouses. The Sunday schools, for instance, had been omitted from the list; and again, there was the question of endowed schools. If they were to exempt endowed almshouses the question would arise whether endowed schools should not be admitted to a similar privilege. Then they came to the public building, municipal buildings, and county buildings. The question was, in fact, an exceedingly large and complicated one, and it was not the intention of Her Majesty's Government to take any steps in the matter this Session.

Gleanings in Medicine, Surgery, and the Allied Sciences.

SURGERY.

THE INJURIOUS INFLUENCE OF DRESSINGS IN AMPUTATION CASES.

DR. **BUROW** has already sought to prove in 1859 (*Deutsche Klinik*) that the dressings are the principal cause of the great mortality which follows amputations. He only lost one or two per cent. of his cases, although the statistics of Pauli indicate a mortality of 33 per cent. He attributes this valuable result to his leaving the stump exposed to the contact of atmospheric air. The skill of the operator goes for nothing, the operations being, in his clinical service, principally performed by his pupils. The following is his procedure :— healways, when possible, employs the tourniquet to compress the artery and vein together. He performs, as often as possible, the flap amputation. He does not excise the periosteum before sawing the bone. Ties the vessels with great care, and waits before closing the wound with two or three sutures until serous exudation from the wound has ceased. The patient being put to bed, a small cushion is placed under the stump, which is covered simply by a piece of linen, and ice is applied if pain supervenes. Towards the second or third day, swelling of the stump takes place, and if the sutures are cutting out they are divided and the inner extremity is left in its place. When the pus is observed to exude through the opening, the sutures are drawn out. It is necessary to clean away the secretion every day, and when the suppuration is not normal, to apply compresses dipped in alcohol and albumen.—*Deutsche Klinik.*

EXTENSIVE CANCER OF THE BREAST CURED RAPIDLY BY ACETIC ACID AND CREOSOTE.

DR. **MARGUTTINI** publishes the following case :—Marie Cossi, aged 55, has suffered for eight years from a tumour which occupies the whole of the left breast. For six years it remained indolent, then began to experience lancinating pains, the skin became red, the tumour became hard, and ulceration took place. On examination it was found that the ulceration divided the breast into two parts, it was sanguinolent, with raised hard edges, and the glands of the axilla were swollen. Dr. Marguttini prescribed the application of charpie soaked in the following mixture :—concentrated acetic acid, 15 grammes ; creosote, 3·50 grammes ; distilled water, 4·50 grammes. The treatment was followed out for six weeks, at the end of which period the patient visited the surgeon, who found to his great surprise a complete cicatrization of the cancer, and a thorough change in her general condition, the appetite had returned and the axillary glands had lost all their swelling.—*Ippocratico.*

CASE OF COLLOID CANCER DEVELOPED IN THE CONNECTIVE TISSUE OF THE PERITONEUM, AND EMBRACING THE ABDOMINAL VISCERA.

DR. P. F. **EVE** reports this case in the *New Orleans Journal of Medicine*, as having occurred in the person of a previously healthy planter, over 65 years of age. He received a fall, striking upon the nates and hip, and severely jarring his back and body. He complained of pain in the dorsal and lumbar regions, and want of full control over his lower extremities. He still continued, however, to do light work about the farm. After this he slowly declined, and in a year and a half an abdominal tumour could be felt which was thought to be scirrhus. Soon after several tumours could be felt, and he slowly sank, and died in about two years from the receipt of the injury. The autopsy revealed in the abdominal cavity about 16 pints of serum. The small intestines were greatly inflamed, with apparently impassable occlusion of the colon from enteritis. Besides three large tumours in the abdominal wall, there was a continuous colloid mass in the connective tissue of the peritoneum over the liver, stomach, pancreas, spleen, kidneys, bladder, and the whole length of the colon down to a portion of the rectum. On opening the abdominal cavity, nothing could be seen except the small intestines and the bladder, all the other viscera being embedded and obscured by the colloid mass. The omentum was adherent to and forced into the anterior tumour, which thus formed the largest of three tumours. The colloid character was plainly marked, was quite firm in places, and exuded a rather stiff jelly when pressed. The whole cancerous mass weighed about four or five pounds.

THERAPEUTICS.

INFLUENCE OF BILE ON THE SALT OF QUININE.

A **MIXTURE** of bile and of solution of sulphate of quinine produces a rapid and reciprocal decomposition, forming sulphate of soda and glycocholate of quinine with an excess of free glycocholic acid. The glycocholate of quinine presents itself as a dense resinous mass, insoluble at low temperatures in water or dilute acids, but soluble in ammonia and alcohol. Thus the salts of quinine may be absorbed by the stomach, if they pass into the intestines they are lost in consequence of the insoluble nature of the compound resulting from their admixture with the bile—*Giornale di Medicina.*

◆

Medical News.

PAUPERISM AND CRIME IN THE METROPOLIS.—The adjourned conference on pauperism and crime in the metropolis was held on Thursday at the rooms of the Society of Arts, Adelphi, the Rev. Dr. Barry, Principal of King's College, in the chair. The following resolutions were carried :—"That this conference recommends the Council of the Association for the Prevention of Pauperism and Crime in the Metropolis to use their strennous endeavours to procure by legislation and social action an organised communication between the London charities."—"That an official register of all applicants for relief in the metropolitan districts is essential for the prevention of imposture, the previous application of charity and the efficient relief of distress."—"That it is important to obtain an Act of Parliament for the registration of charitable societies on general principles as that of friendly and provident societies, and also for the due audit of their accounts, and for the publication of their balance-sheets on a prescribed uniform plan."—"That the requisite steps for carrying the resolution into effect be referred to the Council of the Association for the Prevention of Pauperism and Crime in the Metropolis."

APOTHECARIES' HALL.—At a Court of Examiners, held on the 25th ult., the following gentlemen having passed the necessary examinations, were admitted Licentiates of the Society of Apothecaries, viz. :—Messrs. Arthur Cæsar, of the Tower Hamlets Dispensary; C. D. H. Drury, of Newcastle-upon-Tyne; E. H. Hugo, of Brompton, Kent; and J. F. Smith, of Martin, near Sleaford. And at the same Court the following passed the primary professional examinations, viz. :—Messrs. Horace Gooch Button, of Guy's Hospital; Percival Kingsford, of Guy's Hospital; and Francis Warner, of King's College Hospital.

◆

NOTICES TO CORRESPONDENTS.

MR. M. D. CROFTON.—Your letter shall appear in our next.

SURGEON ALCOCK (Portsmouth).—Proof of your paper *in extenso*, shall be sent you, when the engraver has finished the etching.

MR. THOMAS FALCON (Leeds).—Many thanks.

MR. COTTER.—Thanks; the journal shall be sent regularly to the address in Jamaica.

DR. TOOGOOD DOWNING (Bath).—Your second letter to hand; shall appear in our next if possible.

MR. HOLMES COOTE.—"On Polypi of the Rectum" received, and shall appear in an early number.

NITROUS OXIDE AND CHLOROFORM.

To the Editor of the Medical Press and Circular.

SIR,

I shall feel obliged if you will allow a small space in the MEDICAL CIRCULAR, to enquire as to the effects of the nitrous oxide gas, There are so many conflicting opinions as to the safety or otherwise of its inhalation. In this town the advertising dentists profess to use it, as being *free from danger*, and chemists and others use it on most occasions without the supervision of a surgeon. Is it safe to do so? The Odontological Society's Report, whilst admitting that thousands of teeth have been extracted under its influence with safety, show that in some cases there is probability of unpleasant results. I have attended several cases where the operation has been painless, and without any apparent inconvenience. As far as I can judge here, the medical world have not taken much interest in the matter, and prefer chloroform. Will you favour me with your opinion on the subject?

Your constant reader and subscriber,

Brighton. MOLAR.

We entertain a very strong opinion against the applicability of nitrous oxide as an anæsthetic for general use in private practice. It is true that in the skilful hands of the surgeons to the Dental Hospital, it has as yet been unattended by any casualty, but very little argument for its use in private hands can be deduced from this fact. In the first place a cumbersome and expensive apparatus is essential for the generation of the gas, and under no ordinary requirement of private practice would the cost and trouble of its use be repaid. Secondly, the period of insensibility is so short as to be practically useless, except for dental operations, and, indeed, not even for extraction of stumps, or any of the more prolonged procedures in dentistry. Thirdly, the objections to chloroform on account of its causing excitement and vomiting and subsequent giddiness, apply with increased force to nitrous oxide, inasmuch as it frequently causes violent opisthotonos, and not uncommonly results in vomiting.

Lastly, the action of nitrous oxide is undoubtedly that of an asphyxiant and not an anæsthetic at all; and the question for dispute is whether surgeons will venture on smothering a patient into insensibility even though it may be done with impunity. The appearances of the patient under inhalation are those of imminent death, and certainly sufficiently alarming to create an insuperable first impression against the risk. We hear nothing of the sequelæ of the operation, but it can hardly be supposed that impending suffocation can be produced without some ill-result in the system. The best that can be said of nitrous oxide is, that it is more rapid than chloroform or ether, and that fatalities from its use have not yet been publicly known. In every other respect it is inferior to other anæsthetics. We entertain the strongest suspicion that its use in private practice is nothing in most cases but a false profession.

◆

APPOINTMENTS.

MULVANY.—Assistant-Surgeon John Mulvany has been appointed to the St. Vincent.

TURNER.—Mr. Augustus F. Turner has been promoted to the Staff-Surgeoncy of the 43rd Foot.

ROGERS.—Mr. Rogers has been elected Medical Officer for the Limehouse district, value £200 per annum, vacant by the death of Mr. Thomas Orton.

YULE.—Surgeon Alexander Yule has been promoted to H.M.S. Vindictive.

◆

BOOKS, PAMPHLETS, &c., RECEIVED.

Medicine in Modern Times, being Discourses delivered by Drs. Stokes, Acland, Rolleston, Haughton, Gull, and Hughes Bennett. London: Macmillan & Co.

On the Prevention of Excessive Infant Mortality. By Mrs. Baines. London.

Vital Law. By ———. London; Longmans, Green and Co.

Bible Animals. Part XV.

The Pharmaceutical Journal.

The Western Journal of Medicine.

New York Medical Journal.

Boston Medical Journal.

The American Journal of the Medical Sciences,

&c., &c.

Advertisements.

COUNTY AND CITY OF CORK MEDICAL PROTECTIVE ASSOCIATION.

THE ANNUAL MEETING will be held at the ROYAL CORK INSTITUTION, on THURSDAY, 18th inst., when the Chair will be taken at Four o'clock. Members will dine at Seven o'clock on the same evening, Meeting and Dinner being open to the whole Profession.

By Order, CHARLES ARMSTRONG,
March 1st, 1869. Hon. Sec.

THE LONDON SURGICAL HOME.

FOR Diseases and Accidents of Women; for the Reception of Gentlewomen and Females of respectability, upon a weekly payment, under the sole management of MR. BAKER BROWN.

The Private Medical Attendants of the patients are invited to visit them, and to meet in consultation before treatment.

Full particulars can be obtained on application to the LADY SUPERINTENDENT, 136 Harley street, near Regent's park, London.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

NOTICE is hereby given, that the next PRELIMINARY EXAMINATION will be held on WEDNESDAY, the 21st DAY of APRIL next, at 2 o'CLOCK p.m.

The following are the subjects upon which the Candidates will be examined, viz. :—The English Language, including Grammar and Composition; Arithmetic, including Vulgar and Decimal Fractions; Algebra, including Simple Equations; Geometry, First two books of Euclid; Latin and Greek, including Translation and Grammar.

By order,
JOHN BRENNAN, Registrar.

THE SIAMESE TWINS.—These Wonderful Living Curiosities, with the beautiful Circassian Lady, are now appearing at the EGYPTIAN HALL, PICCADILLY. Receptions during the day as follows:—From Twelve until One, admission Two Shillings; from Half-past Two until Half-past Four, and from Six until Nine o'clock, admission One Shilling.

DEFECTIVE ARTICULATION,
STAMMERING, WEAKNESS OF VOICE, &c.

THE REV. A. J. D. D'ORSEY, B.D., Lecturer at King's College, receives Pupil-Patients daily at One and Five, at
13 PRINCES SQUARE, LONDON, W.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 10, 1869.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE
On the Mode of Action of the Cholera Poison. By Arthur E. Sansom, M.D. Lond., M.R.C.P., Physician to the Royal Hospital for Diseases of the Chest 199
Case of Congenital Malformation of the Œsophagus. By Thomas Annandale, F.R.S.E., Lecturer on Surgery 201
Contributions to Clinical Surgery and Medicine. By William Hargrave, Professor of Surgery, Royal College of Surgeons.. 203

HOSPITAL REPORTS.

Coombe Lying-in Hospital, Dublin.—Some Cases of Ulceration of the Os Uteri treated by the application of Carbolic Acid. (Under the care of Dr. Roe.).. 204

TRANSACTIONS OF SOCIETIES.

Surgical Society of Ireland. — Mr. Collis on Myeloid Tumour 205
Dublin Pathological Society. — Dr. Moore on Abdominal Aneurism 207

LEADING ARTICLES.

Educational Reform.—No. XI......... 208

SCOTLAND.

PAGE
Edinburgh.—Museum of Science and Art. 210
Philosophical Institution 210
University 210
Heriot's Hospital 210
Glasgow and Aberdeen 210
Leith.—Hospital.—Drainage 211
Montrose.—Hawick.—Perth 211

NICE.

The Winter on the Continent 211

NOTES ON CURRENT TOPICS.

Dr. Livingstone and the Paris Academy .. 212
The Trichina in Switzerland 212
Evolution of Carbonic Acid by Leaves .. 212
Professional Journalism on the Continent 212
Local Etherization in Strangulated Hernia 212
Contagion of Consumption 212
A New Remedy in Erysipelas............ 212
Tobacco Smoke in Intestinal Obstructions 212
Postpartum Retention of Urine.......... 212
New French Books....................... 213
Female Doctors 213
Treatment of Somnambulism 213
The Relative Success of Military Surgery in England, France, and America 213
Royal Zoological and Geological Societies of Ireland 213
The Trade in Deformity 214
The Medical Officers' Superannuation Bill (Ireland)............................ 214
American and Oriental Literature........ 214
Army Medical Retrenchment 214
Iridectomy in Glaucoma 214
The Typhoid Fever at Brussels 215
Irish Lunatic Asylums 215
Turpentine as an Antidote to Phosphorus 215
Hospital for Seamen 215
Death through Mistake.................. 215
Amenities of Poor-law Medical Officers .. 215

CORRESPONDENCE.

J. B Langley on Repression of Quackery .. 216
Barr Meadows on "A Canard," or "A Feeler" 216

GLEANINGS IN MEDICINE, SURGERY, AND THE ALLIED SCIENCES.

Medicine................................ 217
Surgery 217

MEDICO-PARLIAMENTARY INTELLIGENCE.

House of Commons. — Gilbert Unions; Fever Hospital Patients; Pauper Emigration to the United States; Contagious Diseases in Cattle; Pharmacy Act (1868) Amendment Bill 217
Carbolic Acid in Small-Pox 218
Morphia in Anæsthesia 218
Medical News, Notices to Correspondents. 218

Original Communications.

ON THE MODE OF ACTION OF THE CHOLERA POISON.

By **Arthur Ernest Sansom**, M.D. Lond., M.R.C.P.,

Physician to the Royal Hospital for Diseases of the Chest, City road.

(Continued from page 158.)

Having traced the cholera germ to its transmission to the human organism, we have now to enquire concerning its action and effects. It is, at first sight, likely that these will vary (1) with the quantity of poison absorbed. So it is rendered very probable that the frequency of diarrhœa during times of cholera is due to the ingestion of cholera germs in quantities insufficient to produce the more marked effects (2) with the phase of development of the cholera germ. Such is rendered probable, not only by the experimental evidence already quoted, but by the indications which statistics afford of the diurnal variations in morbility and mortality of populations under the same local conditions, (3) with the receptive condition of the organism.

The circumstances which predispose to the prevalence and virulence of a cholera epidemic are shown for the most part to be those which imply a combination of these conditions. For instance, dirt, squalor, and thickness of population imply the prevalence of the nitrogenous soil in which the cholera germ tends to propagate, the comparative facility of transmission of the germs from individual to individual, and the want of hygienic means, which depresses the vital powers in the case of this as in the case of any other disease.

Statistics show that men and women are almost equally prone to the effects of the poison, but *old* women are more liable to them than *old* men. The fatality of the disease is slightly greater in males than in females, except at the procreative ages twenty-five to forty-five. It does not appear, therefore, that any special condition of systemic debility predisposes to the morbid effects of the cholera germ, except *age*, which certainly has a marked influence. According to Dr. Farr, "human life loses the power of resisting the zymotic life of the cholera epidemic year by year after puberty." Mortality increases as age advances. In this regard, though cholera resembles fevers, it differs from variola, scarlatina, diphtheria, and rubeola. But now comes the striking fact, that of those individuals to whom the poison is transmitted in equal degrees and under like conditions, only a portion of them suffers from morbid effects. This fact seems to stand out more prominently than in the cases of other infectious diseases. For instance, the whole of the members of a family will be drinking the same contaminated water; in some of the members cholera may be manifested and may prove fatal, in others it may occur in varying degrees of severity, and some may escape altogether. It follows that there are certain conditions which excite, and certain others which prevent the morbid efficacy of the cholera germ. The question, what are these conditions respectively? may be difficult, though perhaps not impossible to answer. It will be more convenient to defer the enquiry until we have considered what are probably the first effects of the germ upon the economy?

I have said that in by far the greater proportion of cases, if not in all, the germ enters the system by the way of the alimentary canal. How long does it require to be there latent before its effects are manifest? According to Dr. Macpherson,[*] cholera may break out in eight or ten hours from the earliest possible exposure to its sources. Snow[†] gave its period of incubation as from twenty-four to forty-eight hours.

It is not likely that any marked change in the phases of development of the cholera germ can take place in the short periods of time named, it is therefore most reasonable to suppose that the germ when swallowed is at its maximum of potential efficacy, and commences its morbid action just as a medicinal purgative would, or as those noxious emanations which produce nausea and symptoms of intestinal irritation following so closely as to allow little room for doubt as to the logical sequence of cause and effect. Absorbed into the alimentary canal, the first effects are manifest either upon that canal or upon the structures in immediate relation therewith. These are nausea, oppression at the epigastrium, diarrhœa. Such symptoms we know by analogy may result from irritation of the mucous membrane of the intestinal canal.

---

[*] *Medical Times and Gazette*, July 13th, 1867.

[†] "On the Mode of Communication of Cholera." Second Edition. P. 16.

It is, I consider, rendered very probable that the invasive symptoms of cholera may occur for a long period before the manifestation of the specially characteristic symptoms of the disease. In forty-one of the cases observed by Dr. Sutton, the symptoms of invasion varied in duration from twelve hours to eight weeks. It is probable, therefore, that though the cholera germ is quickly an irritant of the gastro-intestinal mucous membrane, it may proliferate and accumulate within the body before manifesting its characteristic effects.

Now comes an important consideration. I think it can scarcely be doubted, since it has been vouched for by so many good and true men, that those measures which have, according to foregone experience, arrested symptoms of ordinary diarrhœa, have also arrested that form of diarrhœa which is frequently the precursor of true cholera. Why have they done so? Let us briefly glance at the means which have, according to the testimony of experience, proved thus efficacious, and consider them in reference to the hypothesis of an organized cholera poison. We may class these as—

1. Antiseptics, as the sulphites, carbolic acid, creosote, &c.
2. Acids, particularly sulphuric acid.
3. Mineral astringents, as acetate of lead, sulphate of copper, &c.
4. Mineral salts not astringents, as calomel.
5. Vegetable astringents, the chief ingredient of which is tannin.
6. Chalk and aromatics.
7. Opiates.
8. Purgatives.

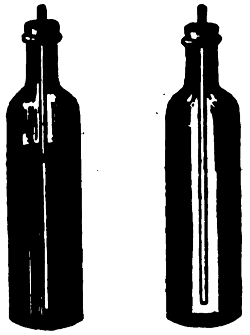
The operation of the first class, antiseptics, we need not stay to discuss. It will probably be admitted that they arrest the vitality of the septic particles, whether these be the prime causes of the disease, or the induced products of fermentation within the body, which give rise to that irritation the result of which is diarrhœa.

Of the remaining agents the *modus operandi* is, at first, not so easy to explain. On this point I have made some observations which, imperfect as they are, cannot fail, I think, to be of some interest. The question which I set myself to consider was this: Is it possible that some of the agents which have been used successfully in the treatment of diarrhœa may have had an action similar to, or analogous with antiseptics, though they have not been so considered? Antiseptics stop the growth of organized germs: are any of the other agents employed capable of a like action?

I endeavoured to investigate the effects of various agents upon fermentation—a process, the essence of which is the growth and multiplication of vegetable particles. To do this I employed the following means. Having obtained a series of bottles, each of the same capacity, I adapted to each a cork, through the centre of which passed a tube of the same calibre in all, one end reaching nearly to the bottom of the bottle, and the other rising an equal height (about an inch) above the corks. Into every bottle of the series were put twenty-five grains of cane sugar, and a quantity of yeast (two drachms) taken from the same sample. One of the series (A) was filled with pure cold water, into each of the others in addition, one of the following ingredients was added:—

B. Liquor potassæ, 5 minims.
C. Sulphuric acid, 1 tenth of a grain.
D. Tannic acid, 5 grains.
E. Acetate of lead, 5 grains.
F. Liq. hydrargyri bichloridi, ½ a drachm.

The corks and tubes were now adapted, and the whole were plunged into a vessel of water at a temperature of 100 degrees Fahrenheit. The external influences, therefore, to which all were exposed were absolutely identical. It will be readily understood that on the fermentative process occurring the accumulation of carbonic acid at the upper part of the bottles would drive through the vertical tube the fluid contents. Observation, therefore, of the rapidity of emptying, and of the state of fulness or emptiness of the bottles (see Fig.), would be an index of the rapidity and extent of the fermenting process. Now although, of course, the method was not intended to give results of absolute precision, still each bottle being subject to identical external influences, the results were strictly relative, and admit of a close comparison. The following points were noted:—



1. In bottle A fermentation rapidly commenced.
2. In bottle B it also rapidly commenced, and at the end of an hour even more fluid was displaced than in A.
3. In D, fermentation was slightly retarded.
4. In the remainder there was no evidence of any fermentation whatever.

After the lapse of twelve hours, the bottles being again examined, the following were the results:—

A and B were completely empty—*i.e.*, the fermentation had caused the displacement of the whole of their contents.

D was nearly empty; whilst in

E a very small quantity of fluid was displaced; and in

C and F the fermentative process had been wholly arrested.

It was therefore evident that (1) in an alkaline solution fermentation occurred even more rapidly than under ordinary circumstances; (2) that the presence of a minute amount of sulphuric acid completely arrested all fermentation. I think this fact is very powerful to explain the action of dilute sulphuric acid in restraining diarrhœa and the initial symptoms of cholera. Further observations in this direction are not wanting. Vibrios cannot live in acid solutions. Is it not probable that these circumstances may explain what have been sometimes called the "conditions of idiosyncracy" predisposing to an attack of cholera? Thus, suppose the cholera-genic molecules be absorbed into a stomach in which there is a vigorous outpouring of the gastric juice; they are at once killed—they are rendered innocuous. Suppose, on the other hand, they find access to the stomach at a time when its contents are deficient in acidity, or when the general state of the body is one of the preponderance of an alkali; then occur the manifestations of the toxic power of the germs, and the effects of their proliferation in inducing the phenomena of the disease. The observations on fermentation indicated (3) that the metallic salts, acetate of lead, and bichloride of mercury, had a great influence upon the fermentative process. The influence of the latter was, however, by far the most profound, for after keeping the bottles prepared as before indicated for several days, I found that whereas the process of fermentation did take place to a considerable extent in the case of the fluid containing acetate of lead, no fermentation whatever was manifested when bichloride of mercury was present. The efficacy of the former, therefore, must be sought partly in its astringent, partly in its antiseptic character. The behaviour of bichloride of mercury, however, may help in some degree to explain the value of calomel in diarrhœa (which has been frequently attested). Apart from its power of mechanical elimination by purgation, some of it, converted by the fluids of the body into the soluble chloride, may act as the powerful antiseptic which it is proved to be.

The behaviour of tannin gave me some surprise, for in the case of such a deoxidising agent I anticipated that some pronounced effect would be manifest. It is obvious that if we accept the analogy of fermentation with septic conditions, tannin is not an antiseptic. How, then, can we explain the action of vegetable astringents in the arrest of diarrhœa? First, is the premiss allowable that astringents are *per se* efficacious? On this point the following is the testimony recorded in an admirable *résumé* of Remedies for Diarrhœa recorded in the *Medical Times and Gazette* for July 28th, 1866:—"It must be observed that these remedies (astringents) are seldom given without opium, and that they do not appear superior to sulphuric acid; certainly not so good for popular use." Granted, however, that they have an action of some practical value, we may find an explanation of this in their property of constringing the capillary vessels.

The action of opium in diarrhœa harmonizes with almost any theory of causation. Allaying spasm and inducing rest, it tends to a restoration of healthy eliminant action. "In giving opium, the practitioner does what the surgeon does when a patient with irritated bladder cannot pass his urine; and what the accoucheur does when a woman is plagued with inefficient uterine action. Opium rests a weary colon, and allows it time to discharge its duties with vigour."*

Chalk with aromatics being an alkaline remedy, cannot, as before shown, have any action in arresting the vitality of germs in a fermenting body; but it may well be supposed that they may act mechanically, involving with their own the septic particles, and being carried through the economy.

Lastly, Purgatives.—If the irritant germs produce their effects wholly and solely by their presence in the alimentary canal, the use of purgatives both in diarrhœa and cholera stands upon a very sound basis. Their efficacy in arresting diarrhœa due to a simply irritant action can hardly be doubted by practical men. Of their utility, however, at the stage when the more simple symptoms are being accompanied by the characteristic signs of cholera, the voice of experience seems to speak with a sound of condemnation.

If we could adopt the view—(1) that when the existing germs are entirely or chiefly irritating the gastro-intestinal mucous membrane, and an aperient being administered, these are got rid of, and the disease the consequence of their presence becomes relieved, but (2) that by their more prolonged influence, or by their existence in greater quantities, or their multiplication in a more rapid manner, they induce local lesions, which remain after the first cause is removed; or that, besides being local (intestinal) irritants, they become a poison capable of absorption into the blood: then purgation is not only useless, but mischievous—some solution might be given of existing discrepancies. Dr. Johnson, however, who maintains so strongly the value of purgatives in cholera, asserts that the poison of cholera is wholly a *blood*-poison. I cannot but think that on these bases his theory and practice are at variance. If he believed that the poison was a gastro-intestinal irritant, and purgation removed it, I could understand his position; but to endeavour by a purgative to remove a subtle venom from the *blood*, seems to me a proceeding very difficult logically to defend.

The question which presents itself may be thus expressed: Is the cholera-germ a gastro-intestinal irritant —or a blood poison—or a combination of both? To investigate this I shall consider first the probable mode in which is produced the flux from the bowels, and in connection with this inquiry I shall record some experiments which I have made on fermentation taking place within the living body.*

(*To be continued.*)

CASE OF CONGENITAL MALFORMATION OF THE ŒSOPHAGUS.

By Thomas Annandale, F.R.S.E., Lecturer on Surgery.

On the evening of Thursday, the 28th of October, I was asked by Dr. Thomson, of Teviot Row, to see with him an infant thirty hours old. The patient—a first child—was born at the full time. Both parents were young, healthy, and well formed, and the mother's labour was perfectly natural. The infant at birth presented no external malformation, but it was noticed that it was several moments before it breathed, and when respiration became established it was at times thick and laboured. It was also particularly observed by both Dr. Thomson and the nurse, that when the child was fed for the first time (with milk, and by means of a spoon), the fluid only remained down a few seconds, and was then returned through the nostrils and mouth with a sort of spasmodic jerk. The infant passed the ordinary meconial fluid by the rectum two or three times, but no natural fæcal matter ever passed away.

Repeated and careful attempts were made to feed the patient, but the fluid returned as at first, and the nurse was quite sure that none of it passed into the stomach.

Having first witnessed an attempt to feed the child, and watched the peculiar hurried respiration, I proceeded to make a thorough examination of the external aspects of its head and neck, but could detect no abnormality. I then passed my finger into the mouth, and down into the throat beyond the epiglottis, but could still feel no malformation. Retaining my finger in the throat, I passed along it into the œsophagus a No. 8 elastic catheter, which slipped readily down the canal for a distance of nearly an inch from the top of the larynx. Beyond this point the extremity of the instrument would not pass, although it could be freely moved as if in a pouch or dilatation of the canal. I withdrew the catheter, and again re-introduced it, but with the same result; and I also tried to pass a No. 4 instrument, but its point was arrested as before.

At the consultation on the case Dr. Thomson and myself expressed a decided opinion that the canal of the œsophagus was completely obliterated at the seat of obstruction. The feasibility of an operation was discussed, but we both agreed that as there was evidently some abnormality in connection with the air-passages, and also that as there could be no certainty in regard to the condition of the canal below the obstruction, operative interference was not justifiable.

---

* *Medical Times and Gazette, loc. cit.*

* I am not quite sure that a portion of my last communication (p. 157) is not capable of a construction other than that which I intended. For example, in mentioning the views held by Beale, Pacini, and Hallier, I did not intend to imply an agreement between these observers as to the causation of cholera. I merely meant that they were unanimous in ascribing to a material of extreme minuteness, and possessed of *living* powers, an agency in the production of zymotic disease. I did not mean to imply that Prof. Beale held to the "fungus theory" of cholera causation, or held any other community with the other observers. The germinal matter efficient in cholera may be derived from the animal world, or from the vegetable. My further remarks are intended to convey the idea that it is impossible for us to logically determine *now* whether it is from the one or from the other. I should be sorry indeed to do an unwitting injustice to Professor Beale (holding, as I do, his opinions in the very highest respect), and to ascribe to him by implication views which his published writings do not warrant. Again, when I say that "germinal matter" is vested with vital powers "by the will of the Creator," this is rather *my view of his view*. I may be wrong in my inference.

The infant died on Friday, at half-past four o'clock a.m., having lived forty-eight hours.

A *post-mortem* examination was made on the following day. The neck, chest, abdomen, and pelvis, and their contents, were carefully examined, and found to be quite normal, with the exception of an interesting malformation of the œsophagus and trachea.

A more careful dissection of these parts showed that the upper portion of the œsophagus was dilated, and terminated in a rounded blind pouch (Fig. 1, C; Fig. 2, B), 3-10ths of an inch above the bifurcation of the trachea. The entire length of the upper portion of the canal, measuring from the cricoid cartilage to the extremity of the cul-de-sac, was 6-10ths of an inch. The lower end of the œsophagus (Fig. 1, E) was normal and pervious from the stomach to a little above the bifurcation of the trachea. At this point it was so intimately adherent to the posterior wall of the trachea, that the two could not be separated, and it appeared as if a fusion of the walls of the two canals had taken place (Fig. 2, D). On laying open the anterior wall of the trachea, the lower end of the œsophagus was seen to open into its posterior wall, a little to the left of the middle line, 3-10ths of an inch above the bifurcation, and the same distance below the termination of the cul-de-sac. This opening (Fig. 1, D) was the size of a crow-quill, and its anterior margin was surrounded by a semi-lunar fold of mucous membrane. The œsophagus between the cul-de-sac and the upper part of its lower end was merely represented by a few muscular fibres.

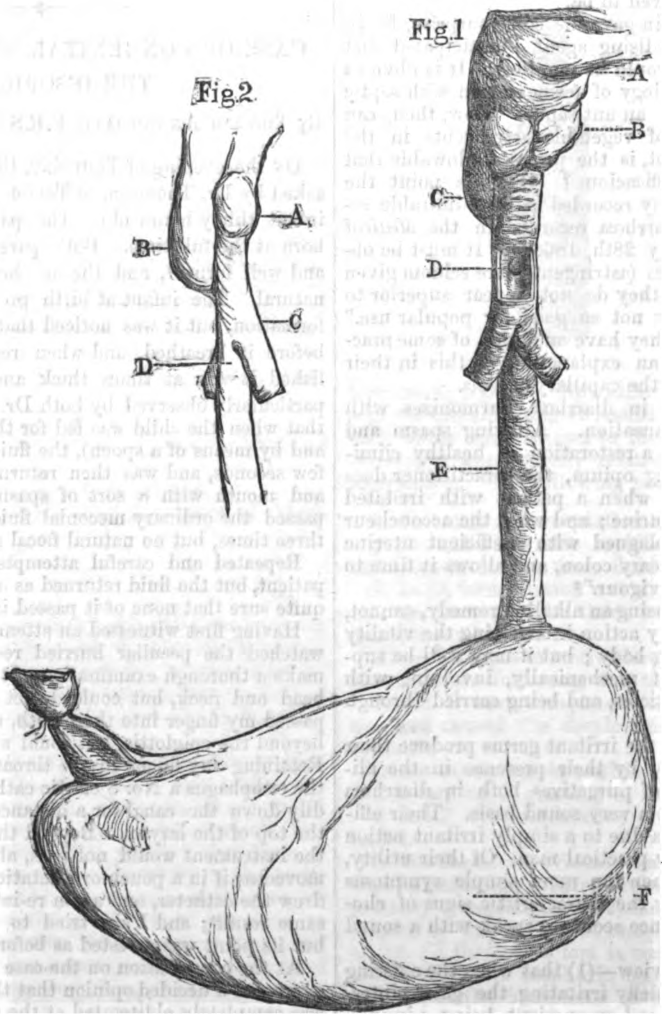


Fig. 1.—A, Hyoid bone.
B, Thyroid gland.
C, Dilated œsophagus terminating in a blind pouch.
D, Orifice of communication between the lower end of the œsophagus and the trachea (a portion of the anterior wall of the trachea has been removed to show this).
E, Gastric end of œsophagus, normal and pervious.
F, Stomach.

Fig. 2.—A, Thyroid gland.
B, Dilated œsophagus and cul-de-sac, viewed laterally and slightly from behind.
C, Trachea.
D, Lower end of œsophagus, merging into posterior wall of trachea.

Remarks.—The literature of this country does not, so far as I have been able to ascertain, contain a description of any case similar to the one just related. Cases of congenital malformation of the œsophagus—such as Meckel refers to, as described by Roderer—have been found in conjunction with other defects of the alimentary canal; but in the present instance the whole canal, with the exception of the œsophageal malformation, was normal in form and arrangement.

The particular kind of deformity met with in this case is obviously extremely rare. Still, a few cases very similar to it have been recorded in some of the Continental treatises. Vrolik, in his 89th Plate, figures the œsophagus of a new-born infant, in which that tube terminated a little above the bifurcation of the trachea in a cul-de-sac. Commencing again immediately below to pass down into the stomach, the œsophagus opened into the trachea by a roundish oblong foramen. Albers[1] figures a case in which the occlusion of the œsophagus was still more strongly marked, for not only did that tube end in a cul-de-sac, but the part immediately below was a solid thread, which was continued inferiorly into the lower and pervious gastric end of the œsophagus. A very similar case has also been described by Scholler.[2]

M. Sedillot,[3] in his chapter "De la Gastrotomie," states that these malformations may be divided into three classes: (1) complete *interruption* of the canal of the œsophagus; (2) atrophy and obliteration; (3) solution of continuity with a communication between the lower end of the œsophagus and the trachea. M. Sedillot quotes freely from an interesting paper by M. Andral, "On the different Congenital Lesions of the Œsophagus, which cause New-born Infants to die from Starvation." In this paper M. Andral says, that there are cases in which the upper end of the œsophagus ends in a cul-de-sac, there being only cellular tissue between the latter and the stomach. In other cases the œsophagus, in its whole length, is represented by a plain cord. The same author refers to a case reported by M. Martin, in which the only trace of the œsophagus was a canal some lines in length, which terminated at the side of the pharynx in a cul-de-sac, but immediately above the origin of the bronchi the trachea presented an opening the size of a small quill, which passed into a membranous elastic tube that communicated directly with the stomach. Another case, reported by Professor Levy, is related, in which the upper end of the œsophagus was dilated, and terminated in a cul-de-sac. The lower extremity of the canal opened into the trachea a little above its bifurcation. A curious circumstance in connection with this case, the nature of which was diagnosed during life, was, that the child, which lived four days, lost exactly one and a half pounds in weight from the time of its birth to its death.

Although, in the case related above, the dilatation and obliteration of the canal of the œsophagus were distinctly diagnosed during the life of the patient, examples of this form of congenital malformation cannot be considered to be of much practical importance to the surgeon, owing to their extreme rarity, and also to the fact that they do not admit of operative interference. The dissection of the malformed parts in this case well showed how unsatisfactory any operation would prove in such deformities. The peculiar character of the infant's breathing led both Dr. Thomson and myself to suppose that there was some abnormal communication with the air-passages, but the nature of this communication was only determined by the *post-mortem* dissection.

In reference to operative interference in such malformations, M. Sedillot remarks:—"Dans tous les cas où l'œsophage est simplement oblitéré, atrophié ou interrompu, la gastrotomie donnerait l'espérance de sauver l'enfant sans autres accidents que ceux de l'opération elle-même. S'il existait une communication du bout inférieur de l'œsophage avec la trachée, on pourrait craindre que les substances portées dans l'estomac arrivassent par regurgitation dans les voies aériennes; mais l'étroitesse de l'orifice anormal et sa tendance naturelle à se fermer par sa non-raison d'être, devraient rassurer contre l'éventualité de cet inconvénient, que rien ne permettrait *à priori* de soupçonner."—*Edin. Med. Journ.*

CONTRIBUTIONS TO CLINICAL SURGERY AND MEDICINE.

By William Hargrave,

Professor of Surgery, Royal College of Surgeons, &c.

I.—INJURY TO THE LUMBAR REGION OF THE SPINE, WITH SOME PECULIAR SYMPTOMS.

II.—THE EXTRACTION OF NEEDLES: ONE WAS SUCCESSFUL UNDER THE ADMINISTRATION OF CHLOROFORM CARRIED TO ITS EXTREME EXTENT, THE OTHER WITHOUT IT.

(Cases taken by Mr. Donaldson, Resident Pupil.)

INJURY TO THE SPINE IN THE LUMBAR REGION.

Under the care of Dr. Hargrave.

Michael C., aged eighteen, residing in Blackrock, was admitted into the City of Dublin Hospital, Oct. 13, 1868.

Previous History.—Was working in a hay-loft and fell down through a trap-door, about twelve feet, on some brick paving; appears to have fallen first on his loins; got a very severe shock; was carried home, where he vomited a good deal, and then fell asleep. After sleeping for about two hours he awoke, with great pain across his loins and hip, which continued getting worse until the following day, when he was admitted into hospital. On admission: complains of acute pain across the loins and hips; cries out on being moved; passes his urine with some difficulty. Since the fall has lost sensation along the front of the left thigh and leg, nearly down to the ankle. Complains of pain in one particular part of the lumbar spine. A mustard plaster was applied to the loins, which gave him a good deal of relief.

Oct. 14th.—Pain greatly relieved, but complete anæsthesia still along the front of left leg. To be cupped to ℥ij. from the lumbar region.

15th.—The cupping has given him much relief; the motions of the limb are perfect, except extension, which he can only accomplish by placing the foot of the right leg under the tendo Achillis, close to the os calcis, and shoving it down to the full extension. Prescribed a liniment, sap. co., with tra. nucis vom., chloroform, and aconite for the loins.

16th.—Pain relieved by the liniment; no change in the anæsthesia or power over the limb.

17th.—Two moxas, the size each of a shilling, to cause vesication, but no slough on the lumbar region.

18th and 19th.—The moxas have benefited all the symptoms; he is regaining some power over the extensor muscles of the thigh and leg; anæsthesia diminishing.

℞ Proto iod. hydrarg. vir., gr. vj.
Submur. hydrarg., gr. iij.
Pulv. opii, gr. i.
In pil. vi., st. i., mane nocteque.

Also,

℞ Iodid. potass. ʒi.
Liq. potass., ʒi.
Aquæ lauro cer., ʒi.
Aqua dist. ad., ℥viij. ♏
Ft. cochl. ampla duo, ter in die.

20th.—Continues much the same way. Takes his pills and mixture.

23rd.—Complains of great numbness of the limb. Ordered to envelope it in cotton wadding.

24th.—A good deal relieved by the cotton wadding; is beginning to walk a little on the limb.

29th.—Little change; walks, but with difficulty, on the affected limb every day; keeps it enveloped in cotton wadding. Ordered—

℞ Ext. nucis vom., gr. vj.
Ext. gentiani, gr. xij.
Fiant pil. vi., capt. i., mane nocteque.

31st.—No benefit from the nux vomica. The following mixture prescribed:—℞ Decoct. arnica mont., tr. ejusdem, tr. card. co. spir. chlorof. iodi potassæ, gr. xxx., in the eight-ounce mixture, ℥i., ter in die.

---

[1] Forster, Missbildungen des Menschen. Jena, 1865.

[2] Forster. Plate xxiv., figures 20, 21, 22.

[3] Contributions à la Chirurgie, vol. ii., p. 405. 1868.

November 4th.—Walks about pretty well, but still feels much numbness of the left limb.

7th.—Left hospital this day of his own accord.

This patient was readmitted to-day, the 12th November, complaining of great pain in the lumbar region; great numbness along the front of the thigh and leg; total inability to use it. All the symptoms affecting the left limb were more aggravated than when first admitted, Oct. 13.

The arnica mixture was repeated, and the bromide of potash substituted for the iodide of potash.

14th.—Numbness continues; complains of a looseness (as he calls it) about the knee-joint; has lost a great deal of the power to extend the leg.

15th.—Complains of pain running down along the outer and inner side of thigh. Ordered: the most painful part to be well streaked with nit. argenti, and to continue his medicine.

16th.—Appears to have much better power to extend and flex the limb. To continue mixture, and a warm flannel cloth to be wrung out of boiling water and applied to the lumbar region, as hot as he could bear it, for half an hour, covered with oiled silk, three times a day.

24th.—Has continued the application of the flannel and his medicine, and appears to have much better power over the limb.

In addition to this treatment, galvanism was applied to the loins and anterior crural nerve, under which he rapidly improved, and left the hospital, December 15, with all the functions, power, and sensation of the left limb restored to its normal state, having been under observation and treatment forty-eight days.

From the symptoms presented by this case the lesion in the lumbar region must have been the result of not alone concussion, but also some sanguineous effusion, some small clot of blood pressing upon the posterior roots of the lumbar plexus, and explaining the partial anæsthesia referred to such an extensive portion of the anterior part of the left inferior extremity, from near Poupart's ligament to within a short distance of the ankle-joint. Why should not this symptom be more general, and not confined solely to the anterior aspect of the limb? Is it possible that there was only partial pressure upon the sensitive roots? The symptom would justify entertaining this opinion. Again, as to the effect of the nervous lesion over the locomotive system. The remarkable phenomenon observed was the patient having complete power of flexion over the inferior extremity, with the inability to extend it, which could only be effected by the patient placing the foot of his right leg under the tendo Achillis of the left one, immediately above the os calcis, by which means he slowly restored it (by pushing) to the extended position; on other trials to extend the limb after being flexed he could only succeed by rotating the thigh powerfully outwards, and could then extend the limb by a powerful effort without the assistance of the left one.

On re-admission, after the lapse of five days, this patient's condition was worse than when first admitted, as regards both the anæsthesia, with no power of extending the limb, but experienced less pain. The treatment which restored this young man to perfect recovery can be recapitulated as follows:—Small cuppings over the loins; the application of superficial moxas; application of very hot flannels at a high temperature on the lumbar region; the administration of bromide of potash, in the decoction of arnica montana, with the application of galvanism. From the success of this treatment whatever effusion was caused by the accident had been completely absorbed. This patient also complained much of pains about the knee-joint, and extending along the inferior part of the thigh, both in the external and internal aspects, which I do not consider as the result of inflammation, but of a nervous character. For their relief I have found permanent benefit from what I consider a potential cautery, the nitrate of silver; applying it in parallel lines of two or three in number, and the breadth of the little finger, and four inches long, so as to discolour the skin to a dark brown colour. The same application for similar symptoms about the elbow and ankle has afforded more relief than either liniments or blisters.

(To be continued.)

◆

Hospital Reports.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. Thornley Stoker, M.D., L.R.C.S.,
Demonstrator of Anatomy in the Royal College of Surgeons in Ireland.

COOMBE LYING-IN HOSPITAL, DUBLIN.

Some Cases of Ulceration of the Os Uteri treated by the application of Carbolic Acid.

(Under the care of Dr. Roe.)

Dr. Roe has been for some time in the habit of using carbolic acid as a local application in cases of ulceration of the os and cervix uteri, and has found it to yield results superior to any other topical treatment which he has tried. He has used it in cases where the whole round of other applications has been unsuccessful, and always with the most happy results. He agrees with Dr. Roberts, of Manchester, who last year drew the attention of the profession to the subject, in considering it a caustic, which, as regards its severity, may take intermediate rank between the nitrate of silver and strong nitric acid, besides acting as a disinfectant, a matter of no small importance in these cases. Dr. Roe does not use it in as strong a form as Dr. Roberts, and does not consider the strong acid necessary in very superficial ulcerations. A mixture of one part of the strong acid with two of olive oil seems to answer all ordinary purposes; but in cases of very deep ulceration the use of the strong acid may be called for. In such cases Dr. Roberts desires the acid to be liquified by the addition of a very small quantity of water. This has not been found to answer the purpose in the Coombe Hospital, but it has been there discovered by Mr. Weir, that the addition of a few grains of camphor will dissolve the acid, and will, moreover, prevent it again becoming solidified, even at a freezing temperature.

The application of the carbolic oil to the os uteri is best effected by soaking a little cotton wool in the liquid, securing it by a string, and introducing it through a speculum, the string being left depending out of the vagina, and the patient being directed to pull it away on the second day. This procedure is repeated in ordinary cases about twice every week. If it be desired to apply the acid to the cervical canal, it may readily be done, by passing into it a gum elastic catheter smeared with the carbolic oil.

The following cases, taken at random from a great number, are fair examples of the success of the treatment.

Case I.—Mrs. P., æt. 35, married ten years; has one child seven years old. Came under observation last December, suffering from headache, loss of appetite, great pain in the back and loins, and shooting pains through the pelvis. She complained of great pain during intercourse, menstruated very scantily, and had a profuse muco-purulent discharge. On examination the cervix was found enlarged, a discharge of albuminous matter from it, and all the symptoms of endocervicitis. The os was abraded of epithelium, vivid red in colour, and bled freely when touched. The nitrate of silver was applied to the os, and sulphate of zinc points introduced into the canal of the cervix; these not giving relief, iodine and other remedies were tried, but very slight benefit resulting, the application of the carbolic oil, both to os and cervix, was commenced early in February; it was used every third day for about a month, when the woman was quite recovered. In this, as in all the other cases, the patient was treated by tonics and aperients, in addition to the local use of the acid.

Case II.—Mrs. S., æt. 28 years, seven years married, has three children, the youngest two years of age; applied for relief last January, complaining of pains in the left iliac region, pain during defæcation and intercourse, constipated bowels, irritable bladder, &c., &c. Examination revealed an ulcer on the posterior lip of the os uteri, extending into the cervical canal, the os and cervix being soft and tender to the touch, and the ulcer secreting pus streaked with blood. Treated by tonics and aperients, and by the local use of the carbolic oil, this patient made a rapid recovery, the ulcer being completely healed, and the attendant symptoms relieved.

Case III.—Mrs. N., aged twenty-three, two years married, and having a child ten months old, which she was nursing, came to the hospital about the end of January, suffering from iliac pains, leucorrhœa, dyspepsia, &c. When examined she was found to be suffering from vaginitis. The os uteri was denuded, vivid red, and granular. The cervical canal was apparently healthy. She was put upon tonics and aperients, the carbolic oil was applied twice a week in the usual way, and she was quite recovered at the end of February.

◆

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

Friday Evening, February 19.

Dr. Labatt, senior member of the Royal College of Surgeons in Ireland (present), in the chair. Present—Messrs. Brassington, W. T. Stoker, Leech, Minchin, H. Kennedy, Murdock, J. R. Kirkpatrick, Grimshaw, R. N. Willis, A. H. Marks, Mapother, H. G. Croly, Isaac Usher, Wharton, Roe, Purcell, H. H. Stewart, Ferguson, R. P. White, D. B. Hewitt, R. A. Moore, W. D. Moore, C. F. Moore, C. Benson, J. H. Benson, W. M. Peebles, 81st Regiment (by Dr. Benson), W. Stokes, jun., C. Fleming, M. Collis, J. G. Beatty, R. Fennelly, A. H. Jacob, Stoney, A. Robinson, Darby, Hargrave, E. Hamilton, T. MacSwiney, J. Tufnell, B. J. McDowell, F. McDowell; Drs. Costello and Tobin, visitors.

MYELOID TUMOUR.

Mr. **Maurice Collis** said he had to show that evening some specimens illustrative of that class of disease which was known as myeloid or fibro-plastic tumours. Their favourite situation above all others was in the antrum. He had to present to the Society the specimens and casts of three of those tumours, and also a book of photographs containing, among others, the photograph of one of these patients. The first case he would only briefly allude to, as it had already been published. This patient came up to him in the latter end of June last, and was operated upon the 1st day of July. The cast was taken on the last day of June, and the second was taken on the 11th of July, ten days after the operation. On the same days the two photographs were taken, one before, the other after the operation. The rapidity with which this case healed was something quite out of the common. The other two cases he would briefly state from the notes of Mr. Sibthorpe. James Heffernan, a farmer, aged thirty, was admitted into hospital on January 20th, 1869. About ten months ago he was attacked with toothache, and lost one tooth on the right side of the face. He soon afterwards remarked a small lump beside his nose, which gave him no pain. It had been gradually increasing in size ever since. All the teeth on that side of the jaw became loose, but they were not carious. The tumour projected at the side of the nose, the projection on the cheek being about the size of a walnut, over which the skin was quite movable. The hard palate was not much interfered with as regards form, but as regards substance it was considerably softened, and pushed down a little. The nose was stuffed, but without pain. Mr. Collis punctured the tumour through its most prominent part, under the upper lip, and examined what came out of the grooved needle, and found that it consisted of the form of cell termed by Lébert fibro-plastic, and named by Mr. Paget myeloid. This form of growth is especially found in the antrum and medullary cavity of bones. He operated on the 22nd of January. The incision ran, not in the mesial line of the lip, which gives an unpleasant depression or tuck up in the lip afterwards, when the cicatrix reaches its maximum of contraction, but in the line which he always adopted now, at the side of the mesial line on one of the ridges prominent on everyone's upper lip. The upper lip was divided into three parts, a central part and two lateral ones, and at the place where the central joined the two lateral portions there was a line more or less prominent in every individual. If this line was followed in making the incision, it would be found that the cicatrix was much less marked. Whether in male or female, it would occupy a line or curve where there was naturally a mark, and where the contraction and mark would be less observed than on the mesial line where there was no mark. This improvement might seem but small, but it had already been adopted elsewhere, and at the Oxford meeting Mr. Paget alluded to it as a very marked improvement in the line of incision for performing this operation with the least amount of deformity. In this case the tumour projected more towards the palate, and towards the anterior wall of the antrum, and it was not necessary to do more than make an incision through the upper lip in this line, and dissect the softened covering of the tumour and off the palate with a common elevator such as they all had in their trephine cases. Having dissected off the soft covering towards the mesial line, he was enabled to insert a forceps and clip the bone away close to the mesial line, removing the whole row of teeth, but the mucous membrane had been peeled off the tumour there, and peeled off on the surface towards the mouth. By this means a sufficient amount of structure was preserved to keep the palate so far intact that the soft covering of the cheek and palate came into contact, and instead of there being an ugly hole, making the mouth and nose communicate, the cavity was separated by this septum. The upper attachments of the tumour were difficult to remove, and it was necessary to divide the tumour into two, which was easily done by the chain saw. The upper portion of the tumour, which went up close under the floor of the orbit, was picked out with the finger in bits. One of the characteristics of this tumour was that it would press aside the bony structures that came in its way, except those which were spongy, and these were absorbed more or less. The floor of the orbit was sometimes absorbed. The tumour was generally found to take one particular direction. Sometimes it grew upwards towards the eye, at another time downwards towards the palate; again, forwards towards the cheek or inwards towards the nose. By the operation which he performed the palate was preserved, and in adopting this course he was borne out by the latest publication at the other side of the water; Sir William Fergusson, in his recently published observations, spoke of those conservative operations in which the palate could be preserved, and the teeth and the floor of the orbit, and in which small and limited incisions were required for the removal of very considerable tumours. The soft covering of the palate was preserved, and the mucous membrane of the cheek, which had covered the extirpated portion of the tumour, was brought in contact by sutures, and joined to a considerable extent, a certain space being left open for the escape of matter. Instead of using wire sutures, Mr. Collis generally used horsehair, which had all the advantages of the wire without any of its disadvantages. The disadvantage of the metal suture in these delicate plastic operations was this, that although it would remain for months, if necessary, without producing irritation, except the first trifling irritation it excites like a seton, yet when it is being removed the little kinks of the wire, which could not be always perfectly got rid of, were apt to give pain, and to tear out, and he had seen nicely done plastic operations somewhat injured in this way. Two or three fibres of horsehair tied and twisted, and wetted in warm water when about to be used, would do quite as well as wire, would give little irritation, and could be cut off as easily as silk or thread. This patient got on well. On the 26th, four days after the operation, he got a smart attack of tonsillitis, which considerably alarmed those about him, but on making an incision into the tonsil the inflammation disappeared, and on the 11th of February, three weeks after the operation, he left the hospital with the cicatrix well united, very little marked, and with a palate very firm. Portions of the tumour were gelatinous and firm, and at the same time brittle. They were not like cancer, which was soft and pulpy, easily crushed up and reduced into a cream; whereas the portions of this tumour which he exhibited were somewhat tough, although brittle. The next case which he had to bring under their notice came in the day after the other, and was operated on three days after. The particulars were as follows. Esther McGhee, aged twenty-eight, from Ballycastle, in the county of Antrim, was admitted on the 21st of January. About a year ago she was attacked with toothache on the left side of the face. About a week afterwards she felt a small tumour about the size of a pea at the corner of the left nostril, which gradually increased in size until last March, when it was removed by Drs. Dunlop and O'Connor, of Ballycastle. She made a good recovery, but in May the tumour began to grow again. The incision which had been made was one of the old incisions straight down the lip outside the ala of the nose. The external projection of these tumours gave no idea of the amount of development they reached, so that although this tumour was described as being small externally it gave no idea of its exact size. However, the disease returned in two months, and it did not grow with any great rapidity until November. After that month it began to grow somewhat faster. It presented externally on the left side a tumour about the size of a walnut, projecting towards the malar bone and upwards towards the orbit, but not much forwards nor towards the nostril. The front teeth were all healthy; one or two of the molars were gone, but the hard palate was remarkably firm to the touch, except in one part. This case differed in the direction of growth from the one previously described, while the first case to which he had briefly alluded might be said to combine the two. In the third case the tumour passed upwards and outwards towards the malar bone, and forwards so as to destroy some of the front wall of the antrum. The incision required for the removal of it went but half way beside the nose, round the ala, and through the curved line of the lip. Finding that the bulk of the palate was sound, having dissected off the integument, which was firmly attached, and got to the upper part of the tumour, he divided the attachment of the malar bone to the tumour, and then with a strong forceps cut off the body of the tumour as close to the alveoli as he could go. Having got out the tumour in this way, he picked out with a gouge such portions of the hard palate as seemed to be implicated. In one spot only did the tumour go through the bony portion of the hard palate. A good deal of the tumour ran upwards into the sinuses of the upper portion of the antrum, pressing upwards to the floor of the orbit. This portion was easily removed with a finger behind the tumour, and he believed the finger would do a great deal of work in these cases. One could not only hook out a great portion of the tumour in this way, but could sometimes perceive where a portion of it was left behind. He had no doubt, as Sir William Fergusson had stated, that it was unnecessary to remove the entire of the maxillas as a rule. In this case, where after the first operation the disease returned in two months, they could not expect as favourable results as in other cases. In the case in which he had operated on the 11th of July there was a complete immunity from the return of the disease so far. He had heard of the patient last week, and she was wonderfully improved, and no sign of the disease returning. In the second case a very fair result might also be expected. In the third case, not only from the fact of the tumour returning, but from the rapidity with which it returned, and from the fleshy character of the secondary growth, the probable result would be a further return. Should it do so, he would not hesitate to remove the entire superior maxilla; but if they saw this patient with first-rate teeth, he thought they would agree with him that it was but right to give her a chance of retaining them by removing the tumour without removing all its bony surroundings. He thought it was most desirable to save the palate, and there were few cases in which the operation was justifiable, if they could not save at least its periosteum. He did not speak of cancer, which was rare in this situation, but in these myeloid tumours they generally found the soft covering of the palate safe from attack, and wherever it was free from disease it ought to be preserved. Mr. Collis concluded by saying that he had much pleasure in presenting to the museum of the College the casts of the tumours, and the book containing a collection of photographs of interesting cases of operation which had been under his care.

DISCUSSION.

Dr. **Mapother** said that from the experience he had had in St. Vincent's Hospital he thought the mode of operation adopted by Mr. Collis was a valuable improvement as regards the appearance of the patients afterwards; and it had another advantage, in enabling them to dispense with a second incision under the septum of the nose. If they made an incision along the edge of the filtrum, a still further incision would enter into the anterior naris. He had operated in this way, and seen his colleagues perform the operation in the same manner. In justice to the memory of the late Mr. O'Ferrall, it should be stated that he had performed this operation along the edge of the filtrum many years ago.

Professor **Hargrave** thought the Society ought to be indebted to Mr. Collis for the presentation of these very interesting photographs. In the early part of the present year he witnessed an operation performed by Mr. Wharton in the manner adopted by Mr. Collis, and the result was most satisfactory. He wished to ask Mr. Collis whether in the second case he had used the actual cautery. [Mr. Collis—I did.] He thought that in many of these operations about the face the actual cautery was not sufficiently employed. The late Mr. O'Beirne used the actual cautery at a white heat, and it was not painful. He had certainly witnessed it applied without pain to the patient. He did not approve of the gas cautery which had been introduced of late years. He thought it a dangerous double-edged sword, for he had seen surgeons and their assistants burning their fingers in using it.

Mr. **Croly** said that he thought the incision through the side of the filtrum was a matter which chiefly regarded the appearance of the patient. A point of far greater importance was, whether they ought to perform what the late Mr. Liston called grubbing operations in the upper jaw. These myeloid tumours, if he understood Mr. Paget rightly, were more likely to involve the bone itself and the periosteum than other structures. The only myeloid tumour in which he had the opportunity of operating did not involve the palate. He determined to remove the entire of the upper jaw, that being, in the opinion of his colleagues, the best course to adopt. On removing the jaw he found the tumour was closely adherent to the bones on every portion of the hard palate. He was quite sure that there were cases where the operation advocated by Mr. Collis was most useful, particularly cases of polypi. He thought the tumours of enchondromatous variety were more adapted for preserving the palate than those of a myeloid nature. Undoubtedly it was important to save the palate if it could be done with certainty of a successful result; but if they allowed any portion of the disease to remain, and it returned in eighteen months, the operation would not be found an improvement. He was an advocate, except in special cases, for taking out the entire of the upper jaw. The palate filled up in a wonderful manner in three months, and the deformity was not much.

Mr. **Wharton** said he had recently performed an operation exactly similar to that described by Mr. Collis, leaving the alveolar process, and with a satisfactory result. He should not like to bind himself to the opinion Mr. Croly laid down, that where no evidence of disease existed, the surgeon was justified in removing the palate. On the contrary, when there was no reason to think the palate was diseased it ought to be retained, and as soon as the disease returned it would be time enough to remove it. As to the nature of these tumours, although Mr. Paget said the myeloid tumour was not malignant, he gave two cases in which cancer occurred after the operation.

Mr. **Collis**, in reply, said it was of little moment whether Mr. O'Ferrall got credit for being the originator or not of the incision at the border of the filtrum. He could only say that it had not, so far as he was aware, been put on record before he brought it forward. The point of importance was, whether in practice it was found to be an improvement. In the second of these cases there was free bleeding from the artery, and the only means he had of stopping it was by the actual cautery, and when he had got the iron into his hand he passed it into every place where there was anything suspicious, particularly as this disease had returned after the original operation. He believed the gas cautery was valuable in some cases, but was not so efficient as the iron at a white heat. A new method had been introduced whereby the radiation of heat could be limited to a particular spot, namely, by laying collodion all round the place to which it was desired to limit the radiation from the white iron. As to Mr. Croly's observations, he thought that perhaps surgeons had not been sufficiently careful as to the appearance of their patients in these facial operations, and there might be something yet to learn as to the line of incision. As to grubbing operations, he was satisfied to put the opinion of Sir W. Fergusson against that of Liston; and he thought the opinion of the great leader of conservative surgery would stand equally with that of one who, however brilliant, was a slashing cutter. Mr. Paget said the myeloid tumour attacked the periosteum rather than the bone. He remembered a case of Mr. Quinlan's, in which there was a periosteal tumour not more than two lines in thickness, which expanded the antrum to a very large size, and required the removal of the superior maxilla, although the disease, as he had said, was strictly limited to two lines in thickness of the periosteum. He thought he might be satisfied with what Mr. Wharton had stated as a reply to the observations of Mr. Croly, namely, that if there was no evidence of the palate being affected, the surgeon would be doing wrong to remove it. It would be time enough when the disease returned to do so, and he believed Mr. Croly, in one of his first operations on the upper jaw, endeavoured to save the palate. As to the secondary growths he should say that no matter what difference there might be in the primary tumours, the secondary growths approached one another more closely. Whatever the disease might be primarily, schirrus, encephaloid, fibrous, myeloid, or simple strumous (and he had seen the most malignant growths occur after all these), the law was that in all those tumours having their origin in abnormal development of the healthy tissue of the body, especially the connective tissue, their secondary developments, however they might differ in their primary growths, approached one another, and it was natural they should do so. In our present state of knowledge they were not to expect much increase of pathological knowledge as to secondary growths. They must confine their attention to the primary growths. He had never met with a pathologist who could tell what was the primary growth of a secondary formation.

DUBLIN PATHOLOGICAL SOCIETY.

FEBRUARY 6, 1869.

ABDOMINAL ANEURISM.

Dr. MOORE said the morbid specimen he now exhibited was taken from the body of a man, aged 31, who had been admitted to Sir Patrick Dunn's Hospital on the 31st of December. About three years ago he was engaged in coaling the Cunard steam ships in Liverpool; he was paid according to the amount of work done, and had often worked continuously for twenty-four hours, during which time 120 or 130 tons of coal would be put into the ships. At this work he earned very good wages. On one occasion he fell a distance of twenty feet into the hold of one of the ships, and a short time afterwards he for the first time complained of pain in the back. He came over to Dublin and placed himself under the care of Mr. Tuffnell, and at that time he complained also of palpitation in the epigastrium. Under the care of Mr. Tuffnell he got rid of this palpitation and resumed his work, but after some time he was again obliged to return to Dublin, where he remained under Mr. Tuffnell for eight months. He then went back to Liverpool, and was for a time under the care of Dr. Waters. The pain in the back was the only thing of which he complained when he came into Sir P. Dunn's Hospital, but he was very pale, in fact a washed-out looking man. He had no dropsy of any kind; he complained of pain half-way between the ensiform cartilage and the umbilicus, which shot up under the left floating ribs. He passed his urine freely and naturally; it was of normal sp. gr., and contained no albumen. There was no jaundice; the pulsation was feeble in his iliac arteries, but there was no perceptible difference in them; there was visible pulsation in the radial arteries; his pulse was 84. On making a more careful examination, dulness was found over the precordial region, and a peculiar diastolic click, so to speak, but no bruit. Following the course of the great vessels, there was visible pulsation below the ensiform cartilage, where, on percussion, he was dull. On examining the same region, between the ensiform cartilage and the umbilicus with the stethoscope when in the recumbent position, a distinct bruit was audible; if put in an upright position, the bruit disappeared. On being turned on his face, he was clear along the spinal cord until the last dorsal vertebræ, where a well-marked bruit could be heard, particularly at the left of the spine, which became intensified until you came to the fourth lumbar vertebræ, a space of about four inches. When placed on his hands and knees, he did not lose the pulsation in front. Matters went on thus for some time, and the man became quite cheery. He had a cough, but this was relieved, and he got up and walked about the wards every day. On the day he died he was going about the ward as usual, when he called out suddenly, "Send for the doctor," but before the resident pupil could come to him he was dead. The *post-mortem* examination revealed general hypertrophy of the heart. There was frothy mucus in the larger tubes, and a rather congestive condition of the lungs, but nothing to account for immediate death. Coming down to the abdominal aorta, an aneurism was found which was as large as an orange. It was given off immediately at the cœliac axis; it had obliterated the right renal artery, and the right kidney was reduced to an ounce in weight, yet so far as his urinary organs seemed to be concerned he appeared to be perfectly healthy. The case was interesting in many points of view. Firstly, pathology had done a great deal to show them the differential diagnosis between this and many other diseases. If they contented themselves with examining the patient over the front of the abdomen they would perceive nothing which could not be accounted for by the existence of a tumour, a psoas, or a hepatic abscess. Therefore physical examination in front did not tell them a great deal; the indications to be observed in front were common to those tumours that pressed on the vessels, but if they placed the man on his hands and knees the tumour would fall forward and the bruit would disappear; the same thing would happen with a hepatic abscess, in the majority of which cases there would be a total absence of bruit when the man was placed on his hands and knees. In this case, owing to the persistency of the bruit in this position, they had no difficulty in diagnosing it as a case of aneurism. He might be asked was bruit along the spine exclusively pathognomonic of aneurism? It was not; but being confined to two or three inches along the spine (from the last dorsal to the fourth lumbar vertebræ), proved that it could not be due to aortic obstruction, which might produce a "bruit," *but which would have been continuous* from the nape of the neck downwards.

Dr. GRIMSHAW exhibited the brain and spinal cord of a patient who had died in Steevens's Hospital, under the care of Dr. Swan. The patient was a servant-girl, twenty-one years of age, and had been a fortnight ill before she was admitted to hospital on the 30th January. She had some nausea, headache, and general uneasiness, together with some slight cerebral symptoms. The only peculiarity about her was that she got up once or twice during the night, and walked about in consequence of great pain in the head. These attacks were sudden. Some days before admission to hospital she got diarrhœa and vomiting, the diarrhœa being of such a nature as to lead to a suspicion that she had typhoid fever. On admission to hospital she had vomiting and diarrhœa. The pain of the head of which she complained was very considerable. She had pains in the shoulders also, and in the back of the neck. In two days after admission (on the 2nd February) she had strabismus of both eyes. The pulse was 96, the temperature 101·2. During this day she became quite comatose; her hair was cut short and cold applied. Towards evening she got muttering delirium. Her pulse was then 120. He (Dr. Grimshaw) saw her on the following morning in consultation with Dr. Swan. He found her with a quick pulse, of a peculiar jerking character so frequently found in meningitis, the head drawn back, no stiffness of the limbs, quite insensible. The vomiting had been of the peculiar green colour seen in these cases. He came to the conclusion that the case was one of meningitis, although the symptoms were not well marked. There was a very slight retraction of the head, so slight that it was doubtful. The vomiting had ceased; the diarrhœa still continued. On the following day she was worse, and got another symptom of meningitis,—namely, hyperæsthesia, well marked, especially over the right hip and along the right thigh. On the 4th she was still worse, and died on the evening of the 5th. The temperature before death was 99·6; the pulse was imperceptible. She had not passed water during the two days preceding her death, except with the assistance of a catheter. No spots of any kind appeared on the body. The case was remarkable because of the slowness of the invasion of the disease. The *post-mortem* examination was made that day (6th February) by Dr. Grimshaw with the assistance of Dr. Bookey and Mr. Richard Swan; the rigor mortis was well marked. The whole of the body was covered with dark purple patches, none of which, as he had already said, appeared before death. On examining the brain and spinal cord, a large quantity of the usual dark fluid blood exuded from the larger vessels and sinuses; the cord presented a considerable amount of inflammation; there were many patches of lymphy effusion; it seemed to be rather firmer than usual; the upper part of the cord had not the symptoms so well marked as is often seen in such cases; the arachnoid over the base of the brain was opaque, and at one point a mass of greenish yellow deposit was present; the arachnoid at the upper surface of the cerebellum was opaque, and there was a considerable amount of deposit; the whole of the subarachnoid space was filled with fluid; there was a great deal of adhesion between the opposing hemispheres; the two anterior lobes of the brain were in contact, and adhesion had taken place between the opposed surfaces; and on looking at the falx cerebri, it was found to be very shallow, thus accounting for the surfaces being sufficiently in apposition to admit of adhesion.

Notice to Subscribers.—Subscriptions for the year ending Dec. 31st, 1868, are now due. Subscribers resident in England will greatly oblige by forwarding the usual amount, 22s. 6d., either by cheque or P.O.O., made payable to A. A. Tindall, 20 King William street, Strand, London.

Subscriptions in Ireland to be sent to 3 Lincoln place, Dublin, and in Scotland, to Maclachlan and Stewart, South Bridge, Edinburgh.

Advance subscriptions, 21s. 8d. post free per annum, for the current year, can also be paid as above.

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price 5d. Stamped 6d.*

By Post to Annual Subscribers, £1 2 6
,, *If paid in advance,* 1 1 8

⁂ Post-Office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William-street, Strand, London,
,, 3, Lincoln-place, Dublin,
MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.
MESSRS. KELLY and PIET, Baltimore.
Annual Subscription, *post free*, Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 10, 1869.

EDUCATIONAL REFORM.—No. XI.

THE abolition of excessive compulsion, a nearer approximation to uniformity, and perhaps some alteration for the better in the evidence of practical work in the wards, out-patient rooms, special departments, and post-mortem theatres of a hospital, demanded of the student, are about the highest achievements which can be expected of corporations left to their "own sweet will." Complete uniformity of requirement throughout the realm, in regard to medical studies, it would be idle to anticipate, without a considerable increase of external pressure; for the first duty of a corporation (towards itself) is to exist, and if one of the necessary conditions of the existence of any corporation happens to be to underbid another similar corporation, there will always be some corporations which frame their standards of attainments as they fix their fees—on the lowest working scale. The second duty of a corporation (towards itself) is to make a clear profit out of its mode of life—to "put money in its purse, honestly if it can, but, above all, to put money in its purse," and to have a handsome balance at the bank. If the fulfilment of these solemn duties happen to be antagonistic to amalgamation with another corporation for the purpose of granting an integral qualification to practise, why then, forsooth, the profession and the public must still submit to the injustice and the injury arising out of the existence of a number of medical men enjoying the privileges of registration and the *status* of fully qualified practitioners on the strength of fractional diplomas. Still will a College of Physicians be requiring less surgical practice than a College of Surgeons, a College of Surgeons less medical practice than a College of Physicians, and an Apothecaries' Hall no surgical practice at all. Still will one corporation ask for six months' dissections, another for twelve months', and a third for eighteen. Still will the number of midwifery cases to be attended vary from none to six, and from six to twenty. Still will examinations present every grade of efficiency, from culpable leniency and improper exemptions to fair and accurate tests of qualification to practise. The mild importunity of "recommendations" may produce a semblance of uniformity. Examinations may appear to be conducted practically and theoretically by written and *vivâ voce* answers; the papers of questions may be made to wear the aspect of searching severity; the numbers of hours and days devoted to the dreadful ordeals may appal the unprofessional observer, who knows none of "the secrets of the prison house," and yet, lo and behold! but "tell it not in Gath," nor whisper it upon the house-tops for very shame—teachers shall ever and anon be astonished at pupils whom they knew to be grossly deficient being dubbed "most accomplished men," altogether equal to undertaking the responsible duties of physicians and surgeons. The deed has been sometimes done at night, and a favourite instrument has been a "special examination. And so long as the Medical Council declines attempting to enforce uniformity, so long must some of the corporations continue to fulfil their natural instincts by spreading their nets to catch the largest number of fish. How cautiously—how tentatively—how delicately—must an English College of Surgeons proceed on the path of progress if it wishes to retain its thousands upon thousands of constituents! How nicely must a Scotch College adjust its fees to the means of applicants from the other side of the Tweed, so that, travelling expenses included, the whole cost of its diploma may not exceed that demanded for the rival diploma of a similar College in a different division of the Kingdom, and that the student, apprehensive or experienced of rejection in another place, may not be deterred from knocking for admittance at its hospitable, sympathetic, cosmopolitan gate! Uniformity of requirement and uniformity of examination are two different things. Both are really necessary, and both important, but a uniformity of good examinations is by far the more important of the two. Strongly, indeed, do we hold that there is, and must be, a certain course of study which every medical student must pass through before he can learn his profession, and that this necessary course it is the duty of examining corporations to discover, and render compulsory. Will anyone deny that a student cannot learn anatomy properly without dissection and actual inspection of the subject? Will anyone affirm that a student can become a practical physician without watching the progress of cases, and examining the organs after death? Can a man be said to be fit for practice who has never tested urine, and does not know the appearance of morbid products? Is *he* a thoroughly trained practitioner, who knows little or nothing of diseases of the eye, diseases of the ear, diseases of the skin, diseases of the mind—who cannot use the ophthalmoscope or laryngoscope, has never performed a surgical operation, and has never been taught the principles of public health, or undergone the practical training in the laboratory which would fit him to detect adulterated food and drink? If regulations insisting on the practical parts of the curriculum on dissection and study of the human body, on work in the chemical and physiological laboratories, on note-taking and observation of cases in the medical and surgical and obstetric wards under the superintendence of physicians and surgeons; on similar note-taking and observation of the blind, the deaf, the halt, and the insane; on the performance of a course of operations on the dead body;—if regulations such as these were universally adopted, then might attendance on set courses of lectures be flung to the winds as part of a compulsory code, and be left to the option of the student; and we would undertake to say that every lecturer really worth listening to, and teaching well, would have no cause to complain of deficiency of attendance. It is because real practical work has never been properly insisted on that lectures have been piled upon the student. No one denies that there are too many lectures; and no one admits that hygiene, pathology, diseases of women, and diseases of the eye, ear, skin, larynx, and mind, receive as much attention as is due to them. And why? Partly from the defective requirements of the Examining Bodies and partly from the impossibility of squeezing the subjects into a too crowded collection of existing lectures. A Chair of Public Health has been established at University College; but how, we should like to know, are the other schools to follow suit when they can neither provide the funds from the fees of students without increasing the general fee, or find a convenient time for the insertion of the course until the requirements of the examining boards are reduced to reason and order? Therapeutics are sadly neglected. Pathology stands on much the same footing. Has it ever received its due? Essential as a thorough knowledge of it is for making medicine a science, it has been ignored till recently in the corporate curricula. And even now nothing is needed beyond the signature of the pathologist to a certificate of bodily presence, and how angelic in its occurrences that bodily presence may be who does not know? Besides, the poor pathologist often receives no remuneration, because none can be spared from fees for existing courses, already, perhaps, inadequately recompensed. The general fee for medical education may not be sufficiently high, and it might fairly be increased if the authorities at the various schools could agree together to raise them simultaneously. But the chief fault lies with the examining boards and the Medical Council, in not demanding more thorough acquaintance with the practical subjects, and diminishing at least (if not abolishing) compulsory attendance on lectures.

But, strongly as we feel as to the necessity for uniformity of requirement, and the necessity for alteration and amendment in the amount and nature of present requirements, we would dispense with all kind of requirement, and be content with absolute freedom and free trade in education if we could obtain a uniformity of good effective examination. We are not of opinion that examinations, if properly conducted, are all sufficient; but if we had to choose between a multitude of outward observances, combined with imperfect and inefficient examinations, and stringent, honest examinations, without any observances at all, we should unhesitatingly choose the latter. We would willingly sacrifice all compulsion to thorough examinations if they could be obtained by the sacrifice. What, however, can we expect from a system which involves a rivalry of corporations, bidding for the students' patronage, and acquiring an amount of profit proportionate to the number of students who present themselves for examination? What can be expected from a corporation with a close constitution, self-elected examiners, and the bulk of its diplomates shut off from an effectual voice in the conduct of its affairs? To fight for improvement on the line of leaving such corporations, to effect improvements out of the abundance of their spontaneous good impulses, would be to ensure the most meagre results in the longest space of time. We are not insensible to what has been effected towards uniformity. Medicine has been added to the examination for the membership of the College of Surgeons, and Mr. Curling is to propose the addition of midwifery. The optional L. M. must be made compulsory, and cease as a separate diploma. But we cannot rest even here, nor can the councillor rest who uttered last year the following words:—"Think, gentlemen, what the Council of our College of Surgeons might have done in the last twenty-five years in promotion of medical science if it had administered its great trust disinterestedly. Admitting to the profession annually several hundred members (sometimes, I believe, as many as five hundred, besides Fellows), with a fee of £22 a head, and able, I presume, to allot fully half of this very large income to the payment of a proper examining board—what is the course which it has taken? It has treated the examinerships in its gift as mere lucrative perquisites of its own body, best to be divided among its own members, and with scarcely an exception, the ten oldest members of the Council have been the ten examiners of the College, sharing among them the payment I have described. The elder members of the Board have generally shown so much attachment to office that the succession of younger men has become more and more impeded, and of late, I believe, sixty years of age has been about the earliest time at which a man's turn could come to enter upon the functions and profit of an examiner at the College of Surgeons. Can you wonder, gentlemen, that medical education has languished in England when suffering under an influence like this? As regards the mere examination in surgery, it has been bad enough that men should be entering upon that duty at an age when, in a normal state of things, they would rather be preparing to abandon it; and I cannot but deem it to have been very mischievous even for practical surgery in this country that our examiners for long past years have been men from sixty to eighty years of age. But think, gentlemen, what the mischief must have been in relation to the sciences of our profession—that during this period of unexampled scientific progress, persons in the fourth and fifth vicenniads of life have been empowered to settle, according to their own dim lights, what should be the standard of scientific proficiency for men just entering the medical profession! And this state of things—*this utter corruption*—for *such it is*, has been defended by arguments which, if they mean anything mean that examinerships of vital importance to the strength and development of surgery and medicine may be used as *a kind of almshouse for effete members of our profession*. How different things might have been if some twenty-five years ago our councillors there, instead of resolving to stand in chronic antagonism to the scientific interests of our profession, had but exercised the same sort of self-denial as the senate of the University of London has exercised—had but resolved to disqualify themselves from appointing themselves or one another to be examiners—had allotted (say) two-thirds of their examination fund to the payment of separate examiners in the sciences, reserving one-third for surgical examiners, instead of jumbling all together, as at present—had put some decent limit of age even on their surgical examinerships, but specially as regards anatomy, physiology, and pathology, had gone on a quite new tack—had started with men then young enough to be their sons, but who were already eminent in scientific work, such men as Bowman, Paget, Bush, Quekett, Hewett, Birkett, Toynbee, Rainey, and others—and had from then till now taken care that all those parts of their examinations which grow with contemporary research should be in the hands of men fresh from the work-room,—how different, I say, would be the present state of things if, twenty-five years ago, that course had been begun! How different, I may add, will be the future state of things—how different, twenty years hence, the *status* of our London schools in the eye of European science, if even now, tardily, a course of that kind should be determined on!". We are anxiously awaiting the natural fruit of these vigorous words.

◆

SCOTLAND.

EDINBURGH.

MUSEUM OF SCIENCE AND ART.

Professor Turner delivered the first of a course of six lectures on "Elementary Anatomy and Physiology" in the hall of this museum on the 24th ult. He remarked, that in these lectures he could only give an outline of these twin sciences. He should therefore, he said, chiefly direct attention to the structure and functions of the human body, and stated the particular subjects which he should introduce into the different lectures as they were delivered. The one that night, which was listened to with attention, and frequently applauded, consisted principally of an explanation of the leading terms most commonly used in the two sciences.

PHILOSOPHICAL INSTITUTION.

A lecture on "School and College Education" was delivered on the 2nd inst. to the members of this Institution by Professor Jowett, of Oxford. He referred to the controversy which had been going on for the last three years between the friends and enemies of classical education. They might be termed, he said, the utilitarians and classicists—the friends of useful and of liberal education. He did not take either side. Scotland enjoyed the distinction of having continued the higher education in her parish schools; and whatever extension the system might be required, he hoped that this national characteristic of Scotch education would not be lost sight of, but that in any coming changes the ties between the parish schools and the Universities might be drawn still closer. What he meant by a liberal education was shown by the Professor, who then explained the method which should be pursued in the instruction of the young. Referring to the differences of religious opinion which exist, he said we hardly regard them in daily life, and we ought not to inflict hard words or terms of controversy upon those who come to be taught, but endeavour to impart principles which will survive all the changes which may take place in religious institutions.

UNIVERSITY.

The University Court have reappointed Sir William Gibson-Craig, Bart., Lord Clerk-Register, to be a Curator of Patronage of the University, and have appointed the Hon. Lord Neaves, LL.D., to be a Curator of Patronage, in succession to the Right Hon. the Lord Justice-General, whose term of office has expired. Both appointments are for three years.

HERIOT'S HOSPITAL.

This hospital made a claim of £40,000 for 21 acres of land taken by the North British Railway Company at Leith Walk, and the Company offered only £19,000. The case, in consequence of this discrepancy, came into Court, and, after a hearing of several days, £17,550 have been awarded to the hospital.

GLASGOW AND ABERDEEN.

On Wednesday last a number of the medical graduates of these Universities had an interview with Mr. Moncrieff, M.P., the Lord Advocate, in reference to subjects in which the medical profession was interested. Drs. Steward, Greenhow, Forbes Winslow, Bryson, Ramsay, and others were present. The principal point to which the deputation called the attention of his Lordship was the present state of the Medical Act. As it now stood, the Medical Council had no power to enforce its decision, and a wish was expressed that a penalty clause should be inserted in the Act, under which persons assuming medical titles without a diploma might be punished. Another suggestion was that the general body of practitioners should be represented upon the Medical Council; that the members of the Council should be elected by the whole body of the members, graduates, or fellows, as the case might be; and that Poor-law medical officers in Scotland, if dismissed by a local Board, should have the same power of appeal to the Central Board as is possessed by those officers in England. On the subject of registration of deaths, they complained of the inequality in which Scotch medical men were placed in being compelled, under penalty, to register deaths gratuitously. The deputation were specially desirous to invite his Lordship's assistance in obtaining the extension to Scotland of the Sanitary Commission. It was a matter of the highest importance to the public health. In reply, the Lord Advocate expressed the pleasure he felt in meeting his medical constituents in London. He concurred in several of the suggestions which had been made, and though not in favour of abolishing compulsory registration of deaths, he thought some remuneration should be allowed. He alluded to other particulars of their address, and expressed his willingness to forward their wishes as far as he could. The deputation then withdrew, after thanking the Lord Advocate for his courtesy. We hear that his Lordship will be entertained by his London constituents at a banquet at St. James's Hall on the 10th April. The Duke of Argyll will preside.

LEITH.

HOSPITAL.

From the report read at the annual meeting it appears that the funds of this hospital are in a depressed state, and that, in consequence, there had been a great diminution in the number of cases treated compared with the previous year. In the fever department the numbers had fallen from 189 to 81, and towards the end of the year this department was for a time entirely closed, not a single patient being under treatment for fever. It was the opinion of the meeting that an effort should be made to revive the interest in an institution so needful to the neighbourhood and so well deserving the support of all classes.

DRAINAGE.

A letter in the *Scotsman* of the 2nd inst. states that the owners of property in different parts of Leith are exposed to the influx of sewage waters into the cellars and lower floors of their dwelling-houses at certain times. Surely, on the ground of public health, the authorities are bound to take notice of this fact, and, if possible, remedy an evil which may at some future time give rise to the fearful consequences of an epidemic.

MONTROSE.

There was a large attendance at the monthly meeting of the Asylum Board at this place, Provost Mitchell presided. The report showed the number of patients in the house to be 163 men and 212 women; 13 had been removed to the Stirling district asylum. The value of the property possessed by this asylum is £34,036, and a sinking fund of £1,037. A letter was read from the representatives of John Black, Esq., Burnside of Keithock, bequeathing the sum of £130 to the Royal Infirmary.

HAWICK.

Mr. Blain called attention at the meeting of the Town Council to the smoke nuisance from the chimneys of the factories in town, and setting forth the great injury done thereby to the public generally, urged that steps should be taken to prosecute offenders. The Provost said the matter had been reported on to the Sanitary Committee by the Inspector of Nuisances, and he had been directed to make other observations and send in a second report. If they found the nuisance was continued they would then require to take the steps provided by law to put a stop to it.

PERTH.

GIRLS' HOUSE OF REFUGE AND REFORMATORY.

There was a large attendance at the annual meeting of this institution. The girls, fifty-five in number, who looked remarkably clean, healthful, and in good spirits, underwent an examination in reading, spelling, and Bible lessons, and made a most creditable appearance. Since the opening of the house 260 girls had been received, and since it had been licensed as a reformatory 65 had been taken in upon a magistrate's order. The girls who had gone to situations had generally given satisfaction to their employers. The funds are in a favourable state.

NICE.

(FROM OUR OWN CORRESPONDENT.)

Nice, March 1869.

THE WINTER ON THE CONTINENT.

I have noticed that much has been said lately about the mild winter. Here we have had but little skating, and on the whole the weather has not been decidedly severe, although eight or ten degrees of frost is certainly sharp. As a matter of health, I fear wind much more than frost; and after the gales that have played such havoc, we may expect yet more. Judging by my private letters, your winter in London has been much milder than ours. Frost and snow you have hardly tasted, but then you have had such a superabundance of rain that the excessive humidity must be very unfavourable. I have private letters, on which I can fully rely, from many parts of Europe, from which I gather that the winter has been very unequal; here severe, there mild, in another place changeable. Up to the end of the year 1868, it was almost universally mild, but the rainy days were more numerous. In Provence, the home of the old Troubadours, the little sunshiny corner of France, whither so many invalids repair, the winter has been very disappointing. Hyères, Cannes, Nice, and Mentone, and other parts, send reports of cloud, rain, and cold,—recently of frost even.

Between this capital and those towns there is now constant communication, and you may meet two or three times a week in the Clubs persons who have just returned or are just setting out for them. The former can, of course, compare this weather with that of the sunny South, and many of them speak of a condition that people are apt to forget may in any of these towns overtake them. The same may be said for the places on the Pyrenees; but beyond them few now venture on account of the unsettled state of Spain. Turn, then, to Italy, and a similar report reaches me. Florence has had a cold and changeable winter. Rome goes on in its old way, and, like Florence, grumbles at its paucity of visitors. Naples, the queen city of the Mediterranean, always changeable but always gay, has had a fit of cold such as she seldom has, and which, it is to be hoped, will destroy some of the pernicious effects of the filth that produces the only evil of that magnificent place. January, this year (though the early part seems to have been fine enough), brought a terrible frost and a violent snowstorm. I have often seen the top of Vesuvius covered with snow, while all below was summer sunshine. A letter tells me that this year the low grounds were all blanched; and a day or two ago I was talking to a family, who, reaching Naples about that time, immediately set out to return northwards —so piercing was the cold and so little expected. Had I been there I would have had more patience, sure that in a day or two no trace would remain save in the blighted lemons and almonds.

As you have a correspondent at Vienna he will give you, perhaps, a truthful statement. One letter told me that the people in December who went to the Splugen to bring in a supply of ice found only flowers—so mild was the winter. A later note received last week, telling me of the Prince of Wales's visit, describes some ice sports, and speaks of a temperature as low as 2° Fahr.

Notes on Current Topics.

Dr. Livingstone and the Paris Academy.

THE Academy of Sciences proceeded last week to the election of a Corresponding Member, in place of M. Dallas Buche, for the Section of Geography and Navigation. Three candidates were nominated: Dr. Livingstone for London, M. Cialdi for Rome, and Mr. Benjamin Gould for Washington. Out of 52 votes Dr. Livingstone received 48 suffrages, Mr. Gould 3, and M. Cialdi 1; and Dr. Livingstone was accordingly elected by an enormous majority.

The Trichina in Switzerland.

THE journals have announced recently the invasion of the Canton of Tessin by trichinosis. Six persons having died of it in one family, M. Paganini, a veterinary surgeon, investigated the fact. He submitted portions of human muscle and of pork to microscopic examination, and found both of them crowded with a multitude of the trichinæ.

Evolution of Carbonic Acid by Leaves.

M. BOUSSINGAULT has laid before the Academy of Sciences of Paris a continuation of his researches on this subject. The learned professor set himself to investigate whether, as Saussure believed, leaves continue to evolve carbonic acid in darkness. If a stick of phosphorus be plunged into an atmosphere of carbonic acid no reaction is produced. M. Boussingault has in his laboratory a flask in which these substances have been in contact for several years, and neither by day nor night is any effect apparent. But if, in another similar flask, a green leaf is introduced under the influence of light, thick vapours of hypophosphoric acid are at once formed. The leaf appropriates the carbon to itself, and the oxygen being evolved combines with the phosphorus. The same experiment repeated at night gives no result, nor is the least light visible on the phosphorus.

In diffused light, however feeble, the leaves act. M. Boussingault cites the effects which take place in tropical forests, in which the light penetrates with such difficulty that one cannot read at midday, yet the mosses and grass maintain a luxuriant verdure. Low temperatures are no obstacle to this influence of the leaves, for between zero and two degrees the carbonic acid is still evolved.

Professional Journalism on the Continent.

Two new journals are announced from the French press. The first is entitled the *Annals of Dermatology and Syphilography*, edited by Dr. Doyon, and will be the sole special representative of the literature of these diseases. The second is the *Photographic Review of the Parisian Hospitals*, which is published under the direction of Drs. Montmeja and Rengade. Two numbers have already been issued, and we can pronounce the photographic illustrations to be well executed and apparently truthful in detail.

Local Etherization in Strangulated Hernia.

Marseille Médicale publishes an interesting memoir on this subject from the pen of M. Chavernac, in which the author recapitulates all the existing means of reduction of strangulated intestine, which, he says, are not comparable in their efficiency to pulverized ether. He publishes many cases in support of his view.

Contagion of Consumption.

PROFESSOR CASTAN has enriched the pages of the *Montpelier Médicale* with a paper on this subject. He has collected together a variety of facts, which appear to show that tuberculosis may be communicated from a diseased to a healthy person by transpiration, breathed air, and living together.

A New Remedy in Erysipelas.

A NEW agent for the treatment of this disease has been brought to light by Professor Lücke, of Berne, who reports in a German periodical a large number of cases which show the salutary action of oil of turpentine in averting infectious and traumatic erysipelas. Prof. Schützenberger, of Strasburg, has investigated the truth of the statements, and he declares that the results obtained by him accord perfectly with those published by Professor Lücke. In four cases the disease had been very rapidly cured by turpentine inunctions, the local disease being checked and the temperature reduced from the third to the fifth day of the disease. In the cases thus treated the disease neither persisted nor extended from the moment of its invasion.

Tobacco Smoke in Intestinal Obstructions.

DR. OLIVE, of the Marseilles Dispensary, has had recourse successfully to tobacco smoke injections in the case of a man, thirty-eight years of age, who, despite injections of purgatives, oil, and tobacco, and of cold applications, was given over to certain death. With the help of a bellows M. Olive introduced the tobacco smoke into the intestine; the tympanitis appeared to increase, but after a short time three dark fœtid stools were passed, and the patient recovered at once.

Postpartum Retention of Urine.

M. MATTEI read last week a communication on this subject before the Paris Academy of Medicine, of which the conclusions are as follows:—

1. Retention is commonly attributed to two causes—swelling of the urethra in consequence of contusion, and vesical atony.

2. Catheterism in such cases indicates a cause as important as these alluded to.

3. During the last period of pregnancy, the bladder being drawn upwards along with the uterus, the urethral canal is necessarily elongated; so that, after delivery, the uterus descending brings the bladder with it, and the urethral canal is necessarily shortened by twisting and folding on itself.

4. It is difficult to obviate this accident; but the administration of one or two grammes of ergot after labour, by provoking retraction of the uterus, encourages also the vesical retraction, so as to render retention less frequent.

5. If catheterism be requisite on failure of this resource, the instrument should be left free to follow its own course through the temporary tortuosities of the urethra.

6. Catheterism, when necessary, readjusts the canal so perfectly that it is not required after one or two occasions. If it be found necessary to repeat it frequently it is evi-

dent that we have to deal, not with closure of the urethra, or contusions, or even vesical inertia, but rather with paralysis of the organ, which will require other treatment.

New French Books.

The following works have just issued from the Parisian press:—

Medical Climatology: its Basis and Organization. By Dr. Carrière. Price 2½ francs.

On Cutaneous Pigmentation in Cases of Phthisis. By Dr. Jeannin, of Lyons. With illustrations. Price 2 francs.

Medico-Chirurgical Clinique. By Prof. Piorry. 8vo, 536 pages. Price 6 francs.

Researches on the Umbilical Region, and on Hepatic Umbilical Fistulæ. By Dr. Lignerolles. Price 2½ francs.

The Responsibility of the Doctor before the Legal Tribunals. By Dr. Lelorrain. Price 1½ francs.

Dictionary of Pure and Applied Chemistry. By Dr. Wurtz. Fourth Fasciculus.

On Paralysis of the Common Oculo-Motor Nerve. By Dr. Cassoulet. Price 2½ francs.

The Theory of Vital Unity. By Dr. Galicier. Price 3½ francs.

Clinical Researches on the Modifications of Temperature and of the Pulse in Typhoid Fever and Small-pox. By Ernest Labbé. Illustrated with plates, sphygmographic tracings, and thermic curves. Price 3 francs.

Researches on Synostosis of the Cranial Bones, considered from the Normal and Pathological Points of View in the various Human Races. By Dr. Pommerol. With two lithographs. Price 2½ francs.

Remarks on the Theory of Progressive Locomotor Ataxy. By Dr. Uspensky. Price 75 centimes.

Female Doctors.

The *Feuille Médicale de St. Pétersbourg*, in noticing the invasion of the professional schools in that city by women, says that "since the nomination of Madame Kaschevarova to the doctorate of medicine, a crowd of women are occupied daily in the dead rooms of the Academy on the dissection of bodies. The occupation is certainly not likely to render the women engaged in it very attractive, and can hardly be considered conformable to the mission of the wife, whose whole energy ought to be concentrated in the bosom of their families. They desert their proper function and consecrate themselves to labours which necessarily estrange them from their domestic duties. To this consideration must be added the hindrances which the simultaneous concourse of pupils of both sexes interpose to serious scientific occupation."

The *Union Médicale* says:—"It is obvious that this promiscuity of the sexes in our schools must produce strange results. But the partizans of free trade in female medical studies may reply, 'Why not have special schools for women?' In fact, there are such in America; but truth obliges us to say that they are not very flourishing even in the country in which professional liberty is pushed to the degree of eccentricity."

Treatment of Somnambulism.

Professor Pellizari, of Florence, has published in the *Gazetta Medico Venetia* a new means of preventing and curing somnambulism, which, he says, he has used in eighteen cases with complete success. Every night, on going to bed, the somnambulist applies round his leg a few turns of thin copper wire, sufficiently long to communicate with the ground, and in the morning this conductor is removed. In one of the cases reported the conductor acted perfectly as a preventive, and in the others it had cured radically the somnambulism. The property possessed by the metal to dissipate promptly the magnetic somnambulism, and the rational hypothesis that this means can also cure spontaneous somnambulism, had induced the author to experiment by this method, which has yielded him very remarkable results.

The Relative Success of Military Surgery in England, France, and America.

M. Leon Lefort, Secretary of the Surgical Society of Paris, has published a series of papers in the *Gazette Hebdomadaire de Médecine*, on the relative excellence of army medical organizations in Great Britain, France, and America. M. Lefort reviews the results of surgery in the three armies, from which precise returns have been published. Laying aside the minor operations, he says that the French and British in the Crimea, and the American, so far as reported, have practised 12,291 of the major amputations thus:—

British Army	721
French „	4,703
American „ (Federal)	6,867

"Examining these operations in detail," he continues, "we discover the shocking inferiority of the French Medical Service. The ratios in the three armies are:—

	English Army. Mortal.	American Un. Army. Mortal.	French Army. Mortal.
Disarticulations at the shoulder	33·3	39·2	61·7
Amputations of the arm ...	24·5	21·2	55·5
Amputations of the forearm ...	5·0	16·5	45·2
Disarticulations at the hip ...	100·0	85·7	100·0
Amputations of the thigh ...	64·0	64·4	91·8
Disarticulations at the knee ...	57·1	55·1	91·3
Amputations of the leg ...	35·6	26·0	71·9
	40·2	33·9	72·8

"In thigh amputations, then, while the American and British lose 64 in 100, the French lose 91·8. The former lose but 26 per cent. in leg amputations, and we lose 71·9. Such a result is heartrending; it is essential to discuss the cause of such a state of things, for the welfare of French soldiers and the honour of French surgery demand imperiously that they be removed."

Royal Zoological and Geological Societies of Ireland.

It has been arranged to hold occasional joint meetings of these two Societies, for the purpose of reading papers of scientific interest. The first meeting will be held today (Wednesday), in the Museum Building of Trinity College, and the chair taken at a quarter past eight o'clock.

Zoological Papers.—1. Arthur W. Foot, M.D., "Remarks on the Fertility of some of the larger Carnivora in Confinement." 2. Sir Dominic J. Corrigan, Bart., M.D., "Observations on the Condition known as 'Roaring' in the Horse, and on the Pathology of this Disease.'

Geological Papers.—1. Mr. Alexander Dempster, "On the Prince of Wales' Gold Mine, at Ballarat, South Australia." 2. W. Lauder Lindsay, M.D., F.L.S., "On the Gold Fields of Scotland."

The Trade in Deformity.

The public appetite for monstrosities, which has attracted to London the Siamese Twins and the Nova Scotian Giantess, is, we assume, only another phase of the mania for hairbreadth temptations of Providence which brought the multitude of Blondins and Leotards into existence. It is a sentiment little creditable to the patrons of such exhibitions, and less so those of the press, who minister by the publication of disgusting details to such tastes.

All the world recollects the abominable picture of a case devoid of any scientific interest which appeared in the leading medical journal a year or two ago, and we have had in the daily press the offence repeated in a minor degree in the case of the Siamese Twins.

A few years ago a miserable boy suffering under the last and most repulsive degree of emaciation from disease was paraded in Dublin as "the living skeleton," and filthy traders on their affliction with hypospadias are constant visitors through the provinces. While money is to be earned by the exhibition of such abominations we presume it is futile to protest; but we have a right to look for better things from our literary censors than the public enumeration of all the details of such deformities.

The Medical Officers' Superannuation Bill (Ireland).

The draft of this Bill has been several times under the consideration of the Councils of the Royal College of Surgeons of Ireland and the Irish Medical Association, and has been finally approved by them. Mr. Pim, M.P. for Dublin City, Mr. Ion Trant Hamilton, the representative of the county, as representing respectively Liberalism and Conservatism, and Dr. Brady, M.P. for Leitrim, on the part of the profession, have notified their readiness to introduce the measure into the House of Commons and give it their best support.

It will be remembered that the opposition to Sir Colman O'Loghlen's Bill of last year was led by Mr. Gregory, who opposed it as a whole, but has pledged himself to support the Bill now about to be introduced. There is only one clause to which serious objection is apprehended—that which provides that in estimating the amount of the superannuation allowance the gross public remuneration, including the average vaccination and registration fees, shall be counted. We certainly fail to comprehend why, if it be considered just to grant retiring pensions for public services, the whole of those services should not be included.

A most vital consideration for the promoters of this measure is that the countenance, if not the official support, of the Irish Government should be, if possible, obtained. The Chief Secretary has already expressed himself favourably as regards the measure, and it is obvious that, to a great extent, the support or opposition of the Government is life or death to the Bill. In such a matter political considerations ought to be set aside, and we should earnestly counsel that the profession should, by an influential deputation, lay before the Government the manifold and weighty arguments of which there is no want.

American and Oriental Literature.

Messrs. Trubner's Monthly Register, which has just appeared, supplies us with a unique record of foreign literature not without its interest to medical men. A complete catalogue of American books issued within the month has its place in the Register, and in it will be found all the medical works which our readers will care to be informed about. The most valuable record, from a medical point of view, is the very useful catalogue of the contents of foreign medical periodicals in the English language, which, as far we know, is not to be found elsewhere. We regret our space will not permit us to furnish our readers with an index to the communications contained in this useful publication.

Army Medical Retrenchment.

The vote for hospital establishments, &c., shows a decrease of only £14,000. A large reduction has been made in the establishment of medical officers; but, as it is not intended to place on half-pay any of the junior officers who have recently passed by examination into the service, it has been found necessary to provide pay for those remaining supernumerary until absorbed. This, in a measure, accounts for this item not showing a decreased charge. The increase arises from the very large number of medical officers who during the year will become entitled to an increase of pay for length of service. The charge for subsistence of lunatics is decreasing; all officers are now handed over to their families at once, and the men are as rapidly as possible transferred either to the charge of their friends or of their parish.

The gross votes for the ensuing year relatively to those for 1868-69, are as follows:—

Medicines and medical stores.—To be voted for 1869-70, £79,300; last vote for 1868-69, £78,164; increase, £1,136. Expenditure in 1867-68, £87,736 5s. 2d.

Medical establishments at home and abroad.—To be voted for 1869-70, £54,757; last vote for 1868-69, £64,824; decrease, £10,067. Expenditure in 1867-68, £61,337 6s. 8d.

Iridectomy in Glaucoma.

The ophthalmic surgeons who have ridden the iridectomy hobby without being able to tell the world the why or the wherefore of their treatment, will be, no doubt, interested in learning the latest and most crushing argument in favour of this inexplicable procedure. Dr. Henry Noyes, of New York, has very recently communicated his views on glaucoma to the New York State Medical Society. He enumerates two causes of the disease—1, those referring to a diseased condition of the sclerotic, similar to arterial atheroma; and, 2, to irritation in some portion of the fifth pair of nerves. For the cure of a diseased condition of the sclerotic, or irritation in the trifacial nerve, the author simply echoes the iridectomy cry without attempting to show his hearers how the cutting out of a piece of the iris can restore the sclerotic to health, or remove irritation from the trifacial. He says—"The operation advised in all the curable stages was iridectomy, performed through the sclerotic, as near as possible to the point of the origin of the iris. The incision was recommended to be large enough to occupy from one-fifth to one-sixth of the circumference of the iris." But Mr Noyes at least merits thanks for plainly stating his own theory of the curative effect of iridectomy, and we make it a present to the advocates of this procedure. He thus expresses himself:—"The advantages of iridectomy were, in his opinion, due very greatly to the permanent relief to internal pressure by the substitution of an elastic cica trix in the place where it is most needed." Is it not the legitimate deduction from all this that ophthalmic surgeons are advised to excise a portion of the iris in order to make an elastic cicatrix for the cure of disease of the sclerotic or trifacial irritation—or is it not rather the *sequitur* that neither Dr. Noyes or any other of the iridectomists know anything whatever about the physiological action (if there be any) of this operation, and are simply acting on unsupported theories and *ex parte* records of results ?

The Typhoid Fever at Brussels.

The epidemic has at last commenced its decline, the patients being less numerous, and those who are attacked suffering from less severe symptoms. In order to permit the students and professors to devote themselves completely to the care of the sufferers, the course of study at the medical schools has been suspended, and for fear of the contagion the pupils of the military schools and most of the collegians have been sent to their homes.

An extraordinary circumstance is the tardiness of the convalescence. The patients recover only very slowly, and the greatest care has to be exercised in regard to their nourishment. The least mistake in their dietary provokes indigestion of greater or less severity, or re-establishes a febrile excitement which is not easily got rid of.

Irish Lunatic Asylums.

We observe with great satisfaction that the Irish lunatic asylum system is likely to receive the attention and reform which its demerits deserve. The readers of the Medical Press and Circular have been at the time when they were enacted made familiar with all the details of the Privy Council rules under which the asylums are now administered. By these regulations the entire control of the institutions, and the government of the Boards of Governors and of the visiting physicians, were practically confided to the resident medical superintendents, subject only to the voice of the Lord-Lieutenant, whose utterances, as everyone knows, are never called forth but by a password from the back stairs of Dublin Castle. The system has worked notoriously, and the abuses which always result from irresponsible command have made themselves public. In the case of lunatics, more than in any other public service, is jealous *surveillance* called for, and we earnestly trust that in any future arrangements that supervision on the part of the governors and the visiting physicians will not be abrogated as it is at present.

Turpentine as an Antidote to Phosphorus.

M. Personne, *Pharmacien* to the Hospital of La Pitie, communicated last week to the Paris Academy of Medicine his researches on this subject. He had instituted three series of experiments on dogs.

In the first series he administered phosphorus alone to various animals, who all died at the end of a variable period.

In the second he administered the phosphorus, and followed it, some hours afterwards, with essence of turpentine, and the animals in this case experienced symptoms of poisoning, but none of them died.

To the third series of animals he administered essence of turpentine immediately after the phosphorus, and none of them suffered from a greater inconvenience than a slight indisposition.

According to the author, the explanation of these facts depends on the property possessed by essence of turpentine of preventing the burning of the phosphorus, which depends on its exposure to oxygen either in the air or the animal economy.

Hospital for Seamen.

We quote the following appeal for an hospital which has been made at Holyhead by the Queen's Harbour-master : "The want of an hospital is most severely felt at Holyhead, to receive seamen from the shipping. They are frequently landed having infectious diseases, and also disabled from accidents, such as falling from aloft. There is not at present any such asylum in existence. Cases of death have occurred in town from fever brought in by shipping and spreading among the population. The Board of Trade have kindly consented to give a Government site for building, if sufficient funds can be raised for the purpose. For months in the winter season we have from two to three hundred ships and vessels of all nations in port, taking refuge from gales of wind, varying in tonnage from the Great Eastern to the smallest coasting trader ; therefore our requirement is not only local, but a general and national one, and more especially as our anchorage is in the stream of trade to and from both Liverpool and Glasgow."

Death through Mistake.

The Governors of Worcester Infirmary lately appointed a committee to enquire into the facts connected with the death of an inmate of the institution from an improper administration of carbolic acid prescribed for another patient. From the investigation, it appeared that the medical attendant dictated the prescription at the bedside of the patient to the house-surgeon, who made it up and applied it himself. Next day the dispenser, who had read the prescription, prepared it from memory, and put the wrong name on the label, which was the cause of the accident. Where the blame lay it is almost impossible to tell from the account as it appears in the *Times*. The committee attribute it to the gross negligence and misconduct of the dispenser, and consider that he ought to be prosecuted. They probably had reasons which justified their decision, and the resignation and disappearance of the dispenser seem to corroborate it.

Amenities of Poor-law Medical Officers.

At Ulverston, last week, several serious charges were preferred against the master and matron of the workhouse by Mr. R. Cranke, the medical officer to the parish. The charges were, interference with the duties of the medical officer, particularly in the case of a fever patient, who was dismissed by them from the fever ward and sent down to the body of the house without the concurrence of Mr. Cranke, and while she was in a state both dangerous to her own health and that of the other inmates ; and further, that when the master was requested to have her removed back to the ward, he obstinately refused. The next charge was that of the master's neglect of duty in not attending to the dietary of the inmates of the house, they not having a sufficient quantity of food, and not according to the published dietary.

There were several other charges of insubordination and immoral conduct which were gone into by the Poor-law Inspectors, who will make a report to the Poor-law Board upon the inquiry, which lasted nearly three days. The charges appear *primâ facie* to be established; but, pending the publication of the official report, it would be injudicious to pass judgment upon the case.

M. Warlomont, of Brussels, has been appointed oculist to Her Majesty the Queen of the Belgians.

At the Royal Institution, on Thursday, at three o'clock, Dr. H. Power will lecture on the eye; on Friday, at eight o'clock, Dr. Crum Brown on chemical constitution; and on Saturday, at three o'clock, Dr. Odling on hydrogen.

The number of surgeons doing duty in Chatham Dockyard is to be reduced, and the appointment of assistant-surgeon is to be abolished. It is held at present by Dr. Moore. The stipend is £400 a year, with a residence in the yard.

The magistrates of Cheltenham have granted a new trial in the now famous case, "Hodson *v.* Harrison," the chief ground being the absence, during the last trial, of the most material witness, Dr. Rumsey, of Cheltenham.

It is stated that seven cases of illness caused by eating pork affected with *trichina spiralis* have occurred in New York city, two of them proving fatal. This re-appearance of the dreaded disease has caused some alarm.

The Committee of the German Hospital have signified their intention of holding a bazaar at the Queen's Concert rooms, Hanover square, on the 2nd June and two following days, under the patronage of Her Majesty the Queen. Their object in so doing is to raise funds for liquidating the debt on the new building, which is still as much as £2,000, and, should their efforts be rewarded with a sufficient amount of success, they intend opening the last unoccupied ward, which contains 25 beds.

A meeting was held at the house of Mr. Mitford, M.P., in Cavendish square, of gentlemen connected with the Association formed for extending the operation of the Contagious Diseases Act to the civil population. Mr. Berkley Hill and Mr. Curgenven read reports, showing that many other noblemen and gentlemen had given their names in support of this Association. Mr. Mitford, Mr. E. Hart, and others, urged the necessity of pressing upon the Government the adoption of stringent preventive measures, but it was agreed to wait until the Government measure should be introduced.

The mean of the Quarterly Returns of the Registrar-General for 1868, shows a remarkable variation in the death-rate of the several towns. Cheltenham and Devonport show the same rate of mortality, viz., 17·35 per 1,000, while the mortality in Manchester amounted to 32·01 per 1,000, so that in the latter place people have died nearly twice as fast as in the two former. Surely this calls for investigation. It behoves the inhabitants of Manchester at least to awake to their own interest, and see whether such a state of things is inevitable.

Mr. Solly took the chair at the annual meeting of the Royal Medical and Chirurgical Society. The business related to the pecuniary interests of the Society, the manner in which the funds had been appropriated showing an excess of income over expenditure. It was proposed to lower the fee. Mr. Solly expressed his desire that the name of the Society should be changed to that of "the Royal Society of Medicine and Surgery," or "the Royal Academy of Medicine;" that the other Societies of London should be united with it, and a building should be obtained worthy of the profession.

It has been affirmed and strongly insisted on, that ironclad vessels must necessarily be prejudicial to the health of their crews; but it has been found that such is by no means the case. In the official report on the health of the navy there is a table of the ratio of cases of disease and injury under treatment during twelve months, in various classes of vessels now serving abroad; and Dr. Mackay, in his introductory observations to the statistics, says: "This table shows the ironclad vessels in a very favourable light, the ratio of cases in them being considerably lower than in any of the rated vessels, and lower than in the sloops, gun-vessels, and gun-boats."

Correspondence.

REPRESSION OF QUACKERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am exceedingly glad to note the proposal contained in your leading article of yesterday's date. The misery and ruin produced by the artful system pursued by the advertising quacks is incalculable. I have had opportunities of a special kind for obtaining some glimpses of it, and might exclaim with Hamlet, "Horrible, most horrible!"

The suggestion that the repression of this kind of quackery should be taken up as a philanthropic movement is also most useful, and I should be glad to join publicly or privately in such a movement, to establish an association by any aid which tongue or pen can give. My offices are at the disposal of any gentlemen who are willing to co-operate in such a movement, as a centre to which correspondence may be addressed, or for preliminary committee meetings.

Action cannot be taken too soon, and half-a-dozen really earnest men would form a nucleus round which the outside public would readily aggregate. I am confident that a great success could be secured if a preliminary committee were formed, and a public appeal issued.

The mode in which you propose to make the attack upon these cruel scoundrels is by depriving them of their profits and starving them out by protecting their victims. This is sound policy, and I know that is practicable because I can quote cases. If any sensible, firm, and conscientious man can once get between the quack and his prey—the quack can be made to disgorge.

I am, dear Sir,
Yours faithfully,
J. Baxter Langley.

50, Lincoln's Inn Fields, W.C.
March 4th, 1869.

"A CANARD," OR "A FEELER."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It is stated in an annotation in the *Lancet* of Feb. 20, that "a well-known practitioner of cutaneous medicine and

surgery" has made a proposition to the Council of the Royal College of Surgeons of England to give £5,000 to found a professorship of "dermatology;" such gift to be accompanied by certain wax-works, and contingent upon the donor's appointment as the first "Professor." Who is this *fully qualified* gentleman whose reputation requires official recognition, and who *is said* to have insulted the College by an offer to purchase a professorship? The profession would, I think, like to know, and I, personally, as one of the very few doubly-qualified practitioners in this branch of medicine, desire to repudiate any knowledge of the matter.

Yours faithfully,

Dover street, W., March 1, 1869. Barr Meadows.

Gleanings in Medicine, Surgery, and the Allied Sciences.

MEDICINE.

TREATMENT OF BILIOUS REMITTENT FEVER.

Dr. W. B. Harvey, of Canton, Miss., in a communication to the *New Orleans Journal of Medicine*, relates the following easy and rapid mode of subduing this very serious affection. It is to be hoped that others who adopt the practice may have results equally satisfactory: "Regardless of the stage, grade, or duration of the fever, the patient is directed to take a half gr. sulph. morphia, incorporated with gr. xv of blue mass, to be followed, in half an hour, by grs. x of sulph. of quinine (in pills) and at the same time a warm foot bath, the vessel to be placed in the bed and the feet kept in it for half an hour. The dose of quinine to be repeated in two hours. This, together with a little castor oil, in ten hours, to prevent ptyalism, is the sum of treatment, and the result, in my hands, has been a profuse perspiration and a speedy subsidence of all the symptoms—pain in the head and back, thirst, &c., &c. The fever may be expected to be subdued in four or six hours. While all must regard such success as a great desideratum, many, I am persuaded, will receive my suggestion with distrust, and few, I apprehend, will have the boldness to subject it to a practical test."

SURGERY.

SYPHILIS CONTRACTED FROM CIGAR STUMPS:

Mons. Ambrosoli reports in the *Giornale Italiao della Malattie Nerncrée*, two cases of syphilis contracted by chewing the stumps of cigars picked up in the street. The primary lesion was seated, in one case, upon the anterior pillar of the soft palate, in the second case upon the palatine arch.—*N. Y. Med. Journ.*

SNARE FOR REMOVING FOREIGN BODIES FROM THE URETHRA.

Dr. J. T. Hodgen, professor of anatomy in St. Louis Medical College, describes (*St. Louis Med. Journ.*, Nov. 10, 1868) a very ingenious instrument for this purpose. He was called to a child suffering from retention of urine, and passing a catheter about two inches into the urethra it came in contact with a calculus. Not being provided with the usual instruments for removing such an obstruction, it occurred to him that by bending the wire found in his silver catheter (used to clear the instrument) he could form a loop that would readily pass the stone and encircle it, and that the stone might be withdrawn as corks are removed from bottles. He immediately put this idea into practice and drew out the calculus. He was subsequently called to a similar case, in which he resorted to the same expedient with like success. He has since had an instrument made on this principle, with two wires forming a double loop, which will no doubt prove useful.

◆

Medico-Parliamentary Intelligence.

HOUSE OF COMMONS—Thursday.

GILBERT UNIONS.

Mr. Mitford asked the President of the Poor-law Board, if the Poor-law Board intended to exercise their powers with respect to the dissolution of Gilbert unions during the present year.

Mr. Goschen replied that it was the intention of the Board to exercise its power in respect to the dissolution of such unions.

FEVER HOSPITAL PATIENTS.

Captain Dawson-Damer asked the President of the Poor-law Board, whether it was the case that three or four patients, recently brought to the Fever Hospital from different workhouses, were found dead on arrival there, in consequence of having been conveyed in a sitting posture in cabs, instead of being conveyed in proper ambulances; and whether each parish should not be bound to provide a fever ambulance.

Mr. Goschen said it was unfortunately but too true that such an occurrence had taken place, and though it was impossible to say that the patients had really died in consequence of their being conveyed in a sitting posture, yet the medical gentlemen were of opinion that that might have contributed to the fatal result. With regard to the second part of the question, he had to say that the parishes were not bound to provide ambulances. The matter, however, was under the consideration of the Poor-law Board, who would propose that the Metropolitan Asylum Board should provide proper carriages for the purpose.

PAUPER EMIGRATION TO THE UNITED STATES.

Sir T. Lloyd asked the President of the Poor-law Board whether he was prepared to take into consideration the propriety of relaxing the rule now in force by which the Poor-law Board refused its sanction to grants of money from boards of guardians in aid of paupers desirous of emigrating to the United States of America, and limited such sanction only to intending emigrants to our British colonial possessions.

Mr. Goschen replied that since he himself had been at the Poor-law Board the subject had been taken into consideration with a view to some relaxation of the rules. It was not at present the law to grant aid to paupers desirous of emigrating to the United States, because a great many years ago the American Government objected to pauper emigrants being sent to their country. He trusted, however, that the Poor-law Board would soon be able to get some of the restrictions removed, and that emigration might be promoted.

CONTAGIOUS DISEASES AMONG CATTLE.

Mr. W. E. Forster moved that leave be given to bring in a Bill to consolidate, amend, and make perpetual the Acts for preventing the introduction or spreading of contagious or infectious diseases among cattle and other animals in Great Britain. It was proposed, he said, to re-enact almost precisely as they stood the present regulations for stamping out the cattle plague should it unfortunately break out again, for giving the power of declaring certain places infected, for inspection, for preventing the removal of animals, and for compulsory slaughter. They proposed to take powers to check other diseases than cattle plague and sheep-pox; in fact, they proposed to take power to check lung disease and foot-and-mouth disease—any contagious disease, in short, among sheep, cattle, or horses.

Lord R. Montagu congratulated the right hon. gentleman on the manner in which he had approached the subject, and expressed the pleasure he felt at hearing that the Government, not regarding the matter as a party one, were willing to receive suggestions from whatever quarter they might be offered.

Several other members addressed the House, and Mr. Forster replied. Leave was given to bring in the Bill, which was subsequently introduced and read a first time.

PHARMACY ACT (1868) AMENDMENT BILL.

In committee of the whole House,

Lord R. Montagu moved that the chairman be directed to move the House that leave be given to bring in a bill to amend the Pharmacy Act, 1868. He said the Bill consisted of only one clause. In England medical practitioners, who were generally licensed apothecaries also, and veterinary surgeons, were able to take medicines with them and to dispense them, but in Scotland neither of those classes of professional men were able to dispense medicines, as there was no licensing power in Scotland to enable them to do so. It was a matter of serious consequence that this state of things should be altered, for it might happen that a doctor might be attending a patient some twenty miles away from the nearest druggist's shop. This Bill was to make the necessary change in the Act of last year.

Dr. **Brewer** said he feared that the action of the bill would be of a retrograde character.

After a few words in explanation from Lord R. Montagu, the House resumed, and leave was given to bring in the Bill.

◆

Medical News.

Apothecaries' Hall.—At a Court of Examiners, held on the 4th inst., the following gentlemen, having passed the necessary examinations, were admitted licentiates of the Society of Apothecaries, viz. :—Messrs. Thomas Allen, of Whitby; Andreas G. H. Bösenberg, of the Cape of Good Hope; George Henry, of Kingstown, Dublin; Alfred Armitage Kidger, of Ashby-de-la-Zouch; William Howell Lloyd, of Llangathen; George Thompson, of Wakefield; and Thomas Warren, of Princes Risborough.

By the will of the late John Bairstow, Esq., of Preston, the Infirmary of that town receives the munificent bequest of £19,500, which is to be devoted to the erection of a new wing to the existing building. The Royal Asylum for Idiots at Lancaster also receives £5,000 by the will of the same testator; the Medical Benevolent College, £300; the Medical Benevolent Fund, £300, besides several very liberal bequests to other institutions.

Presentations to Her Majesty.—At the levée holden on Friday last by the Queen at Buckingham Palace, the following members of the profession had the honour of being presented to Her Majesty :—Mr. Oscar Clayton, on appointment as extra-Surgeon in Ordinary to H.R.H. the Prince of Wales, and Surgeon to H.R.H. the Duke of Edinburgh; Dr. S. Currie, Inspector-General of Hospitals; Dr. R. W. Cunningham, Bengal Medical Service; Dr. John L. Erskine, Royal Engineers; Dr. W. Geoghegan, on his appointment as Staff-Surgeon; Surgeon-Major J. Hilliard, M.D.; Mr. Ross Jameson, Inspector-General of Hospitals; Mr. Jonas R. Leake; Assistant-Surgeon Bonney, Royal Surrey Militia; Surgeon-Major John Madden, M.D.; Surgeon-Major M. F. Manifold; Mr. J. T. Milburn; Mr. G. Munday; Mr. W. H. Pollard; Mr. W. H. Rendell; Mr. S. Robertson, Staff-Surgeon; Dr. W. Sedgwick Saunders, on appointment as Commissioner of the City of London; Dr. A. Simpson; Surgeon-Major L. Sinclair, M.D., on promotion and return from Abyssinia; Staff-Assistant-Surgeon Count Cyprian Wollowicz, &c. The majority of these presentations were made by the Director-General of the Army Medical Department.

A meeting took place on Friday evening at the rooms of the Society of Arts, under the presidency of the Earl of Ducie, having for its objects :—To better the condition of farm labourers by the removal, at proper seasons, of surplus labour from over-populated districts to places where labour is in greater demand; to encourage the more extensive building and improvement of cottages in accordance with the demands of health, decency, and comfort; to encourage elementary and technical education of the children of agricultural labourers; to promote sanitary reforms in villages, small communities, and dwellings of agricultural labourers; the separation of labourers' provident societies from public-houses, and their establishment on safe and economical principles and under proper management, so as to secure to those able and willing to save some means of support in times of sickness and disablement from work. The meeting was well attended, and was addressed by several noblemen and gentlemen. All the speakers acknowledged the deplorable condition the agricultural labourers were in; but as many of the subjects which would be embraced in the proposed society were already partially met by numerous societies now in existence, it was unanimously resolved, on the motion of Mr. Holland, seconded by Mr. W. Wells, "That this meeting considers it inexpedient to call into existence such a society as proposed." A vote of thanks to the noble chairman terminated the proceedings.

◆

NOTICES TO CORRESPONDENTS.

Mr. Walter Bernard.—Your note on "The Reunion of Joints," shall appear in our next.

Mr. Harry Stapleton,—"On Medullary Cancer" received. Proof shall be sent you as requested.

"Obstetric Memoranda," by Dr. Waring-Curran, Manchester. See previous reply.

Veritas.—The letter may be in bad taste, but we cannot disregard its argument on the ground of personal merit.

Dr. Cockcroft Keighley is thanked.

Army Assistant-Surgeon.—There have been a few appointments to H.M. Indian Medical Service, which you will find in another column.

Dr. Evory Kennedy "On Puerperal Fever. If possible in our next.

D. O. D., Rawlings' Hotel.—Thanks. The Journal shall be sent to Millview, as desired.

Enquirer.—We believe Dr. Hunter of Inhalation Notoriety, left for America soon after the trial of "Hunter v. Sharpe"—With him also his gigantic advertisements, disappeared from the daily papers.—Neither have since been seen or heard of in England.

Communications, enclosures, &c., received from Mr. F. Cooke, Ashton; Dr. Morris, Deddington; Mr. C. Spurgin, Colchester; Mr. Andrew Lewis, Carlisle; Mr. W. S. Whatford, Brighton; Mr. Curgenven, London; Mr. Handford, Mr. Holmes Coote, Dr. Edwards Crisp, Chelsea, Mr. W. B. Woodman, Limehouse; Dr. Agar, Ponders end; Dr. Cotter, Jamaica; Mr. John Messent; Mr. Palmer, Dr. Whittington, Tuxford; Mr. W. Cadge, Norwich; Mr. Burnett, Hull; Mr. Samson Gamgee, Birmingham; Mr. May, Mr. Hutchinson, Cheadle; Mr. Erichsen, London; Surgeon N. Alcock, 85th Regiment; Mr. Thomas Falcon, Leeds; Mr. Henry Sandham, Dr. Barr Meadows; Mr. R. Brown, Manchester; Dr. Barton, Dr. Fixot, St. Heliers; Mr. J. Baxter Langley, Mr. Barker, Dr. Bankien, Glasgow; Dr. Barry,. Dr. Deacon, Tenby; Dr. J. Blake, Taunton; Mr. J. C. Sargeant, Mr. G. Chater, Tenby; Dr. J. Cockcroft, Keighley; Dr. Robertson, London; Dr. Thorowgood, London; Dr. J. Wyatt Crane, Leicester; Dr. Peirson, Scarborough; Dr. Cranke, Ulverstone; Dr. Hawkins, London; Mr. F. Bentley, Manchester; Dr. Donovan, London; Dr. William Harrison, Leeds; Mr. Richards, Weobley; Dr. Collard, Sunderland; Dr. Spottiswood, Cahirciveen; Dr. Crawford, Tandragee; Dr. O'Kelly. Maynooth; Dr. Goodison, Enniscorthy; Dr. Lever, Frankford; Dr. Morton, Castleblayney; Dr. Sproule, Moville; Dr. Coates, Portumma; Dr. Beamish, Passagewest; Dr. Harvey, Cork; Dr. Hughes, Oranmore; Dr. Buckmaster, Middleton; Dr. Griffin, Kilkee; Dr. McBride, Newry; Dr. Haines, Midleton; Dr. Webb, Cashel; Dr. Deverell, Ardglass; Dr. Welsh, Ballyshannon; Dr. Carry, Belfast; Dr. Fitzpatrick, Enniskillen; Dr. Luther, Cappoquin; Dr. Toole, Bandon; Dr. Harpur, Killyleigh; Mr. Tichborne, Dublin; Dr. Evory Kennedy, Dublin, &c., &c.

◆

CARBOLIC ACID IN SMALL-POX.

Arthur B. Stout, M.D. (*California Med. Gazette*), has great confidence in *carbolic acid* in mitigating small-pox, and divesting it of its *contagious* character. He believes that its course may be shortened, and by this agent the poison will be destroyed, be it animal or vegetable in its nature. Carbolic acid not only extinguishes the existing germs, but arrests their future development in the fluids in which it is infused. In conjunction with the use of the *Sarracenia purpurea*, he is confident that the general horror and fear and desertion from the holiest duties of life, which follow the announcement of small-pox may be put at an end. Let the patient be lightly moistened over several times daily with a weak solution of carbolic (phrenic) acid. Use a broad camel's hair brush, say two inches wide. The cure of the pustules will be hastened, it being a gentle stimulant. After its first use, and the slight infusion of its vapour in the air, giving to the atmosphere a faint odour like creosote, and plunging all the cast off clothing into a solution of this acid, the patient and the apartment occupied will be disinfected. The inhalation of carbolic acid vapour, as it comes atomized from a weak solution in Cologne water, commences the internal carbolization of the system. Carbolic acid should be given internally, so as to eradicate the poison in the tissues; the dose being from one half to one drop of the alcoholic solution and may be given with the sarracenia. The *Sarracenia purpurea* was introduced into the profession in 1861, by Dr. F. W. Morris, of Halifax, Nova Scotia. Keith & Co. prepare the extract, which he uses in doses of a teaspoonful every two hours.

MORPHIA IN ANÆSTHESIA.

Prof. Green, of the Marine Medical School (*Missouri Dental Journal*), recommends morphia as an antidote to nausea, during and after the anæsthetic state, and also to the other unpleasant after effects of an anæsthetic. It is to be given at the commencement of anæsthesia.

CHLOROSIS A DISEASE OF THE NERVOUS SYSTEM.

DR. WM. A. HAMMOND maintains (*Quart. Journ. Psycholog. Med.*) that chlorosis is primarily and essentially a disease of the nervous system, and that the changes which sometimes—by no means invariably—take place in the composition of the blood, are consequences of the nervous disorders and not its causes. "I do not contend," he says, "for the invariable occurrence of chlorosis without depravation of the blood. I insist, however, upon the point that chlorosis is a disease of the nervous system, and that when morbid changes take place in the blood during its continuance, they are always secondary and directly the consequences of the nervous derangement, and that therefore they are nothing more than accompaniments of the chlorotic condition ; also that frequently chlorosis runs its course without any of the symptoms of pathological changes in the blood being manifested. In the enunciation of this opinion I claim nothing on the score of originality. . . . I merely wish to present the view more connectedly and prominently than has yet been done."

Advertisements.

NOTICE TO ADVERTISERS.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a mos valuable medium for Advertisements of Books, Vacancies and Appointments, Sales, and Transfers of Practices, Surgical Instruments Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under..............	£0	3s.	6d.
Per line afterwards..............	0	0s.	6d.
One-quarter page..............	1	5s.	0d.
Half ,, ...	2	5s.	0d.
One ,, ...	4	0s.	0d.

The average of words per line is twelve.

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the OFFICE, on SATURDAY, by Two o'Clock.

THE NOVA SCOTIA GIANTESS, MISS ANNA SWAN, respectfully announces that she has made arrangements to appear at the EGYPTIAN HALL, PICCADILLY, daily, in conjunction with the Siamese Twins and the Circassian Lady.

THE SIAMESE TWINS AND THE BEAUTIFUL CIRCASSIAN LADY are daily attracting crowded audiences at the EGYPTIAN HALL, PICCADILLY. Notwithstanding their great success they must shortly leave London for Paris. Public Receptions during the day as follows :—From Half-past Two until Half-past Four, and from half-past Six until Nine. Admission One Shilling.

N.B.—This will be most positively the last opportunity of witnessing the Siamese Twins in London.

DEFECTIVE ARTICULATION,

STAMMERING, WEAKNESS OF VOICE, &c.

THE REV. A. J. D. D'ORSEY, B.D., Lecturer at King' College, receives Pupil-Patients daily at One and Five, at 13 PRINCES SQUARE, LONDON, W.

THE MIDLAND RETREAT,

(Near Maryborough, on the Great Southern and Western Railway,)

FOR the Reception and Treatment of the Insane, and of persons suffering from a Disturbed state of the Nervous System, under the Direction of Dr. Jacob, Physician to the Maryboro' District Lunatic Asylum (containing 200 patients), Surgeon to the Queen's County Infirmary, &c. This Establishment consists of two separate and commodious residences—Anne Brook, for the reception of Ladies, Woolville for Gentlemen. Each situated on extensive grounds, with large, well-enclosed gardens. They are handsome, well-furnished country residences, where the patients enjoy the comforts and indulgences of a private house. The inmates have been secured the benefit of the professional services of the parochial clergy. Restraint is not, under any circumstances, practised, and the closest attention is paid to the medical treatment and general health of the patients. Evidence of the most conclusive character as to the efficient and superior manner in which the establishments are conducted, can be presented on reference to the Proprietor. There is daily communication, by means of public conveyances, with Dublin, Cork, Limerick, Waterford, Clonmel, Kilkenny, Carlow, Enniscorthy, Galway, Athlone, and the North of Ireland.

MENTAL DERANGEMENT.—Orchardstown House, Rathfarnham. PRIVATE ASYLUM. The Patients receive every attention and kindness under the care of Mrs. STANLEY, Proprietress, and her family. Dr. HENRY CROLY, F.R.C.S.I., Visiting Physician. Terms moderate.

PRIVATE RETREAT
FOR
THE UPPER AND MIDDLE CLASSES
OF BOTH SEXES,
MENTALLY AFFLICTED,
TUE BROOK VILLA,
NEAR LIVERPOOL.

Further information may be obtained on application to Dr. H. OWEN
Vide page 1075, "Medical Directory," 1869.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

FOUNDED 1788. INCORPORATED BY ROYAL CHARTER 1864.

THE MEMBERS are reminded that a QUARTERLY COURT of DIRECTORS will be held on the 14th April next, at which candidates for admission into the Society can be proposed.

It is desirable that forms of proposal be filled up and forwarded to the Secretary at least a week before the meeting. the forms of proposal may be obtained of the Secretary.

The benefits of the Society are restricted to the families of deceased members of not less than two years' standing.

The Secretary attends at the office every Wednesday and Friday, from four to five o'clock.

J. B. BLACKETT, Secretary.

53, Berners-street, W., March 3, 1869.

COUNTY AND CITY OF CORK MEDICAL PROTECTIVE ASSOCIATION.

THE ANNUAL MEETING will be held at the ROYAL CORK INSTITUTION, on THURSDAY, 18th inst., when the Chair will be taken at Four o'clock. Members will dine at Seven o'clock on the same evening, Meeting and Dinner being open to the whole Profession.

By Order, CHARLES ARMSTRONG,
March 1st, 1869. Hon. Sec.

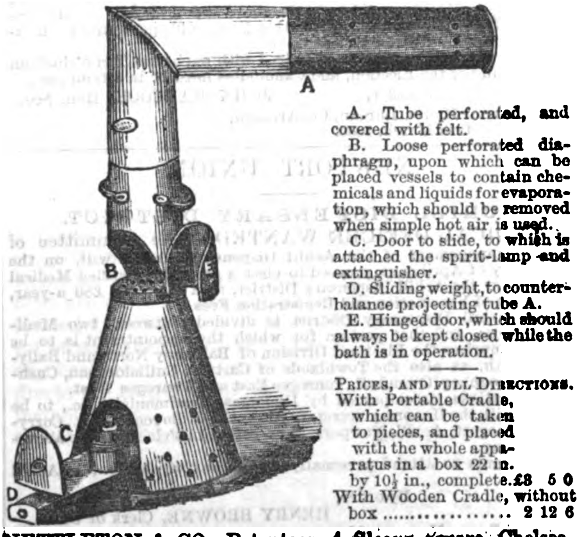
ROYAL COLLEGE OF SURGEONS IN IRELAND.

NOTICE is hereby given, that the next PRELIMINARY EXAMINATION will be held on WEDNESDAY, the 21st DAY of APRIL next, at 2 o'CLOCK p.m.

The following are the subjects upon which the Candidates will be examined, viz. :—The English Language, including Grammar and Composition ; Arithmetic, including Vulgar and Decimal Fractions ; Algebra, including Simple Equations ; Geometry, First two books of Euclid ; Latin and Greek, including Translation and Grammar.

By order,
JOHN BRENNAN, Registrar.

SURGEON-MAJOR WYATT'S
PORTABLE
HOT AIR AND MEDICATED VAPOUR BATH.



A. Tube perforated, and covered with felt.

B. Loose perforated diaphragm, upon which can be placed vessels to contain chemicals and liquids for evaporation, which should be removed when simple hot air is used.

C. Door to slide, to which is attached the spirit-lamp and extinguisher.

D. Sliding weight, to counterbalance projecting tube A.

E. Hinged door, which should always be kept closed while the bath is in operation.

PRICES, AND FULL DIRECTIONS.

With Portable Cradle, which can be taken to pieces, and placed with the whole apparatus in a box 22 in. by 10½ in., complete	£8 5 0
With Wooden Cradle, without box	2 12 6

NETTLETON & CO., Patentees, 4 Sloane Square, Chelsea.

DENMAN'S GREEK WINES, 20 PICCADILLY.

Priced Lists on application. **Sample Cases, 6 Red and 6 White Wines, £1 11s. 6d.**

RARE OLD WINES

FOR CONNOISSEURS.

Messrs. HEDGES AND BUTLER

INVITE ATTENTION to their extensive Stock of CHOICE OLD PORT,

selected and bottled with the utmost care, and now in the highest state of perfection, embracing the famed vintages of 1820, 1834, 1840, 1847. 1858, 1861, and 1863, ranging in prices from 42s. to 144s. per dozen.

WHITE PORT (very rare), 72s.; Pale and Brown Sherry, upwards of fifty years old, 120s.; choice old East India Sherry, 84s.; remarkably fine East India Madeira, very old in bottle, 96s.; Chateau Lafitte, 84s., 96s.; Chateau Margaux, 60s , 72s.; Steinberger Cabinet, 1834 vintage, 120s.; Imperial Tokay, fine old Sack, Malmsey, Frontignac, Constantia, Vermuth, &c.

WINES FOR ORDINARY USE.

Claret	18s., 20s., 24s., 30s., 36s. per doz.
Sherry	24s., 30s., 36s., 42s. per doz.
Port	24s., 30s., 36s., 42s. per doz.
Champagne	36s., 42s., 48s., 60s. per doz.
Hock and Moselle ...	24s., 30s., 36s., 48s. per doz.
Fine old Pale Brandy ...	48s., 60s., 72s., 84s. per doz.

FULL LISTS OF PRICES ON APPLICATION.

On receipt of a post-office order, or reference, any quantity will be forwarded immediately by

HEDGES AND BUTLER,
155, REGENT-STREET, LONDON,
And 30, KING'S-ROAD, BRIGHTON.
(Originally established A.D. 1667.)

CITY OF DUBLIN HOSPITAL.

DR. ARCHIBALD H. JACOB
will deliver, during the ensuing Session,
A FULL COURSE OF LECTURES
on the
DISEASES OF THE EYE AND EAR,
and the
OPERATIONS NECESSARY FOR THEIR TREATMENT.

LURGAN UNION.

MEDICAL OFFICER WANTED FOR THE MOYNTAGH SUB-DISTRICT OF THE LURGAN POOR-LAW UNION.—The Committee of Management of the LURGAN DISPENSARY DISTRICT will, at a Meeting to be held in the Dispensary, Lurgan, at Three o'Clock, on Thursday, the Ninth day of April, elect a properly-qualified Candidate to the above appointment. Salary (exclusive of Vaccination and Registration Fees), £100 per annum. Residence in the Sub-district indispensable.

Papers and Testimonials to be lodged with me before Ten o'clock on the morning of the Election, and Candidates must be in attendance.

By order, JOHN HANCOCK, Hon. Sec.
The Manor House, Lurgan, Co. Armagh,
12th March, 1869.

NEWPORT UNION.

ACHILL DISPENSARY DISTRICT.

MEDICAL OFFICER WANTED.—The Committee of Management of the Achill Dispensary District will, on the Sixth day of April next, proceed to elect a properly qualified Medical Officer for the Achill Dispensary District, at a salary of £80 a-year, exclusive of Vaccination and Registration Fees.

The Achill Dispensary District is divided between two Medical Officers, and that portion for which the appointment is to be made comprises the Electoral Division of Ballycroy North and Ballycroy South, as also the Townlands of Cartron, Cuillalorghan, Cushlecka, Dooghbeg, Owenduff, Tonregee East and Tonregee West.

Applications, accompanied by Diplomas, Testimonials, &c., to be lodged with the Honorary Secretary, CHARLES C. BOYCOTT, Esq., Corrymore, Doogort, Achill, Newport, at or before 12 o'clock on the above-named day.

Applicants to attend personally on the day of election, at Achill Sound.

By order,
HENRY BROWNE, Clerk of Union.
Board Room, Newport, Mayo,
Feb. 26, 1869.

KINAHAN'S LL WHISKEY,

DUBLIN EXHIBITION, 1865.

This celebrated Old IRISH WHISKEY gained the Dublin Prize Medal. It is pure, mild, mellow, delicious, and very wholesome.—Sold in bottles at 3s. 8d., at the retail houses in London; by the Agents in the principal towns in England; or, wholesale, at 8, Great Windmill-street, London, W.—Observe the Red Seal, pink label, and cork branded "Kinahan's LL Whiskey."

MOST IMPORTANT TO FAMILIES· GUINNESS'S XXX PORTER.—J. BEBE invites attention to this Celebrated Porter in Bottle, being now specially ordered to invalids, for its nutriment and strengthening qualities; in fact it has been found, in great many instances, to supersede Wine in recruiting health and strength. Each Bottle is wired and tin-foiled, and is protected by his label and "Trade Mark." Prices are as follows. Terms Cash.

	Per doz.
Guinness's Celebrated XXX Porter (small bottles) ...	2s. 4d.
Guinness's Celebrated XXX Porter (large do.) ...	4s. 6d.

Ten Vans deliver daily in the city and suburbs, and orders sent by Railway to all parts of Ireland.

JOHN BEBE, Rectifying Distiller, Direct Wine and Brandy Importer
18. THOMAS-STREET, DUBLIN.

IMPORTERS AND PREPARERS OF MINERAL WATERS, etc.,

TO HER MOST GRACIOUS MAJESTY THE QUEEN IN IRELAND.

ESTABLISHED 1800.

A. & R. THWAITES & Co.,

INVENTORS AND SOLE PREPARERS
OF THE ORIGINAL
SINGLE AND DOUBLE SODA WATERS,
57 UPPER SACKVILLE STREET, DUBLIN.

—o—

SODA WATER (of two strengths, "SINGLE" and "DOUBLE") was invented by A. & R. THWAITES & CO. in the year 1799, and introduced to the Public by the late ROBERT PERCEVAL, Esq., M.D., then Professor of Chemistry, in his Lectures in Trinity College, Dublin, in 1800, since which time it has continued to receive the approbation of the Medical Faculty.

A. & R. THWAITES & Co.

present it to the Public as highly useful to the powers of Digestion; improves the appetite, stimulates the hepatic functions, without producing flatulency, and is particularly suited to persons of sedentary habits.

This Soda Water is prepared in Cisterns of Granite,
With strict attention to chemical accuracy,
And sold in 4oz. and 8oz. bottles.

—o—

In the year 1846 they obtained the following Certificate from the gentlemen of the Medicaal Profession:—

"We, the undersigned, have been for many years in the habit of employing the various Mineral Waters prepared by A. & R. THWAITES and Co., and willingly bear witness to the purity and accuracy of the preparations and the good effects we have witnessed from their administration."

(Here follow the signatures of thirty Physicians and Surgeons including all the most eminent of their day in Dublin.)

N.B. The knowledge of the chemical processes used by A. & R. T. & Co. in their preparations has NEVER been entrusted to any person in their employment, nor has it ever been imparted to ANY PERSON whatever who prepares Soda Water for sale.

Aerated Lithia Water.—Messrs. BLAKE, SANDFORD, and BLAKE, are prepared to supply the LITHIA WATERS (of which they were the original manufacturers under Dr. Garrod's instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain two grains and five grains in each bottle, either by itself or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA.—Also, Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters, as usual.

Blake, Sandford, and Blake, Pharmaceutical Chemists, 47, Piccadilly.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 17, 1869.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE
On the Influence of Nervous Power in Controlling the Temperature of the Body. By Nathaniel Alcock, L.C.P.I., Assistant Surgeon 35th Regt., Portsmouth .. 219
On Polypi of the Rectum. By Holmes Coote, Surgeon to St. Bartholomew's Hospital 221
Cases, with Observations, of Puerperal Purpuric Fever. By Evory Kennedy, M.D., Ex Master of the Rotundo Lying-in Hospital, Dublin 222
Contributions to Clinical Surgery and Medicine. By William Hargrave, Professor of Surgery, Royal College of Surgeons.. 225

HOSPITAL REPORTS.

MEATH HOSPITAL.—
Cases of Urethro- and Vesico-Vaginal Fistula. Under the care of Mr. Collis 225

LITERATURE.

Lancereaux's Treatise on Syphilis 226
Dictionnaire de Chimie Pure et Appliquee 227

TRANSACTIONS OF SOCIETIES.

PAGE
DIALECTICAL SOCIETY.—Dr. Hardwicke on Pauperism, its Causes and Means of Prevention 227
SURGICAL SOCIETY OF IRELAND. — Mr. Wm. Stokes on Purgatives in Strangulated Femoral Hernia; Dr. Darby on a Splint for Fracture of the Thigh; Mr. B. Wills Richardson on Six Hundred Hempseed Calculi passed by the same Patient in a few Months 229
DUBLIN PATHOLOGICAL SOCIETY. — Dr. McSwiney on a Case of Death Resulting from the Action of a Gall-Stone in its Transit from the Gall-Bladder: Mr. M. Collis on a Specimen of Fibrinous Tumour of the Breast 229

LEADING ARTICLES.

HOSPITAL ADMINISTRATION.............. 230
HOSPITAL RESTRICTIONS IN THE UNIVERSITY OF DUBLIN 231
The Winter at Pau and the Pyrenees...... 232

SCOTLAND.

Edinburgh.—University—Chair of Chemistry 234
The Water Question.—Dental Dispensary. 234
Glasgow 234
Aberdeen.—Royal Infirmary and Lunatic Asylum 234
Dundee.—Royal Infirmary 234

NOTES ON CURRENT TOPICS.

PAGE
Relieving Officers and Medical Orders 234
The Milk Fungus.................. 235
The Gulf Stream 235
University of Cambridge—Natural Science Scholarships.................. 235
Conversazione at the King and Queen's College of Physicians in Ireland 235
Official Self-snubbing.................. 236
Ligature of Great Vessels in Dublin...... 236

CORRESPONDENCE.

Walter Bernard on the Reunion of Entirely Separated Parts 237

NEW INVENTIONS 237

GLEANINGS IN MEDICINE, SURGERY, AND THE ALLIED SCIENCES.

Obstetrics 238
Surgery 238
Therapeutics 239

Medical News, Notices to Correspondents, &c.................. 239

Original Communications.

ON THE INFLUENCE OF NERVOUS POWER IN CONTROLLING THE TEMPERATURE OF THE BODY.

By NATHANIEL ALCOCK, L.C.P.I.,
Assistant Surgeon 35th Regiment, Portsmouth.

IN this paper I shall endeavour, as briefly as possible, to remind you of the most generally received notions of the origin of Animal Heat — the seat of its development and the means of its production—to point out its value in enabling us to understand physiologically the cause and course of some of those diseases in which its increase or depression forms a prominent symptom — and, in conclusion, I shall record a curious and I think instructive instance of the modification of temperature by the supervention of a second disease in a system already disordered.

As to the source, seat, and mode of development of animal heat—it is now generally accepted that "the blood itself is the seat of those chemical changes that develope force in the body." Force and heat are convertible terms, and therefore must the blood be the seat of the development of temperature as well as the means of its diffusion—the temperature of any part must then depend on two causes—on the amount of blood propelled into that part, and on the amount of chemical change going on in that blood—this latter is still almost amongst the unknown processes which we express as vital action—but the former we do know to be under the command of nervous power; though not under the control of the will. We know that in perfect health the ganglionic nervous system regulates the calibre of the arterial ramifications; which may, however, by any deviation from that condition be thrown into a state of morbid dilatation or diseased contraction; and that coincident upon such alterations an increase or depression of temperature, as a rule, ensues.

Bernard was the first to discover the remarkable increase of heat which follows section of the sympathetic—and Brown-Séquard showed that cold was produced by applying galvanism to it; thus proving that by suspension of the functional activity of the sympathetic system, and simultaneously with the consequent dilatation of the capillaries of the part, heat was developed: whereas by the stimulation of the functional activity of the same ganglia, and during the resulting contraction of the capillaries, heat was decreased.

Experiments such as these, and with like contrasting effects, are, I believe, repeated in the human constitution during those disordered conditions which we term Heat-stroke and Cholera.

It is, however, but a mechanical part which the capillaries play in the development of heat subject to the control of the nervous system. For the primary source of animal heat we must look to those mysterious vital processes, so beautifully described by Professor Lionel Beale, during which the pabulum in the blood is appropriated by the existing germinal matter to be changed into formed material, no longer living; but which, when it has served its purpose in the economy, is to be thrown off as effete. We infer that the process of forging pabulum into formed material can only be carried on in the presence of a certain temperature—that that temperature has been originated by the gift of heated blood from the mother to the fœtus, and maintained throughout subsequent independent life by the consumption of its own waste tissue, or formed material; and here the question arises if in the act of assimilation of pabulum by the germinal matter any heat whatsoever is evolved, or whether heat is solely due to the consumption of formed material—destructive metamorphosis so called. Professor Lionel Beale, in the report of his investigations into the cause of the late Cattle Plague, which he attributes to morbid unclear corpuscles introduced from without and multiplying in the blood, says, "that as while this increase of germinal matter is taking place the temperature rises, so it is probable that the elevation of temperature in this, as well as in fevers and in inflammations generally, can scarcely be due to increased oxidation, for both the circulation and respiration are often seriously impeded, but must be attributed rather to the phenomena occurring during the increase of the germinal matter and connected with this increase."

I should, however, be more inclined to think that the augmented heat was due to the increased amount of fuel supplied to the natural furnace by the rapid decay of these hurriedly formed and short-lived morbid germs—and as heat is apparently an indispensable agent in the process of nutrition, to attribute to destructive metamorphosis alone the duty of maintaining the temperature—and even going farther to surmise that in the process of healthy nutrition heat is abstracted and rendered latent by the growing atoms of our bodies. This too helps to explain how on the arrest or diminution of nutrition, and the increase of destructive metamorphosis, the outward manifestations of heat are more marked; since not only is the amount developed greater than natural, but less is retained for internal use.

Præternatural heat, then, is the result of three conditions—suspension or exhaustion of the functions of the sympathetic—perverted nutrition, and increased metamorphosis—but the second and third I believe to be consequences of the first, and that excess of temperature local or general is an evidence of exhaustion of the functions of the sympathetic of that part or of the whole system.

Seeing, therefore, that the organic nervous centre presides over the regulation of temperature, and knowing how intimate and inscrutable is the connection between this and the nerves of animal life, by which we think, move, and feel, we can readily comprehend how each must act and react on the other—how the shock of the sudden and distressing intelligence of to-day, causing at the time, shuddering, pallor and syncope, signs of an irritated sympathetic, may to-morrow be followed by delirium and fever—or conversely how the invasion of some subtle atom of germinating poison among the organs of organic existence will subsequently overturn the balance of the functions of animal life.

That the nervous centres exercise a direct influence over the waste of tissue, causing an expenditure of substance beyond what is required for maintaining the natural temperature and supplying force equal to a full day's muscular work in addition, is, I think, clearly proved by Professor Haughton in his address before the British Medical Association "on Food and Force"—in which he shows that a ram during the rutting season excretes six times as much urea as at other times when he ceases to be the subject of nervous excitement. He also establishes by direct calculation "that the whole work done by the muscles, voluntary and involuntary, of a hard worked labourer will amount to less than one sixth of the work expended in maintaining the temperature of his body at 100°," that the total value of the force expended by a man weighing 10st. 10lbs. in the double duty of performing a full day's work and maintaining his own temperature would equal the work required to raise his own body through a vertical height of eight miles—and from this by a simple calculation he deduces the fact that a patient who has borne the burden and heat of a day of fever at a temperature of 105°, is at its close in the position of a man who not only maintained his natural heat, and also performed the duty of a hard worked labourer, but in addition to, and worn out by, the foregoing, then accomplished the feat of raising his own weight through a vertical height of one mile.

We can from this comprehend the enormous outlay of tissue required to meet the demands of fever, and cease to be surprised at the rapid emaciation and exhaustion which follow in its course.

Now, as to the nature of that disease the symptoms of which I believe to be typical of an exhausted sympathetic, viz., heat-apoplexy, or heat-stroke, Dr. Handfield Jones, in a communication read before the Harveian Society last October, says "that heat, when it becomes at all excessive, is enfeebling to nerve power, and that persons endued with much nerve force resist heat much better than those more feebly constituted;" and again: "I cannot but believe that the primary nerve disorder in heat-stroke is of a functional kind, and that all the grave symptoms which ensue may be independent of any structural lesion." In this I perfectly agree; and, in support of this, I offer you the following analysis of eleven cases of heat-stroke which occurred in the 35th Regiment during its sojourn of three years in Mooltan, the hottest station in India. In these, with one exception, there is a distinct history of nervous exhaustion prior to the attack.

3rd July, 1865.—Sergeant W. Gordon. In hospital for a fortnight with intermittent fever. Died at 7.30 p.m.—10 hours.

3rd July, 1865.—Private Tapper. Had been working in regimental garden to a late hour in the morning; attacked in barracks. Died on way to hospital, at 7.30 p.m.

3rd July, 1865.—Private Browne. Had marched with his company from cantonments to fort in the morning; attacked in fort at 10 a.m. Died 7th instant—99 hours.

3rd July, 1865.—Private McCabe. Also marched with company to fort in morning, was put on guard, and after two hours sentry-go was seen to be confused and strange; attacked at 3 p.m. Died on the 5th—33 hours.

3rd July, 1865.—Private L. Hurst. Also marched to fort on same day; suffered from pain in vertex, nausea, and vertigo; symptoms of insolatio not fully developed till the 8th. Recovered slowly, but eventually invalided for cephalæa.

5th July, 1865.—Private W. Taylor. In hospital under treatment for chronic rheumatism; much debilitated. Died on July 6th—28 hours.

9th July, 1865.—Colour-Sergeant H. Ashwin. In hospital for intermittent fever; had been drinking more than usual for some time before admission. Died on the 10th, at 3 p.m.—11 hours.

21st August, 1865.—Private L. Armstead. Attack lasted five hours, but rapidly recovered.

22nd August, 1865.—Private Mackay. In guard-room for being drunk; confined an hour before seizure. Died in 10 hours.

25th June, 1866.—Private Shea. Admitted in morning for fever; had run four miles behind a cart on previous evening; attacked in evening. Recovered.

24th May, 1867.—Private Mercer. Had severe diarrhœa for three days before attack. Recovered.

In the first five cases, all of which occurred on the same day, two had been debilitated by previous disease, and three by physical exhaustion, having belonged to the company that marched from cantonments to relieve another company in Mooltan Fort on that morning; and this is rendered still more remarkable by the fact that, although these three men who marched to the fort in the comparative cool of the morning were seized, yet none of the relieved company, which returned from the fort to cantonments at a hotter and later hour of the day, were attacked. This, I think, may be explained by considering that those who went to the fort were obliged to be put on duty at once, thereby keeping up the process of exhaustion already begun; whereas those who returned to cantonments were off duty for the day, and were thus enabled to rest and recruit themselves.

In the six succeeding cases there is but one exception in which fatigue, intemperance, or previous disease had not depressed the vital powers.

I therefore regard the affection as one in which the vaso-motor nerves and their centres being enfeebled and relaxed by the above influences, the superadded effect of intense heat, by pushing that exhaustion to the verge of paralysis—analogous to the experiment of section of the nerve—gives rise to the symptoms of heat-stroke.

Since writing the foregoing I found in the last number of the Medical Press and Circular an account of a case where a French surgeon, in excising a tumour from the neck, destroyed the "great sympathetic and phrenic branches" on the right side.

On the following day the face, especially on the right side, was deeply congested; the pupils unequal, the right being strongly contracted; the breathing hurried and oppressed.

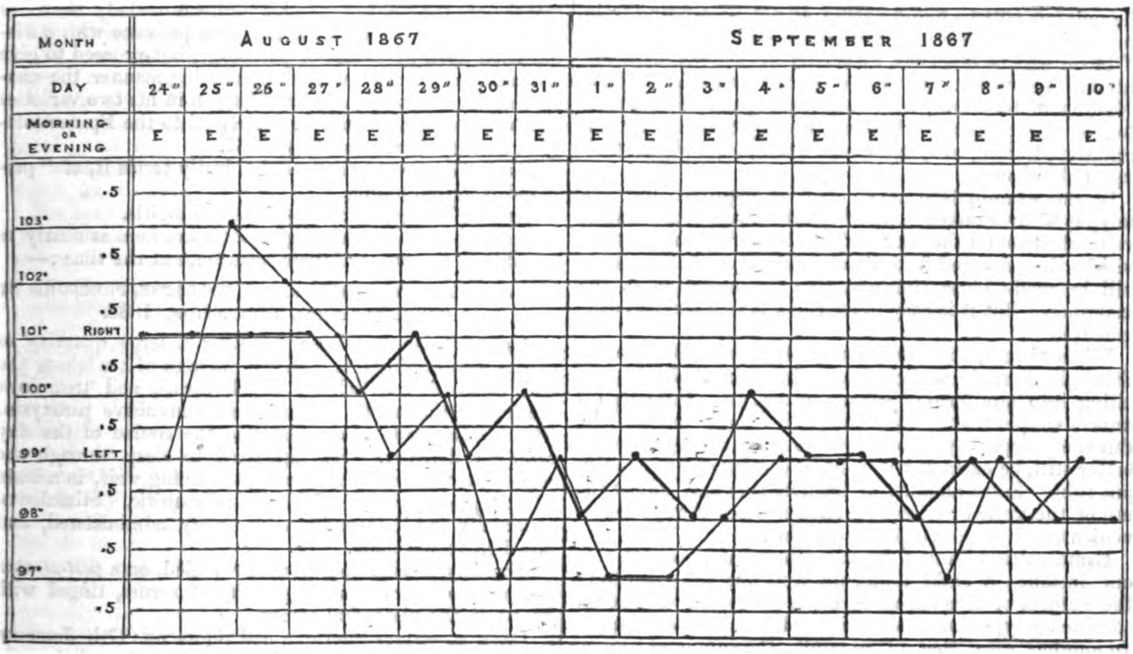
On the next day there was diminished respiratory murmur up to the middle third of the right lung; pulse 120; and on the fourth day the lung became dull throughout the lower two-thirds; coffee ground vomiting set in, and the patient died.

The *post-mortem* showed pleurisy and congestion of both lungs.

Here, then, are two marked features in common between the divided sympathetic and heat apoplexy, as described by Drs. Aitken, Parkes, and others, viz., greatly contracted pupils, and excessive engorgement of the lungs.

In conclusion I offer you the thermometric record of a case which occurred in my own practice in India, in which excessive uterine hæmorrhage, consequent on abortion, gave rise to temporary paralysis of the right side, as evidenced by loss of muscular power and lowering of the natural temperature.

A couple of days subsequently fever, to which she had been previously subject, came on, and then the temperature on the paralysed side rose considerably above even the fever heat shown on the sound side, thus proving the elevation of temperature on invasion of disease to be in direct proportion to the previous nervous depression.



Under the use of stimulants and quinine the disease abated, and the heat on the paralysed side soon sank below that of the other, both, however, accurately following the rise and fall of the intermissions of the fever, and gradually approaching each other till they became again equal on convalescence being established.

Of the clinical use and practical value of facts such as these, it would be presumption for me to dilate further in an assembly like the present.

◆

ON POLYPI OF THE RECTUM.

By Holmes Coote,

Surgeon to St. Bartholomew's Hospital.

A surgeon now in practice once informed me that polypi of the rectum were so common that cases came almost weekly before his notice. On the other hand, the late Sir W. Lawrence assured me that he had never seen such a case. That polypi in this region do exist, cannot, considering the authorities which can be quoted in support of the fact, be reasonably denied; but the cases are rare—much more so than some surgeons would lead us to believe.

In the first place, malignant diseases should be excluded from this subject. A "malignant" polypus is a term as much out of place when applied to the rectum as it is when applied to the nose. A polypus should mean a firm, pedunculated, fibrous, or fibro-cellular growth, springing from the interior of the rectum, and covered by its mucous membrane.

But in 1860, Stoltz directed attention to this affection as occurring in children. Since 1842 he had observed four cases, aged respectively, eleven, four, five, and eight years; and this, perhaps, would somewhat agree with the experience of my friend Mr. Marsh, of the Children's Hospital. Mr. Bryant has detailed the particulars of a case of polypus of the rectum in a child, successfully removed (*Lancet*, Oct. 27, 1860), and to this is appended another of firm, fibrous polypus, occurring in an adult. Kronenberg relates four cases of this affection in children (*Journ. f. Kinderk*, 1861), and Hulke relates a case (*Med. Times and Gazette*, Nov. 30, 1860).

Syme speaks of three forms of polypi—first, a vascular, deep red-coloured structure, resembling a worm or leech, as described by the late Sir Astley Cooper; secondly, a soft, vascular, lobulated growth, shreddy and malignant-looking, and prone to bleed, but possessing a peduncle sometimes capable of sound cicatrisation after being divided; and thirdly, a firmer tumour, with smoother surface, and more regularly spheroidal, or oval in form.

Whether polypi of the rectum occur more frequently in the adult than in the child may still be a matter of doubt; but the latter view is the more general. Mr. Ashton, however, has met with only one case in a child.

The symptoms of polypus of the rectum are at first obscure, but, according to Mr. Bryant, hæmorrhage from the bowel in children is a very certain indication of its existence. "Since 1859," he says, "many such cases have fallen under my care, and I must confess it is a rare thing for me to meet with any instance of hæmorrhage from the bowel in children which is not to be explained by the presence of such a growth. They are generally found in children under ten years of age (*Brit. Med. Journ.*, 1863); when the bloody discharge is constant," he adds, "and the buttocks are stained with a bloody mucus, the polypus will be found within, if not protruding from the sphincter. In other instances, occasional discharges of blood will be observed, especially at each act of defæcation. The weight and size of the polypus may produce a feeling of tenesmus, with occasional spasmodic contraction of the sphincter. The patient may also suffer from irritation, leading to symptoms of diarrhœa, and to a feeling of flatulence.

In the examination much care is required, lest the polypus be overlooked. Mr. Bryant "sweeps the finger, well oiled, round the walls of the bowel." The polypus will be thus dragged from its attachment, and its pedicle will be made tense, thus arresting the attention of the examiner. But it is easy to overlook it in a careless examination.

When found, they had better be removed at once, although there is no fear, I apprehend, of their degenerating into any form of cancerous disease. In many instances simple traction will suffice to detach the pedicle. But the polypi may be often removed by the ligature, or, better still, be extracted by a small écraseur, or wire polypus-tube. Some amount of hæmorrhage may follow the use of the knife or scissors, a circumstance always inconvenient, and to be avoided if possible.

Examinations cannot be too minute and careful. In one instance a child under my care was supposed to be the subject of this affection, when it was found that the so-called polypus was the undigested core of a large apple. In another case, that of an adult, the supposed tumour proved to be a portion of intussuscepted bowel. But so closely did it resemble a large and firm growth, that an operation had been recommended, and the true nature of the case was first detected by the central opening which led to the inverted intestinal tube.

◆

CASES, WITH OBSERVATIONS, OF PUERPERAL PURPURIC FEVER.

By Evory Kennedy, M.D.,
Ex Master of the Rotundo Lying-in Hospital, Dublin.

(Written in August, 1867.)

I offer no apology for occupying the attention of your readers for a short time with those cases of zymotic disease which occurred in the Dublin Lying-in Hospital in the spring of the year 1838, and which evinced the characters exhibited in the so-called purpuric or cerebro-spinal fevers recently occurring in Dublin. In the year 1838 that scourge of parturient females *puerperal fever* visited our great Lying-in Hospital here with peculiar malignity, and carried off thirty-five patients between the months of December, 1837, and April, 1838.

In the progress of its ravages on that occasion, cases occurred of a nature so entirely different, and so unlike any of those I had seen before, or, indeed, subsequent to this epidemic, that it will be in the recollection of others that I produced morbid specimens and drawings illustrating them at the Pathological Society at the time. Unfortunately these drawings are mislaid, but the cases, as recorded at the time of their occurrence, are available. A few of the most striking of these I have abbreviated, giving merely an abstract of their most prominent features, omitting nearly all treatment for the sake of brevity, and stating the morbid appearances in such of the cases as dissection could be obtained. But my younger readers must bear in mind the fact, that twenty-eight years ago dissections in hospitals were very difficult to obtain. They could not be effected without the consent of friends, and an examination of the head and spinal marrow it was nearly impossible to gain consent to.

So much has been said and written within the last few months on the subject of this protean malady that has shown itself, that I shall not tax your patience with a disquisition upon its nature or pathology, but proceed to give the cases, exhibiting in the most striking manner the characteristics dwelt upon by Dr. Marston in his two varieties or classes, as put forward in his report to the Epidemiological Society on the 1st July, 1867.

First. Those expressive, as he justly terms it, of "profound blood-poisoning."

Second. Those of cerebro-spinal meningitis.

I should mention that I give the cases here as nearly as possible in the order of their occurrence at the time:—

PUERPERAL FEVER, WITH RAPID COLLAPSE, PRECEDED BY CEREBRO-SPINAL IRRITATION, 1838.

Anne Whelan had been drinking a large quantity of spirits before admission. In the progress of her labour she had convulsive twitchings of the arms, and tremulous motions of the hands, and a slight convulsive paroxysm. This woman made no complaint in the course of the day after her delivery. She appeared to sleep through the night, but was found, at the next morning visit, in a state of collapse, with her abdomen tympanitic. Stimulants, externally and internally, were freely administered, and she died in six hours.

The only morbid appearances revealed, on a *post-mortem* examination were a small quantity of serum, tinged with blood, in the peritoneal cavity.

Case 2.—Mary Sheridan had rigors on 17th January, 1838. Pulse 120. No local pain—(three days delivered.) On the 20th, at two o'clock in the morning, had an attack; pronounced hysterical, with marked globus; crying and laughing. At eight o'clock she fell into a state of stupor, with stertor, and remained comatose until four p.m., when she expired.

Post-mortem appearances.—The omentum and peritoneum opaque and covered with lymph; a pint of milky serum in peritoneal cavity; lungs coated with plastic lymph, congested and crepitating. Both pleural cavities filled with flaky lymph adhesions; transparent serum in pericardium; right auricle filled with fibrine; blood fluid; uterus soft and easily torn; ovaries embedded in lymph; subarachnoid effusion and effusion into ventricles.

The dissection here fully evidences the existence of puerperal fever. Now, this fact becomes the more important, when we draw the analogy we attempt between the recent typhus and the puerperal epidemic of 1838. Sheridan's case is one of several that have occurred to me in puerperal fever, in which the hysteric complication furnished an unfavourable prognosis. The same fact has been dwelt upon by Cheyne and Graves, and more recently by Hudson, when hysteria occurs in fever. The latter astute physician connects its occurrence with suppression of the menses.

The next case we shall give, is one in which head symptoms were also very markedly observed to complicate the fever, which ran to a more chronic form, with consecutive arthritis.

CEREBRO-SPINAL PUERPERAL FEVER, FOLLOWED BY ARTHRITIS.

Mary Lynch, delivered on the 30th January, 1838, was attacked by rigor on the 3rd February, with fibrile symptoms; much flushing; pulse 130; some abdominal pain.

On the 4th delirium set in, with great restlessness, anxiety, and spasmodic respiration, headache, and rapidity and indistinctness of articulation.

5th. Delirium continues, with headache, more distressing in occipital region. She struggles to get out of bed. Tongue streaked red ; peculiar exhalation from tongue and mouth ; sickness.

6th. Violent and incoherent muttering, but answers rationally when addressed ; pulse 136.

7th. Raving and starting ; a quantity of vapour issuing from the mouth ; less complaint of head, but complains of abdominal pain, and of pain in left arm ; pulse 144.

8th. Slept well ; no delirium ; asks for drink ; pulse 136 ; elbow-joint engaged ; tender, swollen, hot, and red ; stick nitrate of silver freely applied to it.

9th. Delirium returned in the night ; stupor and muttering ; elbow more swollen ; left knee and bursa engaged ; retention of urine.

On the 10th, the arthritis extended to the wrist ; diffuse inflammation seized upon the buttock and the parotid gland ; and the case assuming the characters of consecutive arthritis, and terminated fatally with effusion into pleura, on the 15th.

We have now to deal with the dark discolouration observed in these cases. The whole question of these, as well as in puerperal typhus, purpuric typhus, purpura, as in cholera, demand elucidation.

The hæmorrhagic and scorbutic complications, to which it is referred, give us little assistance, and, with Flint, I have little doubt that its explanation must be looked for in the capillary system, and, perhaps, in the blood itself.

TRAUMATIC PUERPERAL GANGRENE.

Margaret M'Gouran, æt. 32, who was doing well for two days after her delivery with the forceps, in consequence of tedious labour, was attacked on the morning of the 2nd of March, 1838, by cerebral symptoms, with rapid pulse and slight abdominal tenderness. Her excitement was so great that she became unmanageable, and was obliged to be restrained in bed. She complained incessantly of pains in her legs. The whole surface of the body, but more especially the face and lower extremities, became livid. Large blue coloured bullæ, or vesicles, appeared on different parts on the lower extremities, as may be seen in plate No. 1. The excitement subsided in a few hours into a state of depression, and she sank at noon on the 3rd, about twenty-eight hours from the commencement of the attack. Only an abdominal examination could be obtained of this case, when a small quantity of bloody serum was found in the peritoneal cavity, and some sloughing in the vagina, due no doubt to the instrumental delivery and justifying its being referred to the class "*Traumatic*." This drawing is an accurate delineation of the left lower limb, taken within a few hours after death, and not sensibly altered from the appearance it presented during life. The section of adipose tissue was taken from the abdominal parietes, and furnishes an idea of the congestive infiltration that prevailed throughout the surface of the body.

The black serum brings to recollection my old friend Dr. Alison's case of the black fluid in the blistered vesicles.

FEVER WITH BLUE DISCOLOURATION OF SURFACE.

Mary Carton, æt. 27, was attacked on the 11th of April, 1838, three days after a natural delivery, with aching abdominal pain—quick pulse, and high state of excitement. On the 12th, pulse 134 ; expression of countenance, bad ; hands and feet blue.

13th. Blue tint extends to face and trunk ; pulse almost imperceptible ; respiration gasping ; little abdominal suffering, unless on pressure.

14th. Sinking, died at ten a.m., fifty-six hours ill. No *post-mortem* examination permitted.

PUERPERAL FEVER, WITH DISCOLOURATION OF LIMB, VESICLES, GANGRENE, AND COLLAPSE.

Biddy Fox, æt. 30, was seized with rigor, followed by febrile excitement on the 5th of May, 1838—the fifth day after her delivery of a seven months' child, caused by fright. She had only been three hours in labour. The fever continued without any local affection or abdominal tenderness ; throughout the 6th, and at three a.m. of the 7th, she was seized with acute pain in the calf of the left leg. At morning visit her state was as follows :—Countenance anxious, and expressive of suffering, and great constitutional disturbance ; pulse small, 96 ; calf of leg swollen, tense, and acutely painful on slightest touch ; no pain up thigh, but some uneasiness on deep pressure, low on left side of abdomen ; skin hot ; constantly crying about pain of leg ; twelve leeches were applied to the calf of leg ; at one p.m. the limb become discoloured, the discolouration gradually extending up the thigh and down to the ankle and foot, where vesications rapidly formed. Some punctures were made in the calf of the leg and popliteal space, by my able colleague, the late Surgeon Abraham Collis, in search of matter ; but the pulse became rapid and indistinct, and she rapidly sunk, and expired at seven p.m., fifty-six hours from the occurrence of the rigor, and sixteen hours from the seizure of the limb. The femoral and tibial arteries continued pervious throughout, and the temperature of the left limb was higher than that of the right.

No examination permitted.

PUERPERAL FEVER, WITH GANGRENE OF UTERUS: SYMPTOMS PRECEDING DELIVERY.

Mary Anne Brennan was admitted at 11 a.m., on the 8th Jan., 1839, in the ninth month of gestation. About two o'clock the pupil on duty reported that she complained of great pain in her right thigh. On examination it was found large, tense, very painful along the course of the rectus muscle ; but tenderness did not extend upwards as far as the saphena vein. There was also some soreness in the right iliac fossa. Pulse quiet and small ; tongue furred. States that about a week before she had had a rigor, followed by sudden loss of power in right leg, and that yesterday she had another shivering fit. Twelve leeches were immediately applied to the limb, and within an hour she expressed herself much relieved. At half-past five o'clock p.m. she was conversing with the nurse, when she was observed suddenly to sink, her arms becoming powerless. Notice was immediately sent to the assistant on duty, who found her pulseless, eyes glazed, feet cold, features collapsed—in fact, moribund. Stimulants were administered, but she expired in a few minutes.

The Cæsarean section was performed, and the child removed, but it exhibited no signs of vitality, nor could its heart's action be detected at the moment of the mother's death.

On drawing backwards the abdominal parietes, the uterus exhibited the appearance represented in this drawing (No. 3). The ovary and Fallopian tubes, particularly on the right side, were gorged with blood, and the structure of the uterus in their immediate neighbourhood was dark and softened—in fact, in a state of ramollissement. The fimbriated extremity was glued by soft, freshly-effused lymph to the peritoneum.

The following cases, passing into erysipelas, purulent depots, cellular sloughs of the character of anthrax, and arthritis, show more strikingly how puerperal fever, like typhus, is ascribable to a poison which vitiates the blood and passes through a series of consecutive stages, due to what are termed poison depots in various parts of the body.

Mary A. Keating was seized, on the 10th of December, 1837, with erysipelas of the elbow-joint, on the tenth day after her delivery. The solid nitrate of silver was freely applied to it, with relief. The buttock became engaged on the 12th, and the nitrate of silver was freely applied. The pain, which was intense, was relieved. She had much prostration, diarrhœa, and rigors, at intervals, and great nervous anxiety. Potassa fusa was now applied to the buttock.

The inflammation here became circumscribed, and, on the 17th, the sterno-clavicular articulation became engaged.

Not until the 29th could matter be detected in the buttock, when a puncture was made. Some matter escaped, and ultimately a mass of sloughed cellular tissue separated. She gradually improved, the joints engaged, returning to their natural state, and she left the hospital on the 4th of January, becoming convalescent.

See No. 9 drawing, which represents a limb in which similar depots occurred.

In some of these cases the symptoms of diffuse inflammation set in as the primary poisoning, even showing themselves before delivery. In these, the great joints were those principally attacked, and the pain was excruciating.

The inflammation was so rapid, immediate, and destructive in its character, that I was induced, in some, to try the actual cautery, particularly when the sacro-iliac synchondrom was affected.

In those cases in which it was tried, although it did not succeed in curing, it seemed to arrest the progress of the diseased action, and the patient, in each case in which it was had recourse to, expressed herself as markedly relieved from the agonizing pain, and that, after the fullest opiates had been administered in vain.

The only treatment I found of service in these local and arthritic inflammations was the free use of nitrate of silver escharotics in the milder, and potassa fusa, and the actual cautery, in the more urgent cases.

The hopeless character, however, of the more urgent cases, in which the large joints and adjacent structures take on this poison action, were at once seen, by looking at the specimens, which exhibited the trochanter eroded by ulceration, the two hip-joints engaged, the sacrum in a state of destructive ulceration, whilst the soft parts of the upper part of the thigh and gluteal muscles were in an advanced stage of ramolissement, and those on the left absolutely sphacelated. Surely, if ever the true *εσθιομενος* of the Greek fathers in medicine, justifying the synonym of the Latin, *exedens*, *depascens*, *corrosivus*; is to be found in modern pathology, we have it here.

Admitting then that puerperal fever, like typhus, is the product of a poison, only modified by the state in which it finds its victim, which, in the puerperal condition, directs its ravages primarily to those tissues most directly affected by the engrossing functions of the moment—we can well understand how the uterus and peritoneum should be the organs affected by the poison in puerperal fever generally. The poison may, however, be occasionally so modified in its essential character, or, what is perhaps more likely, a certain condition may prevail at a given time, either in the atmospheric or other influences without the body, or in the nervous, circulating, or nutritive systems within, which would determine the morbid action, as lately seen in typhus, and in puerperal fever in 1838, to the cerebro-spinal system, and thus give rise to a similar modification of symptoms in both. And further, according to the continuance or discontinuance of the cooperating causes productive of the modification would the new disease cease or be perpetuated. In this way might be generated a new variety of an original morbid principle, transmissible as a personal, contagious, or generally diffused poison.

The record of the above cases is so far conclusive in a pathognomic point of view, that throughout them all, one and the same fever, namely, puerperal fever, constituted the unmistakeable and ever-present essence of the diseased action, by which the patient was grasped. And further, the essential proofs of this disease were in no case absent. Yet those conversant with puerperal fever upon a somewhat extensive scale, must admit that morbid complications in addition existed, in these cases, with which they are not familiar, perhaps not even acquainted. The natural and incontrovertible inference then is, that the complications recorded constitute varieties grafted on the original diseased action, depending upon influences prevailing, no doubt, at the moment, which influences evade our detection, although their results are so palpable and apparent. The whole subject of zymotic diseases—their causes, spread, varieties, types, upon what subtle agencies depending—is so complex and obscure, that, as yet, we are but on the threshold of its investigation. If we are to arrive at any sound knowledge upon them it will be by observing closely their general laws, which can only be done by comparison of new forms or varieties with those epidemics that have passed, and the relations of both with persistent or enduring diseases with which we are familiar. I cannot illustrate this necessity on the conclusions I have long arrived at better than by transcribing here a question put to me by a Medical Commission, who were engaged in inquiring into the state of the hospitals and sick poor in the year 1840, with my answer :—

Query —" Does puerperal fever appear to have prevailed more extensively when any general epidemic has prevailed in Dublin ?"

Answer—" Yes ; I have remarked that when continued fever, typhus, or erysipelas, were prevalent in the Medical and Surgical Hospitals, puerperal fever appeared to prevail in the Lying-in Hospital, as well as in the city generally. The character of the fever varied also at different times, and occasionally appeared to be influenced in its nature by any prevalent epidemic."

Sydenham and other authorities have long established the fact that fever at different times and places may be characterized by peculiar and various local tendencies. And science, it is remarked, is no better prepared to explain their occurrence now than at any past period in medical history. By some, these varieties are merely considered complications or inter-current symptoms ; by others pathognomic essentials, which justify the conclusion that the diseases are distinct in cause, symptoms, history, and pathology, and ought, consequently, to be so in name. In investigating both the predisposing and occasional causes which exist without the body of the diseased person the " *circumfusa*," " *ingesta et applicata*," arising from the influence of external bodies, we too frequently lose sight of the assistance to be gained from the study of "Epizotia" or diseases of animals. In epidemic and contagious diseases this is much to be regretted. It was long since remarked by Guersant, that the circulatory and nervous systems of warm-blooded animals approach nearly to our organization, and their diseases present an analogy with ours. "The essential and symptomatic fevers ascribable to excitation of the nerves and blood-vessels, and the reaction of these organs upon each other, occur in them, and especially in the mammalia, with the same characters, and almost the same names. The resemblance between *their* maladies and those of *man* are sometimes so perfect that it is impossible not to place them in the same " nosographic cadre," and not to assign them the same name. The discrepancies of opinions upon a name to be appropriated to the late epidemic might have been reconciled or harmonized had the phenomena observed in some of the epidemics which have prevailed amongst animals been looked to. For instance, in the epidemic typhus, which prevailed amongst horned cattle in France in the year 1795, as well as in that of 1814, M. le Professor Dupuis constantly observed " that the spinal marrow was more injected and soft than natural, that the meningeal coverings were red, and contained, in their folds, a large quantity of limpid and transparent serum, and, in the lumbar region, the medulla was softened, and the cellular tissue of the lumbar and sacral nerves gorged with blood-serum. The brain in these animals dying of typhus was not so often observed softened as the medulla, but sometimes the meningeal coverings were more injected and red, and the ventricle often filled with a quantity of citrine serum."

Cerebral symptoms have also been observed in epidemic catarrh of dogs, assuming, in its progress, the form of epilepsy, or dance of St. Guy. Edward Jenner tells us of a gentleman who killed several of his dogs labouring under this disease, supposing it hydrophobia. Dissection displayed a soft brain ; the ventricles full of serum, and the medulla softened, and fluid in its membranes. The "epizootic charboneuse" or typhus of domestic fowl, which prevailed in Paris in 1780, and whose chief complications were gangrenous angina and ophthalmia, was accompanied with convulsions of the wings, and other parts of the body, and the bird expired after a rattle of a peculiar kind, apparently convulsive, which resembled a plaintive cry proceeding from the bottom of the throat, not unlike spasmodic croup. On dissection, the brain was found gorged with blood, the interior of the bill and pharynx and external parts gangrenous, and ecchymosis in the different viscera.

We adduce these cases to show that, in the animal, as well as man, modifications of known diseases occasionally occur, as in the puerperal cases observed by me in 1838, as well as in the later cerebro-spinal cases, *intercurrent* with the ordinary disease. The original type or generic characters prevailing and existing, whilst the varieties assume a more a less prominent position, throughout its progress. Where these occur, as we might say, accidentally, in a peculiar epidemic, as, for instance, in the five cases of parotiditis out of thirty-five recorded by Dr. Flint, and leave no permanent distinctive features, merely cropping up sporadically subsequently; they should be treated as complications due to causes in operation at the moment, evanescent in their nature, and in no way necessary to characterize the case, therefore, unworthy of a special name. When, however, on the other hand, we have a train of symptoms nearly constant in their occurrence, such as a peculiar eruption present, a peculiar structure engaged; non-contagious in its nature, not transient, not accidental in its occurrence, but permanently established amongst us, and traceable, as it is often, to cognate causes; then I think we must grant such a train of symptoms a right to be considered a distinct disease, and endow it with a special name, as we have done in the case of typhoid or enteric fever.

It remains still to be proved whether the group of symptoms observed to occur in the recent epidemic shall recur and become permanent, as has been the case in enteric typhoid, or whether they will assume those distinctive marks which have so isolated the latter disease, the very name applied to which evinces that it exhibits generic characters that assimilate it to a parent type.

The non-recurrence for nearly thirty years of an epidemic exhibiting the same characters as the cases described by me in this paper as purpuric or puerperal typhus, would lead us to hope that such may possibly be the case as regards the recent cerebro-spinal epidemic also, and, consequently, that, failing in its element of permanency, it might only be referred to hereafter as a form of typhus prevailing for a short time in the spring of 1867, and limited to a small number of cases, attended with cerebro-spinal symptoms, discolouration, and collapse, and which may take its place with the puerperal typhus of the Dublin Lying-in Hospital of 1838, with epidemic typhus amongst horned cattle in 1795 and 1814, and with the typhus charboneuse in domestic fowl of 1780—all of which partook more or less of the same pathognomic characters.

Note.—The references to the drawings have been given in the text as there is reason to hope they will be found, and published shortly.

◆

CONTRIBUTIONS TO CLINICAL SURGERY AND MEDICINE.

By William Hargrave,
Professor of Surgery, Royal College of Surgeons, &c.

(Cases taken by Mr. Donaldson, Resident Pupil.)

(Continued from page 204.)

EXTRACTION OF A NEEDLE FROM THE LEFT INGUINAL REGION.

Emily V., æt. twenty-four, was admitted into the City of Dublin Hospital, April 23rd, 1868. States that about five weeks ago, whilst engaged in sewing, a person fell on her accidentally, and caused the needle she was sewing with to pass into the vicinity of the anterior superior spinous process of the ilium (the upper part of the needle breaking off); she then manipulated it down with her fingers into the left inguinal region. In about a week after the occurrence the part became painful and swollen, and an effort was made by a doctor to come down on the needle by incision, but without effect; she then poulticed it with linseed meal, and it ceased to give her any trouble until admission, or a few days before, when the pain became very severe, especially during the motion of the limb. On May 2nd she was placed under the care of Dr. Hargrave, who was unable to feel the needle; she was ordered to walk about the ward, in the expectation of its being brought nearer to the surface. May 13th the needle was indistinctly felt; a free incision was made over it, but owing to the violent struggles of the patient the endeavour to find it was abandoned, but the needle was evident. On the 18th, the patient *being fully under the influence of chloroform*, which was accomplished with some difficulty, an incision was made two inches long over the situation of the needle parallel to the common femoral vein, dividing both the superficial and fascia lata, after a little searching, it was found imbedded in a gland, the point projecting to the integuments; it was then extracted, and measured three quarters of an inch in length. The wound was then dressed. This patient was so powerfully affected by the chloroform, that nearly one hour was occupied in rallying her from the effect of it, after having recourse to the usual means for that purpose; it was not till the application of galvanism she completely recovered from the perilous position she had been placed in by the anæsthetic agent. In the very few instances in which I have been compelled to use galvanism for the purpose now specified, I *always* strike one pole into (if possible), the left phrenic, and always into the anterior scalenus muscle, the other pole into the diaphragm on the left side; by selecting this side, not alone for its convenience, I go nearer to the heart, and by so doing can recall it to its natural state of action, so that the respiratory and circulating systems are called *pari passu* into action.

For thirty-six hours she suffered from intense headache, after which everything went on most satisfactorily, and was discharged the hospital, June 19th, convalescent. I may further remark, but for chloroform being so decidedly, even dangerously, administered, as the sequel of the administration has shown, I do not think that the needle could have been extracted.

The following case of a needle imbedded in the right side of the neck of a young girl about twelve years old, may not be devoid of interest. She applied as a dispensary patient in the summer of 1868, complaining of a hard painful substance immediately behind the right sterno-mastoid muscle and subcutaneous to it. On examining this region I found something like a hard foreign body perfectly moveable in every direction. I made an incision over one end of it, and immediately extracted a broken needle one inch and a half long, which is still in my possession. How it came there I could not ascertain, as the girl disclaimed all knowledge of it, but did not appear surprised when she found it had been extracted.

◆

Hospital Reports.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. Thornley Stoker, M.D., L.R.C.S.,
Demonstrator of Anatomy in the Royal College of Surgeons in Ireland.

MEATH HOSPITAL.

Cases of Urethro- and Vesico-Vaginal Fistula.

(Under the care of Mr. Collis.)

The two following cases, operated upon by Mr. Collis, are fair examples of the success which he claims for his method of procedure. Instead of paring the edges of a vaginal fistula in the usual way previous to bringing them together, Mr. Collis prefers splitting the edges, and turning one of the lips thus formed towards the vagina, whilst he reflects the other towards the bladder or rectum, as the case may be. A quilled suture is then applied, and the vaginal lips are drawn together, with their raw surfaces opposed, the rectal or vesical edges being pushed towards their respective cavities, and their surfaces necessarily closely applied by the same action which draws the rest of the wounded surface into apposition. Mr. Collis states that several advantages accrue from his plan of operating: a larger revivified surface is gained, which must result in a stronger union, and a more complete closure is effected, both because of the larger surfaces which are applied to each other, and by the fact that the urine—if the fistula be vesical—will tend to press the vesical lips of the wound together, exactly in the same way that the lunular portions of the aortic valves are opposed by the blood pressing back against them.

Mr. Collis attributes the success of his operations in some measure to the fact, that he always plugs the vagina with sponge after the operation, and he has found of late considerable benefit from carbolizing the sponge previous to using it.

Mrs. T., æt. twenty-eight, was admitted into the Meath Hospital, September, 1867, suffering from a large urethro-vaginal fistula, situated near the orifice. It resulted from sloughing, following the instrumental delivery of her first child, was of seven months' standing, and was tranverse in direction. It was operated upon in the manner above described, the edges being brought together by four points of quilled suture, and the sponge plug being introduced. The plug and sutures were removed on the fourth day, and the sponge again introduced and allowed to remain for four more days, at the end of which time the fistula had completely closed. The woman was discharged cured, and, having a narrow pelvis, was directed to present herself at hospital, when she should be seven months pregnant, in order to be prematurely delivered. She neglected doing so, and had a very prolonged difficult labour; but although another fistula formed, the cicatrix resulting from the former operation suffered no injury. She died of puerperal fever.

Anne R., æt. thirty, the mother of eight children, was admitted last February, for the relief of a very large irregularly shaped fistulous communication between the bladder and vagina of three months' standing, having its long diameter in the axis of the vagina, and resulting from sloughing following an instrumental labour. Mr. Collis operated in his peculiar method, using five points of quilled suture, and plugging the vagina with carbolized sponge. The sponge and sutures were removed on the fourth day, and a fresh sponge introduced and allowed to remain for four more days. The opening was then found completely closed, and power over the bladder quite regained.

Literature.

LANCEREAUX'S TREATISE ON SYPHILIS. New Sydenham Society.

THE treatise on syphilis before us, by the well known and industrious E. Lancereaux, exhibits in the strongest light the great interest which the subject excites at the present day, claiming, as it does, so much general and scientific attention in order to restrain the almost indefinite and versatile ill effects of disease, not only on the immediate sufferers, but their offspring. The amount of research, labour, and acute observation evidenced by the production of this volume is but consonant with the author's well-known reputation as a syphilographer and observer in this intricate and obscure branch.

The work is most minute and extensive, and cannot fail to arrest the attention of the discreet and thinking practitioner, who may meet with facts reconcilable with no theory, and with variations in the course of the disease which seem to be inexplicable. The latest and most condensed information, founded on a wide range of observation, is placed at his disposal by the judicious course adopted by the Sydenham Society in having this great work translated into English, and thus the most carefully considered conclusions are put before him when sifted and tested by the author's experience. The great connection between the disease in its later stages and the various affections of the internal organs—such as epilepsy, cirrhosis, paralysis, &c.—have of late opened out a new era in the treatment of this disease and its manifestations; and many anomalous facts are now explicable which hitherto escaped observation or were looked on as special diseases. As the author remarks, page 22:—

"Can we be astonished at this when we remember that only within a few years we have recognized the relation between primary and secondary lesions, and the visceral affections previously described and treated under the name of cirrhosis, softening of the brain, &c.?"

We confess that, on the perusal of each work issuing from the press on syphilis and its consequences, we are more and more surprised at the question of the active repression or endeavour to "stamp out" this human plague being left so long undetermined by the executive. Cattle plague, cholera, and fever receive due attention; here is a plague not only destructive to the recipient but to the progeny, yet it is allowed to flourish, because silent in its progress and in its work of deterioration, with what unfortunate result to the community is thus expressed by the author as his experience:—

"*All other things being equal, syphilis rages with greater frequency in proportion as prostitution is less watched over.*"

The author devotes the first sixty pages to a geographical distribution of the disease to show its widespread sway, and quotes Livingstone as to the fact of the interior of Africa being (as yet) free, though this we have lately seen denied by Chapman in his "Travels."

The discussion of the symptoms of the disease is divided into headings, which seem to be most in accordance with a simple method of arrangement:—

The period of incubation.
The period of eruption, or primary lesion.
The period of general eruption, or secondary affections.
The period of gummy products, or tertiary and quaternary lesions.

These stages are fully and ably considered, the leading features displayed, and the pathological changes indicated—a well laid down chart, in fact, of the disease in its various steps to destruction, and from the surface to the interior, is furnished.

A large section of the work is devoted to the consideration of the more subtle and fatal, though less obvious, changes that occur in the internal organs in the latter stages—such as hepatic syphilis, which is copiously treated of, and most instructive cases given in illustration, as well as affections of the kidney, of the brain, the heart, and, in fact, all the internal organs.

We conceive no subject can be more fraught with interest to the practitioner, be he special or general, than this internal syphilization, and the anticipation of such fatal complications should make him the more anxious to cut short the disease in its early course.

False syphilis (p. 95) is handled in an unusually interesting way by the author; be it "simple chancre," "non-infecting," chancreable, &c.; "Was it described or known before or after indurated chancre?" This we conceive a question of great interest, and the writer considers it very difficult to decide. It, no doubt, leaves some part of the question open as to the possible identity in origin of the two varieties.

The proportion of the two varieties (in Paris, at least) is remarkable; thus, of 10,000 chancres—

1,955 are indurated;
8,045 are soft.

As the soft are not followed by constitutional evidences, it would appear, certainly, that the true chancre is more comparatively frequent in this country, as every practitioner knows, unfortunately, how frequent are the cases of constitutional infection.

This volume is full of information, exhaustive in detail, and suggestive as to the rational method of treating the disease in its many phases and under the various disguises it assumes, and displays the author in his merited position as a writer and a philosophical inquirer.

DICTIONNAIRE DE CHIMIE PURE ET APPLIQUEE:

Discours Préliminaire—Histoire des Doctrines Chimiques depuis Lavoisier jusqu' à nos jours. Par AD. WURTZ. L. Hachette et Cie., Paris and London.

The above is supposed to be the introduction to a great French Chemical Dictionary, written somewhat in the style of our Watt's Dictionary. Wurtz's name is a sufficient guarantee of its intrinsic worth, and the historical monograph under notice does not appear before it is wanted. A vein of pardonable national vanity runs through the whole of this introduction. Thus :—"*La chimie est une science Francaise, elle fut constituée par Lavoisier d'immortelle mémoire,*" is rather exaggerated. The Lavoisian theories were constructed upon the works of Black, Cavendish, and Priestley, and had been promulgated previously to Lavoisier by Rea and others; in fact, very few of the theories really enunciated by the French chemist are accepted in the present day—not that we wish for one moment to detract from the glory that deservedly shines round Lavoisier. He was a bright particular star, which shone out distinctly from his collaborators; and the blood of the "*Fermier Général*, No, 5," which was shed on the memorable scaffold, is one of the stains that never wears out of a nation's escutcheon. All these considerations bring us to this conclusion: that it is better to avoid invidious distinctions; for in what nation can we say that chemistry, or any other science, has taken its rise? Germany, Sweden, France, and last (but certainly by no means the least), England, has each had its share. Lavoisier, Dalton, and Berzelius—a Frenchman, an Englishman, and a Swede—have done more for the theory of chemistry than any other individual three men; but this is all that can be said.

In this Histoire des Doctrines, M. Wurtz divides his work into sections:—In 1, Lavoisier and his works are reviewed. 2—is devoted to Dalton and Gay Lussac; their theories and their contemporaries. 3, Berzelius. In 4, Laurent and Gerhardt follows, and he finishes by a review of the science as it at present stands ("*Doctrines Actuelles*").

In this latter part the author undoubtedly does full justice to every one, and it is, in our opinion, the best written portion of the book. He feels at home in describing the labours of his friends, and is particularly happy.

We look forward with considerable interest to the appearance of the other portions of this work. Amongst many good men who have promised to assist in this book, we observe, Kopp, Troost, Willm, and Naquet—the last is a host in himself. Such names make the work invaluable.

◆

Transactions of Societies.

DIALECTICAL SOCIETY.

AT the Dialectical Society of London, two evenings in the months of Feb. and March were occupied by a paper read by Dr. **HARDWICKE**, and by the discussion upon it. The subject was—

PAUPERISM, ITS CAUSES AND MEANS OF PREVENTION.

Dr. Hardwicke was of opinion that, if the Poor-law were well regulated, it would be possible to exact labour from every able-bodied applicant for relief, in return for a frugal meal and a clean bed.

Dr. **STALLARD**, who also spoke, was of a somewhat similar opinion.

Dr. **ROGERS** brought forward some statistics to prove that whenever medical relief is ill paid and neglected, there pauperism abounded.

On the other hand, Mr. **REED** and Mr. **LEVY** contended that the rapid increase of population rendered it impossible to promise the frugal meal and shelter to the able-bodied poor spoken of by Dr. Hardwicke, without destruction to the cause of independent honest labour; and both of these gentlemen, in company with Mr. F. **BOURNE**, Mr. **RIGBY SMITH**, and Mr. **QUELCH**, were of opinion that the only way of getting rid permanently of the enormous amount of pauperism which at present so occupies public attention, was to insist on the paramount importance of persons in this country limiting the number of their children very greatly.

To this argument, Mr. **GEARY** and other gentlemen objected that to advise persons to have small families was likely to lead to immorality.

The Chairman, Dr. **CHARLES DRYSDALE**, responded to this, that Mr. J. S. Mill, who adopted the utilitarian standard of morals, had said that "little advance could be expected in morality until the production of large families was looked upon in the same light as drunkenness, or any other physical excess," and he believed that this assertion of Mr. Mill was quite true. The French had small families, as everyone knew well, and pauperism was certainly not such a glaring evil in France as in this country. He believed that pauperism might disappear entirely if persons would rest content with two or three children, instead of having such large families, as at present. At the same time the present crisis required some extraordinary effort to relieve the misery and overcrowding which was so universal, especially in London.

Dr. **ROBERTS** spoke on the same side of the question, and contended that all slight palliatives did but little good to the pauper class. What was wanted, he contended, was education of that class in habits of forethought and prudence, and above all prudence in the conjugal relations, and they should be advised not to bring into the world more mouths than their industry could support, and not encumber the labour market by overstocking it with a plethora of applicants for wages.

Dr. **HARDWICKE**, in reply, said he did not ask for more for the able-bodied pauper than a minimum of relief—not any relief to enable him to compete with the non-pauper labourer—and, although he agreed with the majority of the speakers in thinking that persons should not have more children than they could support, yet, after saying this, there were a host of details of administration which he had wished to hear discussed by the Society.

Dr. **EDMUNDS** will shortly read a paper on the same subject.

◆

SURGICAL SOCIETY OF IRELAND.

(Continued from page 207.)

PURGATIVES IN STRANGULATED FEMORAL HERNIA.

Mr. **WILLIAM STOKES** said I wish to bring under the notice of the Society, very briefly, the following case of strangulated femoral hernia, which was recently operated on by me in the Richmond Hospital, not only on account of its presenting some features of peculiar interest, but also because I am most anxious to obtain the opinion of members of the Society who have had practical experience in these cases, in reference to an important point in connection with their treatment after operation. The case was one of a young man, æt. twenty-four, by occupation a clerk, who was admitted into the Richmond Hospital on the 21st of last month, having been recommended to me by Dr. Gogarty. The patient stated that he had been ruptured for five years, but up to last August, he never had suffered any inconvenience, having always been able to reduce it without difficulty. On the 23rd of last August, while straining at the water-closet, the hernia came down and became strangulated, and shortly after he was sent to the Richmond Hospital. The patient having been brought fully under the influence of chloroform, I succeeded in reducing the hernia without much difficulty. After this the patient wore a well fitting truss, and suffered no inconvenience until the morning of the 21st of last month, when during a violent fit of coughing the hernia came down and again became strangulated.

I may mention in passing that after reducing the hernia on the first occasion, I felt immediately after a distinct fulness in its site which I rightly considered to be the sac which I had not succeeded in returning.

When admitted into hospital for the second time, he had all the usual signs and symptoms of strangulation, vomiting, hiccough, eructations, pain in groin, tenderness in abdomen, a small and slow pulse, and great anxiety and depression. As I had formerly succeeded in reducing the hernia, and as the strangulation was only of six hours' duration, I anticipated little difficulty in reducing it by the taxis. My anticipations, however, were not to be realized. Taxis was tried with great care, but without producing the slightest effect on the tumour. Directions were then given to put him into a warm bath, to get a full opiate, and an hour subsequently, to get a tobacco enema and tobacco stupe over the abdomen. This treatment had the effect of relieving the pain to a great extent, but had none whatever in diminishing the tension of the tumour. I may mention also that the taxis was tried while the patient was in the hot bath by my clinical clerk, but without success. No effort, therefore, was spared to save the patient from the risk of the operation of herniotomy. At five o'clock in the afternoon I saw the patient again, and as the hernial tumour was as tense as before, and the pain recurred and all the other symptoms had increased in intensity, I operated, and in doing so had the advantage of the able assistance of our President, who kindly came to see the case. As the strangulation was so recent I determined, if possible, to perform the extra-peritoneal operation, though I had some doubts as to my being able to do so from the fact that in this case the hernia was strangulated in an old previously unreduced hernial sac. This constituted the chief peculiarity of this case. The difficulty in reducing the hernia without opening the sac in this case arose from the existence of extensive adhesions between the thickened unreduced hernial sac and the edges of the femoral ring. This I found when I arrived at the sac ; I passed my finger all round its neck, and nowhere could I feel the edge of the ring. I then forcibly introduced a broad-bladed director between the sac and the ring at the upper and inner margin of this ring into the abdomen, breaking down the adhesions that had formed in this situation. The stricture was then divided in the ordinary way, and the intestine, but not the sac, returned. The operation being completed, he got a powerful anodyne draught, after which he fell asleep. The following day he got another opiate. The third day all pain and tenderness having subsided, and the patient feeling inclined to sleep, opium was not considered any longer necessary. I need not enter into the particulars of the daily progress of this case. But this fact is worth mentioning, that there was no motion from the bowels until the seventh day after the operation, which motion was induced, not by the administration of any purgative but by a simple warm water enema. After this the patient had one motion from the bowels regularly every day. I may mention also that the wound healed by the first intention without the adoption of the so-called antiseptic treatment, and the patient was enabled to leave the hospital on the twelfth day after the operation.

Looking at the result obtained in this case, as well as in other cases of strangulated hernia which I operated on during the past years, and in which during the after treatment no purgatives were administered, makes me very desirous of hearing the opinions of some of the members of the Society as to the value of the administration of purgatives in the after-treatment of cases of strangulated hernia. I should be sorry to urge such a revolutionary step in surgical practice as the abandonment of purgatives in these cases, but I think that their utility in the great majority of them may be questioned. In Paris, for example, where the mortality after herniotomy is, I may say, quite unexampled, the routine practice is shortly after the operation to administer an active cathartic draught. I remember during my pupilage having seen several cases in which calomel purgatives were administered after operation. The question, however, which I consider to be of such eminently practical importance is whether, in a local enteritis, which must, to a greater or less extent, be present in all cases of strangulated hernia, we should endeavour to excite by artificial means peristaltic action at an early period, or whether we should abandon such attempts altogether ; or at all events defer them until there is reasonable probability of all congestion and inflammation having entirely subsided. In other words, we should determine whether the principles which guide us in the treatment of cases of ulcerative enteritis with perforation, such as we have occasionally opportunity of observing in typhoid fever, should not also be adopted in the treatment of strangulated hernia after operation.

Professor Hargrave observed that the point referred to by Mr. Stokes was important, but not new. In his early experience it was always the practice to give purgatives if the stomach would bear them. This, however, failed, and as they obtained more pathological knowledge they saw why it had not been successful. They were endeavouring by purgatives to move a paralysed muscle and thereby doing more injury. Now opium was given to afford the muscles time to recover, after which the bowels would quietly take on their natural action. He was of opinion that crude opium would be found more powerful as an anodyne, and would remain more quietly on the stomach than powdered opium. Again, if it was desirable to move the bowels enemata were preferable to purgatives.

Mr. Wharton bore testimony in favour of giving rest to the abdominal contents in cases of strangulated hernia. This was, in fact, the key to success in such operations. In a case under his care constipation continued for a fortnight, and with the best results.

Mr. Collis observed that in the Meath Hospital it was the rule not to give purgatives except there was a special reason for it.

Mr. Croly said a similar line of treatment was adopted in the City of Dublin Hospital. He had operated in eight or nine cases of strangulated femoral hernia, and in one case last session, in which he was assisted by Mr. Stokes, the bowels were not moved for seven or eight days after the operation. The patient complained of pain, and he put off using purgatives believing them to be injurious. In eight or nine days after the operation a fæcal fistula formed, and he was satisfied if any purgative had been given the contents of the bowel would have become extravasated into the peritoneal cavity. In his last hernial operation the patient had a motion before he left the room after the reduction of the hernia.

Dr. Hewitt observed that Dr. Graves recommended the use of opium to allay peristaltic action. The great object was to keep the intestine at rest and give it time to recover. It was important that the hard fæces should not be brought into contact with the softened wall of the bowel. The use of enemata might also be injurious by exciting peristaltic action in the inflamed intestines. Dr. Stokes' father many years ago pointed out the principle which should guide the practitioner in such cases where there was a tendency to rupture, and showed the advantages of large doses of opium. He (Dr. Hewitt) had given as much as twenty-four grains of opium in twenty-four hours without producing narcotism.

Dr. Darby said that in cases of lead colic opium was one of the most valuable remedies. This had been his experience, and Dr. Martin, of Portlaw, who had many cases of the kind to deal with, found it the same. There was one point with regard to the operation which Dr. Stokes had not alluded to, nor, perhaps, had it ever been brought before the Society. Some years ago he saw the case of a young woman who had been operated on for strangulated femoral hernia. She told him she heard the dressers in the hospital say she had been operated on without the sac being opened. She recovered; but she came into hospital again with a tumour as big as his two fists, and the opening into the abdomen was so free that he could put his fingers up and follow the tumour into the abdomen. She was disabled for life. No truss was of any use to her. He drew the inference that in that operation the tendon had been too freely divided ; and shortly afterwards he had an opportunity of operating in a case of femoral hernia. He opened the sac, and—(here Dr. Darby was told by the President that he was not at liberty to depart from the discussion of the point raised by Mr. Stokes.)

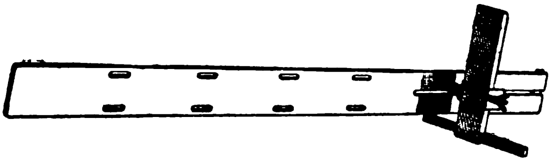
Dr. H. Kennedy said he saw a case in which no inflammation was found in the intestine after an operation for strangulated hernia. The intestine was found to be congested, but without any trace of inflammation. He thought it might be judicious where the intestine was paralysed to try the effect of a weak stream of electricity. He believed with Dr. Hargrave that solid opium was frequently a better preparation than others. He preferred using the watery extract of the drug.

Mr. Richardson said that when he attended Dr. Hutton's clinique in the Richmond Hospital, he frequently spoke against the premature use of purgatives after the operation.

Mr. Stokes, in reply, said that in the last case where he saw Mr. Hutton operate he heard him order ten grains of calomel to be placed on the patient's tongue. He thought it made little matter what preparation of opium was used, provided the desired effect was produced. A solution of muriate of morphia—about thirty or thirty-five drops of the pharmacopœal preparation—was that which he preferred. He thought seven days a long time for a case to go on without a motion from the bowels, and therefore he ordered a warm water enema ; but Dr. Wharton said he had known constipation to last for a fortnight without injurious consequences, and that should render them more patient in looking for a motion from the bowels in these cases. Mr. Collis had stated the rule of practice in the Meath Hospital, namely, not to give purgatives ; but it was not the invariable rule, for he recollected a case in the practice of Mr. Porter, where purgatives were given a short time after the operation—if he mistook not, on the following day. Dr. Darby's observations were most interesting, and he hoped he would draw attention on some future occasion to the modification of the operation. Mr. Croly made reference to an interesting case which he saw him operate on, and which was brought to a most successful conclusion, following the mode of treatment he had found so useful, namely, in giving nothing in the after-treatment but large doses of opium. As to what Dr. Kennedy said of inflammation not existing in the intestine, one could only speak from his own experience; and in all the cases which he (Mr. Stokes) had dissected, he had invariably found evidence of inflammatory action.

SPLINT FOR FRACTURE OF THE THIGH.

Dr. **Darby** exhibited an improved splint which he had adopted in a very bad case of broken leg, where the skin was abraded from both ankles, and where it was important to support the limb without bringing the splint into contact with the injured surfaces.



SIX HUNDRED HEMPSEED CALCULI PASSED BY THE SAME PATIENT IN A FEW MONTHS.

Mr. B. **Wills Richardson** exhibited the prepared section of a calculus which was most skilfully cut for him by Mr. Baker, of Holborn, London, and made the following observations regarding it:—

The specimen under the microscope on the table is a section of a small hempseed calculus, which he believed to be chiefly composed of oxalate of lime. Before the cutting of the calculus by Mr. Baker, it nearly resembled a hempseed in colour, being, however, a little more grey; and it also resembled this seed somewhat in shape, but was not more than about half the size of an ordinary hempseed. In composition, he inferred that it is composed of oxalate of lime with traces of lithic acid, from the fact that the analysis of twenty similar calculi passed by the gentleman who afforded him the specimen had such a chemical composition, being insoluble in acetic acid; soluble to a great extent in dilute nitric acid, which solution, when neutralized with ammonia, became milky white; and all were converted into caustic lime under the action of the blow-pipe.

The patient who passed the calculus, the section of which is before the Society, voided with the urine in the space of a few months upwards of six hundred similar calculi; and many of them, although so minute, are, if he might use the expression, mathematically facetted, so that they were probably lodged in a cyst, which he, unfortunately, was unable to verify, not having had the advantage of a *post-mortem* examination.

The patient suffered occasionally from hematuria, which, while he was under his, Mr. Richardson's observation, rarely lasted more than three or four days, but on each of those occasions a large quantity of blood was discharged.

The prostate was hypertrophied, and the immediate cause of death was melœna.

Before the specimen is examined he should observe that he had not yet been able to satisfy himself as to the nature of the nuclei of the calculi, it was so difficult to grind them, without fracture, sufficiently thin for the purpose. Mr. Baker, however, had recently succeeded in removing one of the nuclei and grinding it so thin that he hoped to identify its structure, and thereby guess the nature of the nuclei of the other specimens, all being apparently counterparts of each other.

The Society then adjourned.

◆

DUBLIN PATHOLOGICAL SOCIETY.

February 13.

A CASE OF DEATH RESULTING FROM THE ACTION OF A GALL-STONE IN ITS TRANSIT FROM THE GALL BLADDER.

Dr. **McSwiney** said the case he had to bring under their notice illustrated one of the dangerous effects, ending with death, that the action of gall-stones in the human gall bladder was capable of producing. Such serious and fatal results as pyemic abscesses, inflammation of the biliary passages, peritonitis, fistulæ, and other grave lesions, had frequently been recorded in the annals of the Pathological Society as happening from this cause. The case now presented illustrated death as resulting from the action of a gall-stone in its transit from the gall bladder into the intestinal tract. The patient from whose body this liver and duodenum were taken, was aged fifty. She entered Jervis street hospital that day week, and had enjoyed good health up to the period her last illness commenced; she suffered occasionally from what she called "windy colic," which was always relieved by a hot application to the abdomen and a warm drink. Nine days previously, shortly after breakfast, she was attacked with a violent pain, which she referred to the right side under the ribs; very soon after severe vomiting came on, and she continued in a condition of great suffering, vomiting everything she took for the next two days, not having consulted any doctor, and relying principally on mustard poultices and other household remedies. Dr. McSwiney saw her on Saturday evening after her admission, and found her jaundiced, though not very much. Her face, hands, and feet were livid and cold, and she was bathed with a cold sweat; there was no pulse to be detected at the wrist, and when he had to determine the circulation he was obliged to do so with the stethoscope over the region of the heart; the tongue was coated with a white fur; her thirst was intense; she vomited everything that was given to her, such as cold water, iced water, brandy and water, chicken broth, &c.; the abdomen was tumid and tympanitic in a remarkable degree; pressure on it, speaking generally, with the fingers, gave no pain; but a space about two or three square inches at the right side, immediately behind the ribs and extending into the epigastric region, was hard, dull on percussion, and intensely painful; this pain was greatly aggravated by movement; in fact, the character of her pain was remarkable; it was of a compound nature, like that which is so generally regarded as the pain that characterizes biliary colic; it consisted of (1) a constant sense of general uneasiness, (2) exquisite local pain, to which was added (3) paroxysmal attacks of intense suffering, alternating with periods of repose. It was quite evident that there was a local circumscribed peritonitis, and it was assumed that there was some obstruction to the peristaltic action, whether of a paralytic or mechanical nature he could not at the time with certainty say; he however suggested that she might be passing gall-stones. She continued getting worse, and died on Monday morning, thirty-six hours after entering hospital, and four days from the first seizure. A *post-mortem* examination was made. She was remarkably fat, and that had, in his opinion, a direct bearing on the nature of the malady. Upon opening the abdomen, the signs of recent peritonitis in a circumscribed area were very easily discovered; the upper surface of the liver was attached to the surrounding parts; the greater omentum, which projected outwards, was attached by lymph to the parts with which it was in contact; the lymph was very recent, and coloured green, the colour of bile, in fact, and it was obvious that there was a considerable quantity of bile poured out which had been mixed with the lymph; the adhesions were easily broken up, and were evidently quite recent. In the stomach there was a quantity of greenish-yellowish coloured fluid, but no solid matter of any kind. It was found that the stomach was adherent by recent attachment to the gall bladder at about the place where the gall ducts unite to form the common duct. Upon breaking up these adhesions, it was found that there was a large pouch at the junction of these ducts which was full of bile; the gall bladder contained a number of polyhedral gall-stones, without a drop of bile. There was, corresponding to the adhesion to the gall duct, an opening into the upper part of the duodenum, which admitted of the introduction of the handle of a scalpel. Tracing down the common duct to its opening in the duodenum, it was found to be considerably enlarged in calibre, and at the extremity, where it normally opened into the duodenum, there was found, firmly impacted, a large gall-stone. This could be recognised on the internal surface of the intestine, and felt with a probe, but he was unable to pass the probe from the intestine into the gall duct, and could not say whether this passage was pervious or not. The condition of the parts was this: the gall bladder was full of gall stones and empty of bile; there was an adhesion between the duodenum and the lower end of the gall-bladder; and at this point there was a large perforation of the intestine; there was an effusion of bile which was evident in the recent lymph by its green colour, and, finally, there was a large gall-stone impacted in the common duct. The sequence of pathological events was doubtful, but he supposed that the large gall-stone which was found at the end of the common duct must have been the initial cause of the changes that had taken place. It may have been in this position for a considerable period prior to death, and the bile may have trickled in small quantities round it into the duodenum, or it may have completely closed the duct, producing an accumulation of bile in the gall-bladder, irritation of the biliary passages, adhesion of the duct to the duodenum, and effusion of bile through the ulcerated opening which was seen, resulting in death.

Mr. Maurice Collis showed

A SPECIMEN OF FIBRINOUS TUMOUR OF THE BREAST,

which occurred in a young married woman of fresh healthy complexion. The disease had only been ten months in arriving at the very formidable size which it presented. The patient was not aware of having been hurt; she did not suffer severe pain, but was greatly distressed by the extreme weight of the tumour. The peculiar features of this class of growth contrasted well with those of encephaloid cancer. In outline it was uniformly globular, not nodulated or lobed; it gave no sense of fluctuation; it was not engrafted on a previously existing scirrhous nodule; it did not in its early stages push aside the proper tissues of the breast, and make for itself a temporary false encysting membrane. Moreover, as compared with encephaloid, it was immensely heavy, very rapid in growth, and infiltrated everything that it came in contact with; still it could be removed and cured in an early stage. Yet, when it once began to implicate the skin and glands, it was much more malignant than cancer. If they examined the structure of encephaloid cancer under the microscpe they would see that it was composed of cells, exceedingly large and delicate, exceedingly feeble and very ready to perish. This tumour was formed of small cells; it contained a large quantity of blood corpuscles, and was very vascular; but the bulk of the tumour consisted of cells, small in size and very firm, about the size and texture of the lymph cells, or the pathological variety of the cells of connective tissue. This tumour was found in various situations; not frequently in the female breast, very frequently in the testicle; and he had seen it in the popliteal space, in bursæ, in the glands, and also connected with the periosteum of the bones. He had one under his treatment in the year 1863, which occurred in the female breast. He had seen the tumour when it was of moderate size, and recommended its removal. She delayed, however, until the tumour could not carry on its own life, and the centre of the tumour sloughed from inability to maintain itself. When the patient came into hospital the tumour was in a state of active gangrene in the centre; a ring of tissue, from an inch to an inch and a half in width, would perish in the day. She was admitted to hospital, and on the third day after her admission he removed the entire breast, and the disease never returned in that situation. This woman married afterwards; her husband indulged in the habit of beating her, and on one occasion he injured the remaining breast, and it became affected by the disease. Mr. Collis saw her when six or seven months pregnant, and on consultation it was deemed advisable not to remove the breast at that time. Ultimately, after she was delivered, the breast arrived at the enormous development depicted in the drawing he now exhibited, and it was removed because of its great weight and the inconvenience it caused her. The disease proved fatal by extension to the lungs. Mr. Collis then showed two drawings, one exhibiting the condition of the breast, and the other showing the condition it was rapidly coming to, for the integument was of a purple colour, and threatening to give way. This tumour now exhibited was removed by the ordinary method. He made the usual circular incision until he came down to the fat underneath the gland, and getting his hand in he thought to tear out the whole of the tumour; however, its brittle character then became evident. He tore it out, leaving a considerable portion adherent to the muscle; ultimately he got all this away. The entire weight of the tumour was 3 lbs. 3 ounces. On making a section it resembled the ordinary encephaloid, except in its extreme weight. It was also much more firm and dense; and when to this they added the rapidity of its growth—that it began in July and attained to this large size in November—he thought they had characteristic proofs, apart from its microscopical character, to differentiate it from medullary cancer. He thought it more malignant than cancer when it arrived at an advanced stage. It implicated the glands, spread to the skin, and would affect every part with which it came in contact. Yet, from its great weight and inconvenience to the patient, he thought they were justified in removing it from the woman, although a permanent cure was not to be expected.

◆

IN APRIL.

The First of a Series of Six Lectures
ON THE
PATHOLOGY AND TREATMENT OF FIBROUS TUMOURS OF THE UTERUS
(INCLUDING POLYPI),
WILL APPEAR IN OUR SECOND NUMBER IN APRIL
By JAMES PALFREY, M.D., M.R.C.P. Lond.,
Assistant Physician-Accoucheur to the London Hospital;
Late Physician-Accoucheur to the Farringdon Lying-in Charity, &c., &c.

Registered for Transmission Abroad.

The Medical Press and Circular *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price 5d. Stamped 6d.*

By Post to Annual Subscribers, £1 2 6
„ *If paid in advance,* 1 1 8

⁂ Post-Office Orders and Cheques to be drawn in favour of
A. A. Tindall, 20, King William-street, Strand, London,
„ 3, Lincoln-place, Dublin,
Maclachlan & Stewart, South Bridge, Edinburgh.

Sole Agents for the United States.
Messrs. Kelly and Piet, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 17, 1869.

HOSPITAL ADMINISTRATION.

How is it, asks the opener of the debate, in the rooms of the Medical Society of London, a few evenings since, that so many persons flock to hospitals for gratuitous medical assistance, who would feel ashamed to accept alms of any other kind? "Because the profession," adds Mr. Hart, "has accustomed persons of limited means to think that, while honest men, not paupers, must pay for all other necessaries, there is one thing for which they need not pay—the doctor. They must pay for marriage and for burial, for food, clothing, and shelter; they must pay the clergyman and the lawyer." The answer to this question is not very difficult. In the first place, the struggle for existence in the medical profession has of late been so great that, in order to obtain a share of the patronage of the rich, there has been a greater than ordinary competition to secure those hospital appointments without which it is rare that any professional man can hope to succeed. But, beyond even this, there is in medicine, as in learning, and in all the learned professions, as pointed out by Adam Smith, so much that interests the benevolent, and there is so much respect shown by the public to the members of these professions, that they tend, just like the gentle craft of the fisherman, to become ill-paid, and to be invaded by a number of persons, who, being provided with other means of living, are contented to give their professional services gratis. The profession of medicine, too, since the decline in religious beliefs, which marks this epoch, is gradually attracting into its ranks many of those persons whose cast of mind would, in other times of the world's history, have found solace only in deeds of charity and piety. Such, we apprehend, is, in some measure, the account to be given of the deplorable condition of some of the hard-working public practitioners of medicine in this country at present.

Beyond, however, this question, lies the important one of regulation of our hospital system, so as not to do, as many, with much truth, say we are doing, more harm than good, by our charity. There cannot be a doubt that the late modish benevolence, which, in opposition to justice, has so long reigned supreme in British society, has recently tended in a great measure to break down the honest self-dependence and proper pride of our working classes. Mr. Mill has well expressed this in his work on Political Economy, when, in common with all the best writers on that important science, he shows how dangerous it is to relax the checks which keep up the present standard of comfort of the labouring classes. Before the passing of the present poor-law in England, as every one knows, or, alas! ought to know, the allowance system, which supplemented the wages of the poor, had done so much mischief to the labouring classes, that the country was in the greatest danger of being ruined by pauperism. And the very same tale is now being repeated again in the case of medical and other charities. Once accustom the poor and the uneducated labouring class to rely in time of need, without any forethought, on the help of some other person, and you tend to degrade them, and to do far more harm than good. It has, indeed, been found to be compatible with the welfare of the working classes, to afford them, as our present poor-law does, the barest necessaries of life, and thus to ensure to all of us that we need not die of starvation in a civilized country; but, to do more than this is a most serious mistake, and a violation of the rights of the labourer who maintains himself by industry, frugality, and forethought. It is sad that we should be obliged to refer to such well known truths, after such admirable works have been written on this all important subject by Malthus, Chalmers, Whateley, J. S. Mill, and a host of the most distinguished writers on the science of political economy; but, we fear we must say, that our experience of medical men leads us to believe, that a serious study of that science has not formed part of the education of most of us. Hence, in common with the public, benevolence, in our case, often defeats itself by mis-direction. Mr. Matthew Arnold has recently, too, coined a word, "philistine," to express the ideal of the common-place, prosperous Briton, with his large family, his want of appreciation of all that is artistic or systematic, and his conceited contempt for all social combinations which do not exist in his own country. There are, unfortunately, a large number of this type of persons to be found in this country; and this again is one of the chief obstacles in the way of any change in our hospital regulations, or, indeed, in the way of our advance in social science.

For example, who that has observed the whole working of the hospital system in Paris, can doubt that it is greatly superior to the London system? The medical men of Paris, being appointed to their positions by fair and open competition, are, as might be expected, much more universally scientific than our London hospital physicians and surgeons. It is almost impossible, indeed, to be certain that a gentleman now holding any public medical appointment in London is a man of ability, so dubious are the ways by which he is at present obliged to seek for advancement. In Paris he must be up, and continue up, to a certain standard of proficiency in order to compete for the different appointments. This position of our medical men in this country is the key to the condition which they occupy, and to the way in which their public services are rewarded. We believe we may say that, in Paris, there is scarcely any such thing as a honorary medical officer to any hospital; whereas, in London the rule is, that the medical staffs of hospitals are almost unpaid. In many cases, too, years elapse before the hospital physician or surgeon is able to pay his way by means of his practice; and it surely seems absurd that none of the proceeds of the charity should go towards paying the persons, without whose aid such charities could not exist. The consequence of this custom, of course, is to narrow the field of competition to those who are able to live on their own means for some years, until, perchance, practice may arrive, which, of course, limits the number of able competitors, and the public suffers thereby.

The reforms we should suggest in hospital management are very radical. Firstly, there should be, as in Paris, a central office, where all cases which were not urgent should attend, and, if not found by the medical men to be suitable cases for the large hospitals (which ought all to be affiliated), should be at once, as in Paris, rejected.

The large hospitals should be officered by gentlemen, chosen, as in Paris, by open competition, and all should be paid a certain sum, and obliged to attend regularly to their duties. All public charities should be obliged to conform to some regulations, made by a central municipal body, in order to prevent the funds being wasted on persons who could afford to pay; and all accounts should, if possible, be audited by some public functionary. Admissions into hospital should be granted entirely by medical authority, and any other cases, merely appealing as poor people, should be sent to the workhouses. The free system pursued at the Royal Free Hospital, the Metropolitan Free Hospital, and a few others, is far the best for out-patients. When no cases are admitted by Governors' letters, those persons who have some friends do not like to struggle at the doors for admittance along with a number of very poor persons, and hence persons of any means are rarely seen among the out-patients of such hospitals. Had the Bill brought in by Mr. John Stuart Mill been carried, for combining all the districts in London into one federal system, it would have been simple enough to unite all of our hospitals under one government. But the dislike to this measure shown by the members of vestries is probably so great that some time will elapse before this all-important measure can be passed.

◆

HOSPITAL RESTRICTIONS IN THE UNIVERSITY OF DUBLIN.

A MOVEMENT of an influential character, and one in which we heartily sympathise, has been initiated on the part of the medical officers of clinical hospitals in Dublin, and of the candidates for the degrees and licenses of the

University of Dublin. The agitation has for its object the removal of the regulation of the University of Dublin which compels candidates for its qualifications to produce certificates of attendance and lectures from an individual hospital—Sir Patrick Dun's—and thereby practically maintaining for that institution a monopoly of the education of such candidates.

The history of this requirement will not be without general interest, and it will enable our readers to comprehend the allusions to the subject which we may probably be called upon to make.

The School of Physic in Ireland was established in the year 1800, under an endowment from Sir Patrick Dun, and by an Act of Parliament (George III., cap. 84), which provided for the erection of professorships, and the delivery of lectures for the convenience of students, but which in no respect enforced attendance on these lectures as a part of the University curriculum. For thirty-four years the medical degrees of the University were conferred on production of certificates of six courses of lectures from the School of Physic alone (all other educational bodies being excluded with the exception of the University of Edinburgh), together with "two courses of clinical lectures," without restriction as to where those lectures might be delivered. In March, 1834, an order was made by the Provost and Senior Fellows which specifically required "one year's attendance on the practice of Sir Patrick Dun's Hospital, including six months' clinical lectures in that hospital;" and for very many years this continued to be the requisite qualification for all candidates. In process of time other schools sprung up in Dublin, and the University opened its degrees to all comers who might produce a single *Annuus Medicus* in the School of Physic; but the restriction on hospital attendance was not at the same time removed, and has remained to this day as one of the standing regulations of the University. As long as Sir Patrick Dun's retained its original character of being a strictly medical hospital, and as long as the qualifications granted by the University were strictly medical, this restriction attracted little attention; but some years ago the University began to grant surgical qualifications, and about two years ago Sir Patrick Dun's was remodelled, and became a medico-chirurgical hospital, and the existence of the restriction became at once important, not only to the candidates for University qualifications, but to the medical officers of clinical hospitals enjoying, we may say, equal educational capabilities with Sir Patrick Dun's.

We are at a loss to imagine any argument which can be urged in favour of the perpetuation of this unfair monopoly. It is, in the first place, utterly without precedent in connection with any university of the United Kingdom, not one of which require attendance in any individual hospital at all as part of their *Anni Medici*. It cannot, we believe, be suggested that Sir Patrick Dun's Hospital possesses, either in the number of its patients or in any other respect, educational capacity superior to that of other institutions; and it is obviously unjust to the student to compel him to confine his education to any one institution, and impolitic to interpose a hindrance to students from other hospitals in seeking the degrees or licenses of the University. In point of fact, the restriction effects both these results; for although the University nominally requires but one year's attendance at Sir Patrick Dun's, still it enforces on the pupil for that year a payment of twelve guineas, while the subsequent years are only charged respectively nine and six guineas. The effect of such an arrangement is obvious, for, if the candidate *must* take one year and *must* pay twelve guineas for it, it will be, of course, his pecuniary advantage to avail himself of the opportunity afforded him to take the subsequent years at the reduced rates.

We earnestly trust that the authorities of the University and of the hospital will regard the requisition of the medical officers of the "disestablished and disendowed" hospitals from a just and unprejudiced point of view, and at once sweep away a monoply which, we believe, has not the merit even of being politic in a pecuniary sense.

THE WINTER AT PAU AND THE PYRENEES.

(FROM OUR OWN CORRESPONDENT.)

PAU, *March* 10, 1869.

So much has lately appeared in the MEDICAL PRESS AND CIRCULAR respecting the winter resorts of the Mediteranean, and especially Nice, that I think you will be glad to receive a few impressions respecting the equally vaunted climate of Pau as a residence for invalids during the winter. I am well acquainted with the Mediterranean resorts, their value and their defects. I know what true Nice sunshine is, and also the inconveniences of its worst seasons, and am therefore perhaps qualified to contrast them with those to be endured in the Pyrenees. This may perhaps be done by a simple statement of what the past winter has been here. The early part was rainy, and when that word is used those who have been here, and also to Nice, will know what it signifies. It has no analogy at all with the "clouds, then rain, and clouds returning after the rain," so pitifully complained of by your Nice correspondent.

I know Nice well enough to be aware that that phrase proves the winter to have been most favourable there. The climate of Nice is in reality too dry and exciting for many people. It rains too seldom there, and cloudy or rainy days contribute greatly to prevent the overstrung system from snapping. Hence, though not so joyous as the "true Nice weather" (which is a burning, fiery furnace, scorching up the whole frame and exhausting the nervous system by a red glare of perpetual sunshine, accompanied by dry but cold wind—the cause of neuralgia, rheumatism, and all the catalogue of nervous diseases), the cloudy time should be gladly welcomed by every one who wishes to preserve his health. Here, on the contrary, the rainy days are too many, and only add to the depression produced by the so-called sedative air. If it rains here at all, it either pours for hours in torrential floods, preventing all chance of moving outside the house, or it persists, day after day, in Scotch mists or Devonshire drizzle, without a single ray of sunshine to revive the expiring hopes of the unhappy visitor. It is all very well for a man with his own house, or having the best rooms of the best hotel, to heap on the wood and stick to study, or even to light literature, or for younger men to spend the day in a billiard-room, and women to mend the stockings, or embroider or crochet yards of useless stuff. But such a life as that may be led as advantageously in England, without the toil of coming here, the risk of damp beds and fever-infected rooms here or *en route*, and the demoralization which must too often attend a lazy life amongst lazy or delicate people; where the gossip of the *table d'hôte* or the *salon de conversation* usurps the intellectual conversation or useful duties of English domestic life; where receptions, balls, and other desperate displays of toilette, or, too often, want of toilette, fill up the measure of female folly and extravagance, and, by leading invalids to turn night into day, or otherwise, defy all the laws of health, not seldom turn curable into incurable cases, or develope in the young and healthy the seeds of the most intractable diseases.

On the other hand, a bad apartment, or an inferior hotel, makes so much difference that every invalid would be better at home, unless he can secure comfortable accommodation. And this is often very difficult. Not seldom have I known those who say they take cold by the least exposure in England, cross passages in the open air to reach the dining-room, and, after dinner, cross again from the hot rooms, and yet submit to this kind of thing because they were in the hotel where such inconveniences existed. The bed-rooms and sitting-rooms are also both not unfrequently very draugthy. Three windows and two doors is no unusual allowance. In the room where I write there are three double doors and three Venetian windows. None of the six fit very closely. Judge, then, how draught must prevail, how log after log piled on the fire fail to keep up the temperature. The rain drives in at several places. By one window I have had to place a towel to absorb the drops that drive in. How, then, can I keep the place dry? I *ad*mit that some people are more fortunate, but I *sub*mit I have got the best I could, and paid the full price. Again, I acknowledge the same discomforts may be met with at Nice. I have found every evil there just as rampant, and many others I have no time to name. But it will be seen at once that such a state of things is particularly disagreeable in a *rainy* place, and it must be remembered that Pau is particularly rainy. The scourge of Pau is rain. The nuisance of Nice arises from the excessive dryness. Could we divide the qualities of the two places equally, "how happy could one be with either!" But this is impossible, and, being so, I am not sure that too much rain is not worse than none.

But I have forgotten my history. After the damp rainy time at the beginning, there came a lovely calm bright period that lasted several weeks. January and the early part of February were all that could be expected, and went far to make the encomiums passed on the place to some extent justifiable. For those to whom an equable, warm, sedative climate is desirable, who cannot bear too much bracing or stimulating, or have had too much of it, that season must have been propitious. It was cold sometimes, especially at night, but so also, your correspondent says, was Nice. It may be acknowledged, indeed, that the average temperature of Pau is considerably below that of Nice; but then we do not suffer here from the cold wind so admirably described in your columns—and that is a great point. Favourable weather like that is of course appreciated. A wet day, a cloudy day now and then, is thought little of, and the visitors give themselves up to pleasure. Out-door amusements take a prominent place: there is good hunting here, and riding, driving, walking, &c., in good fresh air may do wonders. But afterwards came a long, dreary, rainy time. The latter part of February was worse than Devonshire—cold, damp, miserable. Day after day alternated between drizzle and rain. For half an hour it would clear up a little, and a few would venture out of doors, wearied by their long confinement, and happy to risk wet feet and brave muddy paths; they would, however, be soon driven to shelter by renewed merciless downfall. "The windows of heaven" were indeed opened wide, and seemed never likely to close again. The river rose daily; the low grounds became inundated. Water above, water below, water in the air, now as rain, then as Scotch mist, afterwards a veritable falling vapour; water in the streams, small and great, rushing madly on, carrying everything before it; water in the gardens, parks, fields, meadows, streets, gutters, gullies, rivulets, torrents, pools, puddles, ponds, lakes, inundations, floods—I know not what beside! Water in all directions, till the very pavements seemed to be over-sloppy. No doubt the grand Pyrenees were equally miserable, but they were invisible through the constant stream or vapour, and we might as well not have been in a mountainous district for what we could see. Surely you will have heard of damage done by this excess of water? I waited day after day, in the vain hope of something better, even after I had resolved on the first day clear enough for the journey to run away until the torrential spring rains had abated. At last I rushed forth, amidst a thorough drencher, to that best of friends for discontented travellers, the railway station, and sped to Bayonne, the fine old city where Soult measured strength with Wellington, and the whole country round which is full of memorials of the Peninsular War. Would you hear of the journey? One word describes it—water! Three hours by express through water. The rain abated indeed after I had left Pau half an hour, but not the water. The whole country through which we travelled was inundated. Such floods I have scarcely ever seen, and the mischief done is immense. The Gave, the Nive, the Adour all overflowed, and miles on miles, far as the eye could reach, the whole plain, in fact, seemed a sheet of water; the raised ridge on which the rail ran being in some cases closely approached, and here and there the water rising within a very short distance of the line, the trees a little below being half-way under, or only their tops showing, and many a peasant's house we passed being inundated to the extent of two or three feet, while others had been protected by banks, or were forsaken by the inhabitants.

No wonder, you say, that I complain of the wet at Pau. Yet, is it not a fair question whether a town placed in such a position can be a good health-resort? Besides, when the inconveniences of Nice are so prominently urged, it is but right that those of an alternative climate should be made public. It may yet be a question whether places on our own coast may not—all things considered—compare favourably with any in France. The difference in temperature at Pau is not worth mentioning. The sunshine and exciting atmosphere of Nice, England cannot furnish; but there seems much reason to fear that these properties of the Nice climate are too pronounced, and that they give rise to or aggravate many most serious diseases.

But wind—how about that? For, rainy as it is, Pau has always enjoyed a reputation as particularly free from wind. This it unquestionably is; but even in this respect people require to be set right. Numbers come here with the notion that there is no wind here; they have read enthusiastic descriptions of a place so calm that the leaves scarcely move, and they expect to find it a windless place. Absurd fancy—soon rudely dispelled. It is true that many days here are as calm as possible, but they who say there are no rough winds speak ignorantly or untruthfully. The trees lying by the Gave below uprooted are a proof of that. Those in the place waving to and fro, in majestic indifference to people's fancies and false descriptions, are evidences before my own eyes that too much has been made of this point. I will not relate what I saw and heard on my visit to Bayonne, because a fearful hurricane raged the day after I left Pau, in the discontent I have confessed, and, combined with the floods, did fearful damage. All along the coast, too, the tempest produced its horrors. Pau lies far enough inland to escape the first brush, but, pray, do not believe the storm was unfelt. Far up the mountains, at Bagnère de Bigorre, a diligence was blown over as it stood empty at a door, and the sign of the *lion d'or* was torn and wafted away some distance. I say nothing of chimney-pots and such things. At *St. Jean de Luz*, on the coast near the Spanish frontier, the sea came up into the streets, and has left sand in them two or three feet deep. Of course, houses were flooded and injured. At that same port a hundred yards or more of the sea-wall and the turnpike road were washed away.

I do not describe the effects at Pau, because, as I have said, I went away just before; but if you can believe, after what I have said, there was no storm felt, it would not be worth while to repeat to you the descriptions of those who most love the place, and say there was never anything like it. I admit the distance from the coast and the position would modify a little the wind, and that is all. The wind from the coast is here mostly strong enough. Unfortunately, it nearly always brings rain. Neither the north nor the east winds are so cold as at Nice, or anywhere else in Provence, and the mistral, of course, does not exist. The winds, therefore, are certainly the most favourable part of the climate, and those who suffer at Nice might very well run over here when the spring winds set in. But let them not be disappointed. They are likely to fall in with a spell of wet weather. They may easily drop on a fortnight's rain, and should prepare for it. It is awfully dull after the weeks of clear sunshine, and requires an effort to endure. Still, if the climate is to do them good, it is not necessary to "live out of doors" at first. Escape the wind, that is all; and to do this secure comfortable rooms, if possible, and take to a little repose. The season is Lent. The gaieties will be over, and some quiet should be endurable. When the rain is over the spring at once sets in, in all its glory, and then out-door life can be thoroughly enjoyed. The objection to the above advice I know. It is as easy to keep the house elsewhere. In Provence—no! With such sunshine, whatever the wind, one must go out, and the medical man who tells his patient to stay in deceives himself. In England—yes. For the same reason as here—it will rain. Torquay, Undercliffe, &c., are just as warm as this; but the difficulty is to reach them. From Provence or Italy you can come here without dangerous exposure, by a rail going through a most interesting country. Still, these facts tell much in favour of English resorts, as against all the South of France and Italy. The question of comfort must also be added, and, having thoroughly tried all, I am sometimes half inclined to come round to the opinion of a patient, who says he has tried all foreign climates for fifteen years, and will in future remain in England.

If you wish it, I can on another occasion enter more fully into the subject of this climate. This letter is but a contribution to the information that has appeared in the Medical Press and Circular, and will serve as a warning to those who complain of other places, or are ready to jump at hasty conclusions; but havens of refuge from wind and dust on the one hand, and rain and dulness on the other.

◆

SCOTLAND.

EDINBURGH.

UNIVERSITY—CHAIR OF CHEMISTRY.

We learn from the *Scotsman* that a letter from Professor Lyon Playfair was read at a meeting of the Curators of the University intimating his intention to resign the Chair of Chemistry at the close of the present winter session on 12th of April. It was resolved to defer fixing a day for the election of a successor to Professor Playfair until a further meeting of the Curators, to be held on an early day. Meantime, parties intending to become candidates are requested to forward their applications to the secretary of the Curators, and copies thereof and of relative testimonials to the Curators themselves. We understand that several applications have been already received.

THE WATER QUESTION.

Now that the different Wards have met, it is found that the opinion on this subject is pretty nearly equally divided. Out of the thirteen Wards of the city, seven have decided against the Edinburgh and District Water Bill, and six in its favour. The Bill, however, is thrown out by the House of Lords. "There will now be ample time," says the *Scotsman*, "to discuss, and to consider the whole question, not only of the rival schemes, but of the acquisition or transfer of the water supply to a public trust and the constitution of that trust—matters which the Town Council, in its secret audiences, had prejudged. We are not likely to have for some years so dry a summer as last, and before a like trial of our present supply occurs, the whole matter may be re-arranged on the satisfactory basis of justice to the ratepayers combined with a full supply."

DENTAL DISPENSARY.

The Dental Dispensary has been the means of conferring great benefit upon a large number of patients who for some time would have been unfitted for work, but for the aid afforded them by this Institution. Between four and five thousand cases have been treated during the last twelve months. The report shows a great deficiency in the subscriptions, which amounted only to £33, while the expenses reached £80. An additional effort must be made if the charity is still to be prolonged.

GLASGOW.

A total of £10,700 has been left, we learn from the *Glasgow Herald*, to various institutions by the late Sir James Papillon Jameison, an extensive manufacturer in Glasgow. Among the rest we may mention the following: Royal Infirmary, £1,000; Convalescent Home, £500; Indigent Gentlewoman's Society, House of Shelter for Destitute Females, Glasgow Seaman's Friend Society, Sailors' Home, Blind Asylum, and Deaf and Dumb Asylum, each £250; Lying-in Hospital and the Lock Hospital, £200 each, besides numerous other bequests.

ABERDEEN.

ROYAL INFIRMARY AND LUNATIC ASYLUM.

Lord Provost Nicol presided at a general quarterly court held in the Infirmary Hall on the 8th inst. In the fever hospital, the number of cases at that date were 174, and in the lunatic asylum there were 419 patients. The funds of both institutions were satisfactory, especially those of the Infirmary, which had a surplus of income above expenditure of £1,227 3s. 4d. The surplus of the Lunatic Asylum, after clearing the debt on the erection of Elmhill House, was only £23 10s. 1d. A proposal was made to reconsider, and, where possible, raise the charges for board. The reasons of dissent in Dr. Reith's case as to the practice of homœopathy within the hospital were read and ordered to be recorded. The Monthly Commitee met and considered the question as to the office of pathologist and curator of the Infirmary Museum, which was considered vacant by the appointment of Dr. Beveridge as one of the physicians of the institution. Dr. Roger had applied for the situation, but Dr. Beveridge having sent in a letter stating that in all the principal hospitals of the kingdom the offices of physician were combined, he would have no hesitation in doing both, and giving his best attention to both offices, it was agreed to refer the whole matter to the committee to report. The zeal and assiduity with which Dr. Beveridge has discharged his duties will doubtless have an influence in the decision.

DUNDEE.

ROYAL INFIRMARY.

From the report read at the quarterly court of governors we find that the income of this Infirmary for the nine months ending 28th February last amounted to £2,894; while the expenditure for the same period was £3,037. Large donations and legacies amounting to £1,139 had been received, and it was expected that the revenue up to the 15th May would be quite sufficient to meet all the ordinary expenses which would be incurred up to that date.

◆

Notes on Current Topics.

Relieving Officers, and Medical Orders.

A case of alleged neglect of a very disgraceful character, involving the death of a child, was under the investigation of the deputy-coroner for East Middlesex last week. The deceased was the son of a labourer. The mother deposed that her husband had been out of work for three months. On Saturday, the 20th ult., she applied at the relieving office for an order for her child, who was sick. She asked for a medical order for the doctor. The relieving officer said, "You can get no order, for the child's father is not with you." She applied twice for an order, but she was refused on each occasion. Her husband could not come, for he was out looking for work. In reference to the cause of death, Mr. G. B. Phillips, house-surgeon, deposed that the deceased had died from inflammation of the lungs, which had produced convulsions. The child was suffering from whooping-cough previous to the inflammation of the lungs. It was just such a case where medical care at the earlier stages might have saved life. The jury returned a verdict "That the deceased died from inflammation of the lungs, and that they do not desire to publicly censure the relieving officer, but they request the coroner to write to the Board of Guardians acquainting them with what has occurred, and to state that they (the jury) wish the case to be inquired into." To this complaint the relieving officer responded by declaring that he had no recollection of the applications for relief by the child's mother, but he did not suggest that the woman's story might not be true; on the contrary, he admitted that if the application had been made it would have been treated in the father's absence exactly as the mother complained that it had been. "Medical orders," he said, "were never given when the husband was at work."

We shall be interested to learn by what authority a relieving officer makes it his habit to refuse medical attendance for their children to the sick poor, on the ground that the father is attending to his business elsewhere, and does not see the sense or necessity of his idling a day because his child requires the relief to which he is entitled. We know of no power in relieving officers or guardians to impose conditions which go to frustrate the humane intentions of the Legislature; and if the relieving officer has acted in this matter under the authority of his masters, they are morally guilty by their stupid regulation of the death of this child.

The Milk Fungus.

If we examine under the microscope the superficial layers of cream, we perceive, amongst myriads of globules of milk and of fat, small elongated bodies, accompanied generally by finely punctated masses, such as are found usually in putrefying substances. These are detected in greater numbers at the end of about fifteen or twenty-four hours in summer, and of three days in winter, but *always before the milk manifests any sour taste.* These corpuscles are the spores of a fungus.

This fungus is found not only in milk, but in butter and cheese; even in fresh butter the fungus is met with. The researches of V. Hessling as reported in *Virchow's Archiv*, are of great importance in regard to alimentary hygiene, inasmuch as milk and its products are the aliments of vastly the greatest consumption. It is essential to observe that the fungus exists even when the milk does not show the slightest sour taste. The author believes that many of the disturbances of digestion are attributable to the existence of this fungus. He directs attention to the matter especially in its bearing on the dietary of infants, of which milk is almost the exclusive basis, and in whom intestinal irritation is so frequent and so serious in its degree. The facts published by Dr. Falger, in another number of the *Archiv*, seem to corroborate the opinions of V. Hessling. He has observed that severe intestinal symptoms have at once ceased in infants under the adoption of some very simple precautions, which he details as follows:—

To give the milk as fresh as possible.—In the interval between the milking and the administration of the milk to the child, to keep it in a bottle completely filled and tightly corked so as to exclude the air; and, lastly, to preserve as nearly as possible the natural temperature of the milk as it comes from the cow.

The Gulf Stream.

This is an age of doubt. Everything is in turn called in question. There need, therefore, be no surprise that the existence, or at least the supposed influence, of the Gulf Stream has at length been impugned. Mr. Findley says we are no warmer for it, and all the pretty dissertations of our meteorologists are baseless speculations. These latter will, of course, have something to say in support of their long-cherished belief, and Dr. Carpenter, who has been experimenting, seems to support them, for he found warm and cold currents,—and more too: in the warm region he found that life abounded, while in the cold there was scarcely any indication of vitality. Sir James Ross, in the Southern hemisphere, recorded a regular temperature of 39° Fahr. in all depths in the parallel of 56° 25′ S. lat. Between 59° and 62° N. lat., Dr. Carpenter finds an average of 52° Fahr., with occasional sudden variations attributed to the effects of Arctic currents. There have been accumulated great masses of statistics in many of our south-western towns, as well as in those of the Bay of Biscay, which have been thought to illustrate the genial effects of the Gulf Stream, and which have been held forth as reasons for such places proving favourable winter climates for invalids. The question raised is therefore of vital interest, and the professional gentlemen resident in such places will, we doubt not, direct fresh attention to it. Medical men have always been the prominent authorities on meteorology, and many of them must feel personally interested in the question. Not that any doubt as to the existence of the Gulf Stream could alter the recorded facts as to the warmth of the places to which we have alluded, but the proof that the supposed explanation had been erroneous would open to fresh investigation the causes of the exceptional temperature alluded to.

University of Cambridge.—Natural Science Scholarships.

Competitive examinations in natural science for scholarships are about to be held as follows in the several colleges:—

Downing College (£40 per annum) on Tuesday, March 16th; Clare College (£50 per annum for three and a half years) on Wednesday, 17th March; Trinity College (£80 per annum) on Easter Monday; St. John s College (£50 per annum) Friday, April 9th.

The examinations at Trinity College is open to all undergraduates of Oxford or Cambridge. The examinations at the other colleges are open to all students who have not begun to reside in the University, or who have only recently done so. These scholarships and others are offered each year. Information respecting them may be obtained from the tutors of the respective colleges.

Conversazione at the King's and Queen's College of Physicians in Ireland.

On the 8th inst., Dr. Churchill, the President of the College received his Excellency the Lord-lieutenant, together with a numerous assemblage of the profession, and of distinguished extra-professional persons at a conversazione. The company assembled in the College Hall shortly after eight o'clock, the Censors and Fellows appearing in Academic costume; His Excellency, accompanied by the chief secretary, the surgeons and physicians in ordinary to the Lord-Lieutenant, and other members of His Excellency's staff, arrived about nine o'clock. The tables in the Hall were covered with objects of scientific interest, contributed by Dr. Edward Percival Wright; Dr. Carte, Curator to the Dublin Society; Dr. Barker, Curator to the Royal College of Surgeons, and Dr. Frazer. Some very beautiful microscopic preparations were exhibited, and much interest was excited by a variety of very lifelike glass models of Actiniæ, and a specimen of the cocoa-nut crab.

About ten o'clock the guests of the President partook of supper, and the assembly shortly afterwards broke up.

Official Self-snubbing.

We hear of a very gross official insult conveyed to the medical officers of the Naval Medical Service, which we trust is not to be regarded as the initiation of a similar system for the future.

It seems that two medical officers had incurred the ire of the Lords of the Admiralty. We can hardly credit that the cause is correctly stated, for it reads to us very much like some of the offences of the *peccant nun*, as divulged in the recent storm in the conventual teapot. One navy surgeon had had the temerity in his nosological report to suggest a change of clothing for the crew, for which officiousness he was warned. The second medical officer had appealed to the Admiralty against the order of his commander that he should keep on board his ship alternate nights.

If we can believe that these were really the charges against the medical officers, we need hardly attempt to exaggerate the utter contempt which the action of the department must inspire. But that contempt is exaggerated, if it be possible, by the subsequent course adopted by the authorities, for they not only reprimanded the officers as if they had done something out of rule or culpable, but they sent the charges and verdicts in form of a circular to the commander of each ship, with the request that he would require the medical officers of his ship to read and countersign the paper.

We are not at a loss to say which party, the convict or the judges, are most disgraced by acts like this. A public officer who cannot resist the pleasure of a little-minded slight to his subordinates, ought at least to wait for the colour of a cause, lest he may heroize his victim at the expense of his own very meagre measure of dignity.

Ligature of Great Vessels in Dublin.

The profession in Dublin has been much interested in the progress and result of two capital operations lately performed in Dublin by Mr. Tuffnell, surgeon to the City of Dublin Hospital, and Mr. W. Stokes, surgeon to the Richmond Hospital. Mr. Tuffnell's case was one of ligature of the iliac for aneurism of the common femoral. The limb had attained a circumference of over two feet before the operation. The patient survived for nearly three weeks, but, we regret to learn, died a few days since of pyæmia. On *post-mortem* examination it was ascertained that not the least effort of nature had been made towards occlusion of the artery.

Mr. Stokes' operation was one of ligature of the abdominal aorta close to the bifurcation. The operation was performed with complete success, and we understand that the *post-mortem* examination, for the patient died, indicated a condition of the parts which would have amounted to a cure of the disease if the patient had survived. There was no paralysis of the lower extremities, nor any very strongly-marked decrease in temperature.

We shall, we trust, be in a position to lay full details of these interesting cases before our readers in the Proceedings of the Surgical Society of Ireland.

The Royal Free Hospital, by the will of the late Miss Symes, receives a small legacy towards its funds of £100.

A Greenwich Hospital pension of £50, vacant by the death of J. Osborn, surgeon, on the 25th ult., has been granted from that date to J. Hall, M.D., surgeon.

During the last twelve months the Royal National Lifeboat Institution has saved the lives of 603 persons, and as many as 17,849 since its formation in 1824.

Our Paris correspondent informs us of the severe illness of Sir Joseph Olliffe, a physician and gentleman long held in the highest esteem by all his brethren, who express their intense sympathy and deep concern.

The treasurer of the Lifeboat Institution has lately received intimation from a benevolent lady of her intention to present the sum of £420 for the purchase of a lifeboat to be placed on the coast of Devon or Cornwall.

The second reading of the Pharmacy Act (1868) Amendment Bill comes before the House of Commons as we are at press. The provisions of this Bill are well known to our readers. We may probably touch upon the proposed alterations and extension in our next.

The Lords Commissioners of Her Majesty's Treasury have ordered that 20,000 copies of the work "Nomenclature of Diseases" shall be distributed gratuitously to the registered medical practitioners of the United Kingdom.

Mrs. Jane Hutchinson, relict of Dr. Hutchinson, of Whitehaven, who died some sixty years since, has just met her death by an accident at the advanced age of 100 years. The old lady was in full possession of all her faculties, and up to the time of her accident was in perfect health.

An institution which has for its object the maintenance and education of the orphan children of seamen has lately been established at Liverpool. It is intended to take charge of the girls, and of the boys as well, until they are of proper age to draught off into training ships. £4,000 has been already subscribed.

On the 2nd, 3rd, and 4th of June next, a grand bazaar will be held at the Queen's Concert Rooms, Hanover square, to provide funds for the liquidation of a debt of about £2,000, still owing on the new buildings at the German Hospital, Dalston, and to open, if possible, the last unoccupied ward of twenty-five beds. Her Majesty the Queen, and other members of the royal family, have been graciously pleased to promise their patronage.

By the will of the late Jno. Bairstow, Esq., of Preston, the following, among other munificent bequests, may be recorded :—£19,500 for the erection of a new wing to the infirmary of the House of Recovery at Preston, £5,000 to the Royal Asylum for Idiots at Lancaster, £200 to the Medical Benevolent College, and £300 to the Medical Benevolent Fund, besides other liberal bequests.

We are informed that the council of the Charing Cross Hospital has determined to have a festival dinner in aid of the funds of the hospital at Willis's Rooms on May 12th. It is now nine years since the last festival dinner, and as this valuable institution is in urgent need of pecuniary support, we heartily wish them every success in the proposed undertaking.

The committee of the Devonshire Hospital and Buxton Bath Charity have issued their report for the past year. The number of patients was 1,204, or 74 more than the previous year. There is one peculiarity in this institution, viz., that the patients in the winter are comparatively few, from thirty-five to forty beds being left unoccupied, while in the summer from 100 to 200 have to wait for vacancies. Legacies amounting to upwards of £500 have been received during the year, and his Grace the Duke of Devonshire has given a legal conveyance of the buildings and grounds to the trustees, to be used exclusively for the purpose of the charity.

◆

Correspondence.

THE REUNION OF ENTIRELY SEPARATED PARTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Referring you to my communication entitled "Reunion of an Amputated Finger," which appeared in your impression of the 4th December, 1867, I beg to inform you that, by a remarkable coincidence, the same person has since afforded an additional proof that it is perfectly practicable to reunite, by careful coaptation and warmth, parts that have been completely separated by the knife or any similar instrument.

On Tuesday, the 16th ult., Nelis met with another accident of exactly similar character, half an inch of the index finger of his right hand having been taken off obliquely by the collar-cutter. He came to my house immediately after, carrying the detached part in his left hand. I treated the case precisely as on the former occasion, and with equal success, the nail portion again healing by granulation.

These cases suggest important considerations in favour of "conservative surgery" in every instance where such a course of action is possible.—Yours truly,

Walter Bernard, M.R.C.S.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Although you refuse to insert my letter, you will, I am sure, allow me to correct an important error into which you have fallen. I have never written to any member of the Council of the College of Physicians of Ireland. My letter was sent to each member of the Council of the College of Surgeons of Ireland, asking them to assist in the formation of a Committee of Inquiry on account of the "*misdirection*" of the Adjudicators of the Prize.

Yours obediently,
29, Beaufort street, Chelsea, Edwards Crisp.
Feb. 24, 1869.

You will pardon me for saying that some of your statements respecting the "Carmichael Essays," p. 170, are equally erroneous. Mr. Carmichael directed "that if the essays in 1854 were not thought worthy, that the Council might postpone the grant until 1859, when they had the power of doubling the amount of the prizes." Not a word is said about the power of doubling the amount after this period. Mr. Carmichael directed "that the award should be made by the Council," and not by three jurors chosen by lot, as you report. (See the copy of Mr. Carmichael's will, *Dublin Medical Journal*, 1852.)

[The allusion to the College of *Physicians* of Ireland was a *lapsus pennæ*. Our statements as to Mr. Carmichael's testamentary instructions are substantially correct in every particular.—Ed. M. P. & C.]

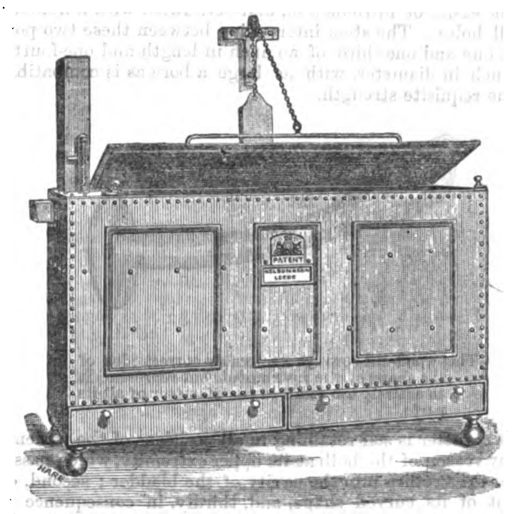
◆

NEW INVENTIONS.

NEW DISINFECTING APPARATUS.

An apparatus has just been brought into public notice by the manufacturers, James Nelson and Co., of Briggate, Leeds, which will bring the advantages of the Disinfecting Chamber, which its expense and dimensions have hitherto rendered unattainable within the reach of small Institutions. The use of heat for eliminating the poison of contagious disease from clothing and bedding and for destroying vermin, has proved more efficient than any of the antiseptics, and in the recent cholera epidemic in Dublin, an elaborate Disinfecting Chamber was erected at a considerable expense, under the supervision of the Medical Officers of Health for the City, and employed with great advantage in the purification of clothes and bedding from the houses of the patients. James Nelson's apparatus appears to fulfil every requirement in a small space and at a reasonable cost, and by its aid we shall hope to see the dangers of transmission of disinfection from the clothes of convalescent patients leaving hospital completedly averted. The illustration appended will give our readers an idea of the apparatus.

NELSON & SONS' DISINFECTING APPARATUS.



The operation is as follows :—Having clothing or other articles requiring purification, the operator places each article carefully over the iron rails of the apparatus, well spread and opened out to the full action of the heat. He then closes the lid, turns on and ignites the gas, and in about twenty minutes he will find the thermometer attached to the apparatus shows a temperature of about 140° outside, which means 200° inside. He then turns off the gas, opens the cold air and flue valves, and in a few minutes the whole of the noxious effluvia will be expelled from the interior, and the clothes can be removed without any offensive effects. The operation can be repeated as often as necessary, but when once the apparatus is warm the result is produced in about ten minutes. Sulphur might be used in the process, but it is not recommended, on account of the lasting disagreeable odour it imparts to clothing, and because dry heat alone is proved to be quite as effective.

◆

Gleanings in Medicine, Surgery, and the Allied Sciences.

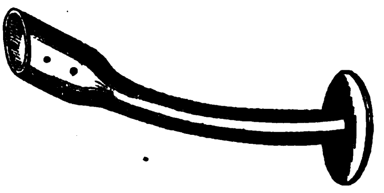
OBSTETRICS.

A NEW METHOD OF CONDUCTING THE AFTER-TREATMENT IN THE OPERATION FOR VESICO-VAGINAL FISTULA.

By Dr. J. Goodman, Louisville, Kentucky.

The cardinal point, in the management of cases of vesico-vaginal fistula, is, in my opinion, *to keep the bladder empty.* When this is effectually done, not only are the lips of the wound prevented from being torn asunder by distension and the muscular activity of the parts subdued, but the organ being collapsed and entirely within the pelvic cavity, is removed from the influence of extraneous agencies, and is very little, if at all, affected by movements of the trunk or lower extremities upon the pelvis. Hence I can see no valid reason for prohibiting all exercise and confining the patient strictly to bed, provided this condition of the bladder can be otherwise maintained.

I believe it would suffice simply to dilate the urethra thoroughly with sponge tents previous to the operation; but, as there is some risk of this giving rise to troublesome or even permanent incontinence of urine, I prefer to use a catheter, and have had one constructed for this purpose, upon the following plan:—It is about two inches in length and slightly bent, to correspond with the shape of the urethra. At the lower or external end there is a button, three-fourths of an inch in diameter, and at the other, or internal, a shouldered cup-shaped enlargement four-tenths of an inch in diameter, bevelled on the convex aspect of the instrument, in order to make it easier of introduction, and perforated with a number of small holes. The stem intervening between these two portions is one and one-third of an inch in length and one-fourth of an inch in diameter, with as large a bore as is compatible with the requisite strength.



This wood-cut conveys a tolerably correct idea of the shape of the instrument, but represents it as entirely too small in the diameter of all its parts.

This catheter is self-retaining in all positions of the patient; first, by reason of the bulb at its upper extremity, which passes beyond the urethra into the cavity of the bladder; second, on account of its curved shape, and, thirdly, in consequence of the button being overlapped and grasped, as it were, by the vulva. It is designed, in accordance with the foregoing views, to be placed in position immediately after the operation, and, as soon as the patient feels able to do so, she is to be permitted to sit up and take moderate exercise *ad libitum.* In this way she will not only be rendered in all respects as comfortable during the after-treatment as she was previously; but her general health and strength will be preserved, and at the expiration of the time usually allotted to the remaining-in of the sutures, if union has not taken place, only a few days need elapse to allow the local swelling and inflammation to subside before another attempt at closure may be made, thus doing away with those long delays of six or eight weeks heretofore considered necessary between successive operations.

Other advantages possessed by this instrument may be enumerated as follows:—Being much shorter than those in general use, it does not irritate the bladder to the same extent, and is not so liable to become obstructed by mucus or blood clots. It is entirely inclosed by the parts, and its temperature is maintained at that of the body, consequently there is comparatively little deposit of saline matter within or upon it, in fact, I have never found it necessary to remove it, on account of incrustations, oftener than once in every seven days, and sometimes it may remain even longer than this. There is no danger of its slipping out of place while the patient is asleep. It may be worn, without causing the slightest uneasiness, for any length of time after the removal of the sutures in a successful operation, in order to prevent undue strain upon the recent cicatrix. Its use does away with all occasion for haste in removing the stitches. Lastly, it is calculated, I believe, to greatly extend the applicability of caustics in the treatment of vesico-vaginal fistulæ. There can be no doubt that contraction and closure of an opening of this kind would be more certainly effected by repeated cauterizations if, in the meanwhile, the bladder was kept empty, and the urine prevented from passing over the healing surfaces; but no one at the present day would entertain the thought of confining a patient to bed, in order to drain off the urine through the urethra by means of an ordinary catheter, while this treatment was being pursued. This instrument, however, will accomplish the same object without inconvenience or the necessity of confinement; and I am strongly persuaded that, used in conjunction with caustics, it would suffice for the relief of fistulæ, even of some magnitude.

DIAGNOSIS OF PARTIAL RUPTURE OF THE UTERUS.

Dr. Hecker remarks that the partial rupture of the substance of the womb without implicating the peritoneal coat is an accident scarcely less serious than when the rupture is complete, but unattended by the alarming symptoms which mark the occurrence of the latter. In general an unexpected fall in the size, with increase in frequency of the pulse, is perhaps the most decisive indication of the occurrence of partial rupture of the uterine walls. Among the local symptoms Dr. Hecker enumerates one nevertheless as of a very negative character, the sudden occurrence of a hæmatocele situated between the walls of the uterus and peritoneum. Dr. H. met with this in two cases. In the first the partial rupture was caused by the presence of a hydrocephalic fœtus; in the second it was the result of medullary carcinoma of the posterior lip of the os uteri. In both cases during labour, the upper wall of the vagina was found to be pressed downwards by a soft elastic tumour. In the first of these cases no examination of the body after death was permitted; but in the second the swelling in the vagina was found to result from an effusion of blood beneath the peritoneum.—*Centralblatt f. d. Medicinisch. Wissenschaften.*

SURGERY.

HERNIA OF THE LIVER.

Dr. G. F. Brickett records a curious case of this in a new-born female child. On preparing to tie the cord, he observed a large tumour protruding through an aperture in the abdominal wall at the site of the umbilicus, extending from the lower edge of sternum to near the pubes. The integuments were dark and excoriated. Dr. B. tied the cord about three inches from the tumour. On his visit three days afterwards, he found hæmorrhage from the tumour, which proved fatal that evening. On examination he found the tumour to be formed of an enormously large misplaced liver, the whole of which was in front, and covering nearly all the contents of the abdomen, being above and anterior to the diaphragm. The right kidney was large; all the other organs healthy and well formed.—*New York Med. Journ.*

AMAUROSIS FROM NEURALGIA OF DENTAL [illegible]

In Zehender's *Klin. Monatsbl. f. Augenheilk*, Dr. Al[illegible] describes a case in which for five weeks the patient had experienced a constantly increasing defect of vision in both eyes, without any change in the appearance of the organs excepting some symptoms of hyperæmia of the pupil, which the ordinary antiphlogistic treatment failed to remove. The patient suffered from neuralgia of the dental nerves connected with carious teeth; upon the extraction of the latter the dental suffering ceased, and soon afterwards the loss of vision was removed; at first on the side corresponding with that from which the decayed teeth were extracted, but after the [illegible] a few days the sight of both eyes became fully restored.

THERAPEUTICS.

TWO SIMPLE APPARATUS FOR THE READY DETECTION OF PHOSPHORUS, ARSENIC, AND ANTIMONY IN MINUTE QUANTITIES FOR THE USE OF PHYSICIANS.

By Dr. D. Müller.

1. The first apparatus consists of a glass flask of about 100 cubit centimetres capacity, closed by a cork which is perforated by a slender glass tube at least 85 centim. high and 3 millimetres wide. Some of the contents of the stomach (or ot her suspected substance) is introduced into the flask, water is added, and the whole boiled. In the dark, the slightest trace of phosphorus will immediately cause a lightning-like, twitching phosphorescence —even if only the hundredth part of the phosphorus of a match be present. 2. The second apparatus consists of a small test tube capable of containing 15 cubit centimetres, half filled with dilute hydrochloric acid, and closed by a caoutchouc stopper. A second stopper of the same material is furnished with a glass tube 3 millimetres wide and about 4 centimetres long, bent at right angles, one end drawn out to a point 1 mm. wide. To test the contents of the stomach, a few pieces of thin sheet zinc are put into the acid, so that a pretty strong evolution of hydrogen takes place, and the test-tube is closed after a few seconds with the stopper bearing the glass tube. The escaping stream of hydrogen is then lighted, and the flame held close to a cold plate of white china. If no spot is produced, the acid and zinc are proved free from arsenic. Some of the gastric contents should then be added, the vessel closed, and after a few seconds' escape of gas, the latter should be lighted and the flame again directed against the cold surface. If a dark spot shows itself it is proven that arsenic or antimony is present in the contents of the stomach tested. The arsenical spot can be easily distinguished from that produced by antimony by external mark. In case of doubt, a solution of chloride of lime or Javelles fluid should be poured over the spot. If the latter is dissolved, it consisted of arsenic ; if not, of antimony.—*Med. Chir. Rundschau*, May, 1868 ; from *Berliner Klin. Wochenschrift.*

Medical News.

Royal College of Surgeons.—The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on the 11th inst., viz. : Messrs. George Redford, Cricklewood, Hendon, diploma of membership dated November 9, 1838 ; Charles Knight, Wellington, New Zealand, April 3, 1840 ; and Gilbert George William Maitland, Her Majesty's Indian Army, October 26, 1841. At this meeting of the Council Professor Richard Partridge, F.R.S., of King's College, was re-admitted a member of the Court of Examiners for a second quinquennial period.

A Great Submontane River.—A very remarkable work, "The Lifted and Subsided Rocks of America and their Influences on Oceanic Currents," by Mr. Catlin, has just been issued by Messrs. Trübner. In it the author announces the discovery of a river under the Rocky Mountains, many times larger than the Mississippi, its course nearly twice the Mississippi's length. Gliding through the clean and vast rocky cellars of the upheaved mountains, without the losses by alluvial absorptions and solar evaporations which diminish valley rivers, it takes along in its course the sinking streams and lakes of the mountains of Mexico, and with them, perhaps by a hundred mouths in its deep bed, debouches unseen into the Caribbean Sea and Gulf of Mexico. The frequent "*Montagnes qui fument*," "*Roches qui tremblent*," and "*Blowing Caves*," which occur in the Rocky Mountain range (he says) indicate submontane cascades, caused by the waters of melting snows, of rains, of glaciers, and a thousand sinking rivers and lakes, which, amongst broken up and angular rocks, are on their way to the ocean level. Through the vast and heated vaults underneath the Andes, I contemplate a similar river, running from the 30th degree of south lattitude to the north, and carrying their overflowing waters also to the Caribbean Sea. The Antilles, now partially sunk in the ocean, are but a chain of mountain tops which, 6,000 years ago, stood up in their grandeur, a part (and, probably, the glory) of the Andes ; and at that date the two mighty submontane rivers, meeting and debouching together into the ocean, east or north of the Antilles, combined with extraordinary volcanic influences, undermined the Antilles chain, which went down in the cataclysm well established in Indian traditions. In this tremendous catastrophe, probably the most stupendous that ever took place on the surface of the globe, the Peninsula of Yucatan, with its splendid Aztec cities, sank, and since has partially risen, leaving the two grand sunken estuaries, the Gulf of Mexico and the Caribbean Sea, into which the two subterranean rivers, from the constant overflow of their vast cisterns under the mountains, now spread their clear and blue waters, heated by the volcanic furnaces they have passed. By the joint influx of these rivers into the Caribbean Sea, its western surface is elevated several feet above the level of the ocean ; and pouring into the Gulf of Mexico, sweeping its western coast, and taking in its way the waters of the Rio del Norte and the Mississippi, this vast flood debouches with them into the Atlantic, at the Florida Cape, and there becomes the "*Gulf Stream*," until now one of the mooted puzzles of the world.

MEDICAL SOCIETY OF LONDON.

On Monday next, March 22nd, at eight o'clock, casual communications. At half-past eight, the discussion on Dr. Jno. Thompson Dickson's paper on "Matter and force, in relation to mental and cerebral phenomena."

NOTICES TO CORRESPONDENTS.

The Science and Practice of Medicine, &c.—We extract the following from the letter of an old and valued supporter on this subject, which, though somewhat trenchant in their application, are nevertheless in some respects but too true. He says :—"I feel quite sure that the management of a medical journal can at times be no sinecure. From my knowledge and past experience of men in our profession, the great amount of nonsense constantly written by them, without in the slightest degree advancing us a step in true or useful knowledge of the *sciences* or *practice of medicine*, that I get weary of contending with them, and so long as we remain ignorant of the manner in which vital, electrical, and chemical forces are associated, is it not premature to expect any satisfactory explanation of the processes of life? You also find from the remarks made in many numbers of your valuable journal during the last few months, by some of the most honest and truthful members of our profession, that our present knowledge of therapeutics, as hinted before in my note, is very unsatisfactory at this time, and it is high time we set about investigating the relations between the pathological condition of internal organs, and the action of *medicinal* substances ; as also the dependence of the secondary or therapeutical action of such substances on their primary or physiological effects, and the various lesions to which such internal organs are liable, that for the present too much has to be left to conjecture, and in the meantime *Nature* is very bountiful in lending her aid to whatever rational plans may be adopted."

Dr. Vesey.—In our next.

Mr. Henry Pitman (Manchester).—Your letter shall appear in our next

Dr. French (Raipore, Bombay).—Is thanked for his communication, those portions of his letter needing attention will not be neglected. The letter is now in the proper department, from which Dr. French will doubtless be shortly favoured with the document he requires.

Dr. Kinkead.—Your letter will probably be inserted on the 24th inst.

"Iodide of Ammonia in Diseases of the Glandular System," by J. Waring-Curran, Manchester, received.

"Remarks on Etherised Cod-liver Oil," by Balthazar W. Foster, Professor of Medicine in Queen's College, Birmingham, to hand.

Dr, More Madden.—We regret that pressure upon our space during the past few weeks has prevented the publication of your own and several other valuable communications. Our usual plan is to publish each paper in the order it is received, the shorter contributions generally having preference. Proof of a "Case of Psoas Abscess" shall be sent you without further delay.

Our correspondent, whose letter appeared in our last issue, is probably by this time aware that the "well-known practitioner of cutaneous medicine and surgery" referred to in the *Lancet*, of Feb. 20th, is Mr. Erasmus Wilson, and that his offer of £5,000 and a fine collection of casts to the Royal College of Surgeons, to found a professorship of cutaneous pathology, was received and referred to a committee for the settlement of details. The offer was made irrespective of any conditions.

BOOKS, PAMPHLETS, &c., RECEIVED.

The Surgical Treatment of the Diseases of Infancy and Childhood. By T. Holmes, M.A., Cantab. London : Longmans, Green & Co.

A Manual of Therapeutics. By Richard Hughes, L.R.C.P., M.R.C.S. London : Henry Turner, Fleet street.

Medical Anatomy (coloured plates). By Francis Sibson, M.D., F.R.S. London : John Churchill and Sons.

APPOINTMENT

M'Laurin, W., M.P., C.M.—Resident House-surgeon to the Greenock Infirmary, vice W. B. Hunter, M.D., whose term of office has expired.

Deaths.

Barham.—On the 3rd inst., T. F. Barham, M.B., of Newton Abbot, Devon, aged 74.

Jones.—On the 8th inst., John D. Jones, M.D., of Queen's road, Dalston aged 57.

Lye.—On the 8th inst., Horatio Lye, M.R.C.S.E., late Surgeon H.E.I.Co.'s Service, of Hayle, Cornwall, aged 83.

Advertisements.

THE NOVA SCOTIA GIANTESS, MISS ANNA SWAN, 8 feet high, 20 years of age, respectfully announces that she holds Levees to crowded audiences daily, at the EGYPTIAN HALL, PICCADILLY, from Half-past Two until Half-past Four, and from Half-past Six until Nine. Admission One Shilling.

THE SIAMESE TWINS AND THE BEAUTIFUL CIRCASSIAN LADY continue to attract crowded audiences at the EGYPTIAN HALL, PICCADILLY. Notwithstanding the great sensation they have created in the Metropolis, they must shortly leave London. Receptions daily from Half-past Two until Half-past Four, and from Half-past Six until Nine. Admission, One Shilling.

THE LONDON SURGICAL HOME,

FOR Diseases and Accidents of Women; for the Reception of Gentlewomen and Females of respectability, upon a weekly payment, under the sole management of Mr. Baker Brown.

The Private Medical Attendants of the patients are invited to visit them, and to meet in consultation before treatment.

Full particulars can be obtained on application to the Lady Superintendent, 136 Harley street, near Regent's park, London.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

FIRST OR PRIMARY PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination will commence on Tuesday, April 6th. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.

SECOND or PASS EXAMINATION for the LICENCE.—The next Examination will commence on Tuesday, April 13th. Gentlemen who have completed four years of Professional Study according to the College Regulations are eligible for admission to this Examination.

Registered Medical Practitioners, qualified before January, 1861, are admitted to Examination under special Bye-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-laws are to be left at the same time.

H. A. PITMAN, M.D., Registrar.

Pallmall East, 1869.

THE ANTHROPOLOGICAL SOCIETY OF LONDON.

4 ST. MARTIN'S PLACE, TRAFALGAR SQUARE.

ESTABLISHED IN 1863

FOR THE PROMOTION OF THE SCIENCE OF MAN BY THE ACCUMULATION OF FACTS BEARING ON HIS PAST HISTORY AND PRESENT STATE IN ALL PARTS OF THE WORLD.

President for 1869—John Beddoe, Esq., M.D.

Gentlemen desirous of being admitted Fellows, may obtain forms and information on application to

J. FRED. COLLINGWOOD,
Secretary.

LIVERPOOL INFIRMARY FOR CHILDREN.

WANTED, A HOUSE SURGEON (unmarried) for the above Institution, at a salary of £60 per annum, with board, washing, and lodging. No person is eligible who is not on the Medical Register of Great Britain, and who does not possess at least one Medical and one Surgical Diploma, License, or Degree recognised by the Medical Council. Candidates are requested to send in their Testimonials, addressed to the Hon. Secretary, on or before Monday, the 22nd inst. Selected Candidates will receive notice requiring their attendance.

JOHN CALDER, Hon. Sec.

Liverpool, March 10th, 1869.

COUNTY AND CITY OF CORK MEDICAL PROTECTIVE ASSOCIATION.

THE ANNUAL MEETING will be held at the ROYAL CORK INSTITUTION, on THURSDAY, 18th inst., when the Chair will be taken at Four o'clock. Members will dine at Seven o'clock on the same evening, Meeting and Dinner being open to the whole Profession.

By Order, CHARLES ARMSTRONG,
Hon. Sec.

March 1st, 1869.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

NOTICE is hereby given, that the next PRELIMINARY EXAMINATION will be held on WEDNESDAY, the 21st DAY of APRIL next, at 2 o'CLOCK p.m.

The following are the subjects upon which the Candidates will be examined, viz.:—The English Language, including Grammar and Composition; Arithmetic, including Vulgar and Decimal Fractions; Algebra, including Simple Equations; Geometry, First two books of Euclid; Latin and Greek, including Translation and Grammar.

By order,
JOHN BRENNAN, Registrar.

Established 1848.

PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE,
50, Lincoln's-inn-fields, W.C.

MR. J. BAXTER LANGLEY, M.R.C.S., F.L.S., &c. (King's Coll.), has always upon his books a large number of desirable investments and available openings for Medical Men commencing their professional career. Gentlemen wishing to relinquish practice can be introduced without delay to competent successors with means at their disposal.

Mr. Langley devotes his prompt personal attention to the negotiations entrusted to him, and treats confidentially and with care all matters relating to professional business. The strictest reserve will be practised in all the preliminary arrangements and no expense incurred (except in special cases) unless a negotiation be completed.

The business of the Professional Agency is based upon the general principle that no charge is made unless work has been done and services rendered.

A prompt and just system secured a large measure of success to the General Partnership and Commercial Agency Business formerly conducted by him at his City offices; this has for some years been transferred to Lincoln's-inn-fields, and he has invariably adopted the same equitable policy in the more professional matters placed in his hands. Thus his experience in the management of large commercial undertakings, combined with his medical, scientific, and literary acquirements, enable Mr. Langley to guarantee that all matters of business placed in his hands will be carried out without delay, and with an equitable regard to the interests of all the parties concerned. As an arbitrator on matters of dispute between professional men, Mr. Langley has had great experience, and he can refer to numerous cases in which he has been the means of preventing expensive and tedious litigation, and in which his awards have been made rules of her Majesty's Courts at Westminster.

Mr. Langley can also refer to the Professors of his College, Members of Parliament, Clergy, Merchants, Bankers and others, as a guarantee of his integrity and honour in all negotiations entrusted to him.

Full information as to terms, &c., sent free on application.

Office Hours from 11 till 4; Saturdays from 11 till 2.

HYDROPATHIC ESTABLISHMENT.—PARTNER WANTED.—The locality is beautiful and well frequented by visitors. There is a general practice connected with the Institution which has been established for 20 years. New premises are in course of erection, and the practice can be largely increased. The incomer must have at least £1,000 at his command. Address X 497, care of Mr. Langley, as above.

PARTNERSHIP.—£800 a year for negotiation, the two-thirds share in a well established practice in a seaport town. The senior to retire at the end of 5 years. The practice has been established 22 years. Appointments return £200 a year. Liberal terms would be conceded to a suitable gentleman, but no one need apply who has not at least £500 at command. Address X 495, care of Mr. Langley, as above.

SEA SIDE PRACTICE for TRANSFER; situate in a picturesque and improving locality, where there is great scope for increase. Present income £350 a year; appointments £150. Address X 502, Mr. Langley, as above.

LONDON, W., PARTNERSHIP.—For TRANSFER the half share of a good suburban PRACTICE, at present realising £1,000 a year, and capable of great increase by the co-operation of a well-qualified gentleman of good address. Premium £1,000. Address X 511, care of Mr. Langley, as above.

EXCELLENT NUCLEUS.—The opportunity of SUCCESSION on very easy terms to a seaside PRACTICE is open to a suitable gentleman, with double qualifications. The present incumbent being unmarried and possessing private means has not pushed the PRACTICE which can be increased to an almost unlimited amount. Present income £200. No midwifery under two guineas. Pleasant house. Rent £35. Address X 510, care of Mr. Langley, as above.

CHANNEL ISLANDS.—For TRANSFER, a well established family PRACTICE, with good appointments. Income between £400 and £500 a year. No midwifery under £1 1s. The house is situate in the most fashionable part of a good town; it contains 13 rooms, stable, and coach house, and commands a fine sea view. Rent £43, no taxes. Family reasons induce the vendor to reside in England. Address X 507, care of Mr. Langley, as above.

GOOD COUNTRY PRACTICE for TRANSFER.—Income upwards of £400. Appointments £90. Patients—farmers and tradespeople. Hunting, shooting, and fishing, in the locality. Railway communication convenient. House with stable, garden, and every convenience. Rent £24. Half premium may be paid by instalments. Terms a year's purchase. Address X 506, care of Mr. Langley, as above.

UNOPPOSED COUNTRY PRACTICE.—In a small town, with excellent neighbourhood, an old established PRACTICE for TRANSFER. Average income £543 a year. Appointments about £40. No opposition within 4½ miles. Patients of a good class. About 20 midwifery cases in a year. House detached, with orchard and garden, can be rented or purchased, being the vendors own freehold. Premium £500. Half in cash and remainder at the end of introduction. Address X 427, care of Mr. Langley, as above.

MR. LANGLEY'S QUARTERLY LIST OF SELECTED PRACTICES and PARTNERSHIPS for the New Year was ready on Friday, January 1st. Free by post for two stamps, from the Professional Agency, as above.

Now ready, Second Edition, with considerable additions,

ADVICE ON BUYING OR SELLING MEDICAL PRACTICES, PARTNERSHIPS, &c. By J. BAXTER LANGLEY, M.R.C.S., F.L.S., &c.—Free by post for seven stamps.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 24, 1869.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE
Remarks on Etherised Cod-liver Oil. By Balthazar W. Foster, M.D., M.R.C.P. Lond., Professor of Medicine in Queen's College, and Physician to Queen's Hospital, Birmingham 241
Epithelial Cancer of the Penis. By John Stuart Vesey, M.D., L. & F.R.C.S.I., Medical Officer to Magherafelt Fever Hospital, Workhouse, &c 243
On the Treatment and Prevention of Pauperism. By Henry Mac Cormac, M.D., Belfast 244

HOSPITAL REPORTS.

Adelaide Hospital.—
Tertiary Syphilis. (Under the care of Dr. Barton.) 245

TRANSACTIONS OF SOCIETIES.

Clinical Society.—Mr. Barwell on a Case of Pyæmia ending Fatally by Coma; Dr. Pollock on a Case of Typhoid Fever; Dr. Down on Fatty Stools treated with Pancreatine 246
Army Medico-Chirurgical Society of Portsmouth.—President's Address 247
PAGE
Anthropological Society of London.—Mr. Pike on the Alleged Influence of Race upon Religion 248
Surgical Society of Ireland. — Dr. Benson on Primary Cancer of the Liver.. 248
Dublin Pathological Society. — Dr. Hayden on Constriction of the Mitral Orifice 249

LEADING ARTICLES.

Chairs of Public Health 250
The Royal College of Physicians of London 251
Fees to Medical Men 251
The Supply of Medicines for Irish Dispensary Districts 252
Educational Reform 253

SCOTLAND.

Edinburgh.—Infirmary Site 253
Edinburgh and Glasgow Prison Dietary .. 254
St. Andrews 254

NOTES ON CURRENT TOPICS.

A Royal Academy of Medicine 254
The Pharmacopœia 254
Peroxide of Hydrogen 254
Locality of Disease 254
City of London Hospital for Diseases of the Chest, Victoria Park 255
Sir Patrick Dun's Hospital 255
Scientific Lectures at the Royal Dublin Society 255
PAGE
Fees to Medical Witnesses in Ireland 255
The Cantor Lectures on Food 256
The next Army Examination 256
The Contagion of Consumption 256
Poisoning by Arnica 256
New Fungus in Cattle Fever 256
The Midwifery Diploma of the London College of Surgeons 256
Mr. Adams 256
Miss Nightingale on Pauperism 257
The Weather 257
Hodson v. Harrison 257

CORRESPONDENCE.

T. Downing on Suggestions in Medicine .. 258
James Dunne on Practice v. Diplomas.... 259

LITERATURE.

A Dictionary of Materia Medica and Therapeutics. By Adolphe Wahltuch, M.D.. 260

GLEANINGS IN MEDICINE, SURGERY, AND THE ALLIED SCIENCES.

Ergot in the Treatment of Purpura 260
Lactate of Zinc in Epilepsy 261
Opium and Stramonium 261

Medical News, Notices to Correspondents, &c 262

Original Communications.

REMARKS ON ETHERISED COD-LIVER OIL.

By Balthazar W. Foster, M.D., M.R.C.P. (Lond.),

Professor of Medicine in Queen's College and Physician to the General Hospital, Birmingham.

Any improvement in the administration of cod-liver oil must necessarily be important, for the Profession has scarcely any remedy so potent for good in many cases, and yet oftentimes so objectionable to the very patients for whom its use is most essential. I have, therefore, thought it desirable to make a few remarks in the Medical Press and Circular on a preparation of cod-liver oil which I have now used for some time past with much success, and which, in my experience, overcomes the obstacles to the use of the ordinary oil. The chief of these obstacles is the difficulty with which the remedy is borne by many consumptive patients; a difficulty which arises in part from the nauseous flavour of the oil, but more especially from the defective assimilation of all fatty food, which characterises so large a proportion of these patients. The abhorrence of all fat, which so many consumptives express, makes it of very little use to order the remedy without first taking means to ensure, not only its tolerance, but what is much more important, its digestion. This has been generally insisted on in theory, but I am afraid, nevertheless, very generally neglected in practice, and cod-liver oil has been prescribed for years, and is still being prescribed, without due reference to the power of the patients to assimilate it.

The attention of prescribers has been too much directed to masking the nauseous flavour—to tricking the stomach into accepting the drug, and too little to the treatment of that morbid condition of the digestive fluids, of which the horror of fatty food is simply the outward expression. In phthisis, more than in any other disease, do we meet with this inability to digest fatty articles of diet, as a symptom demanding our attention, and often persisting in spite of our most elaborate therapeutical formulæ. A sense of the unsatisfactory resources at my command wherewith to combat this symptom long ago impressed itself on me, and made me dissatisfied with the crude therapeutics which prescribes cod-liver oil as the routine remedy for all consumptives, without any sufficient preliminary inquiry into their ability to digest it.

The reform of this practice appeared to require a careful search into our knowledge of the digestion of fat, and a further search for some agent capable of influencing the secretions of those glands which are specially devoted to assimilating fatty food. For a long time it has been known that the digestion of fatty food is performed in the upper part of the small intestines, and that the secretions of the pancreas and duodenal glands, which are poured forth to meet the food as it leaves the stomach have a special transforming power over the fatty constituents of our diet. But strangely enough we have hitherto made little use of these results of experimental physiology. Even the very experiments which so clearly established the relation of the pancreatic functions to the digestion of fat have been studied over and over again, but the important clue therein contained as often overlooked. In the same pages in which Claude Bernard relates his views of the action of pancreatic juice, he tells us of the means he used to augment the secretion of the pancreas, and thereby discloses the physiological action of a drug of which the therapeutical value can scarcely be overrated. This drug is ether. In one of my lectures on "The Nature, Causes, and Treatment of Dyspepsia," published in this Journal in 1866, I referred to this subject when speaking of the causes of intestinal dyspepsia, and in a recently published paper* I have quoted a number of passages from Claude Bernard's works, which refer to the physiological action of ether. In the present instance I will quote another passage from Bernard, in which he describes the experimental demonstration of the fact. Speaking of the effects of the administration of ether, he says,* "I have accordingly been able to avail myself of this procedure to obtain pancreatic juice. Normally this fluid discharges by drops more or less infrequent, but when a little ether is given to an animal having a pancreatic fistula, this discharge is seen to become more abundant without the secreted liquid having lost any of its physico-chemical characters. Here is a rabbit upon which we will show you this increased secretion under the influence of ether. By the procedure already described we lay bare the pancreatic duct, and into it we introduce a small silver tube; you perceive the intestines of the animal red, very vascular, and containing ether in vapour; the animal has received into its stomach 5 cc., which were immediately vaporised and diffused in the stomach and intestines. The animal is lying on its left side, and is in a state of complete anæsthesia: this effect is very easily obtained by giving ether by the stomach in the case of rabbits, but with more difficulty in the case of dogs, as you know. The tube which we have introduced into the pancreatic duct evidently gives passage to a very active flow of pancreatic juice, while in the ordinary conditions the liquid flows drop by drop with much less frequency. I would remind you again that when the pancreatic juice flows in greater abundance it becomes more liquid and more watery, a condition which is not a consequence of the administration of ether, but one which occurs in the physiological state. Ether we have seen increases the absorption of fatty matters, which it places in a state of very fine division, and in contact with a more abundant secretion of pancreatic juice. In this way it produces a very marked white injection of the lacteals. Ether enables us to demonstrate on the living animal that the pancreatic juice alone emulsifies fat. A demonstration difficult in the ordinary conditions of digestion, on account of the time it requires and the sources of error to which the pathological state caused by the operation may give rise. If two rabbits are taken as young as possible, and then the pancreatic duct tied in one of them, and into the stomachs of both a solution of fat in ether be injected, there will be seen, on afterwards opening these animals together, that in the rabbit whose pancreatic duct was tied the lacteals contain only transparent lymph, whilst in the other rabbit they are filled with a milky lymph."

---

* Vide *British Medical Journal*, Nov. 21 and 28, 1868.

Guided by the knowledge of the physiological action of ether thus elucidated by the labours of our most brilliant experimentalist, I have for some years studied the therapeutic action of the drug, and my convictions have daily grown stronger that we have in ether a most potent remedy for promoting the digestion and absorption of fatty food and cod-liver oil. Over and over again I have by this means been able to induce a stomach once intolerant of all fat to accept good naturedly full doses of cod-liver oil, and after a time—sometimes weeks, sometimes months—to relish it without any ether. At first the ether was given in a mixture a short time before the administration of the cod-liver oil, in some few cases the ether mixture was given after the oil, and this mode of using it is still preferred by some practitioners. For my own part, I have for some time past discontinued in the majority of my cases the plan of giving ether separately, and adopted a mixture of ether and oil, which is now generally known as "Etherised Cod-Liver Oil." To every two drachms of cod-liver oil ten, fifteen, or twenty minims of ether are added, according to the strength required. The *Æther purus* of the British Pharmacopœia is used in preference to any other preparation, on account of the clear mixture which is obtained. When ether containing alcohol and water is used the oil is rendered muddy. Sometimes a greater proportion of ether than the twenty minims to the two drachms (the ordinary dose) may be given, with the effect of making a still more palatable compound. I have now treated a large number of phthisical patients with this oil, and the results have been most gratifying. In my paper in the *British Medical Journal* I have given an analysis of fifty cases. Of these, 40 per cent. improved, 32 per cent. remained stationary, and only 28 per cent. became worse under treatment. These patients were carefully weighed from week to week, and the improvement in general symptoms and physical signs only accepted as satisfactory when confirmed by an increase of weight. Six cases at least deserve to be considered as cases of arrested phthisis. If the amelioration in physical signs and general symptoms had been considered in these cases, as satisfactory evidence of improvement without reference to the increase in weight, the 32 per cent. recorded as stationary might have been added to the 40 per cent. registered as improved. And looking back on these cases after the lapse and with the additional experience of another year, I believe that the statement that 72 per cent. of the cases treated by ether and cod-liver oil improved, would not be an exaggeration.

Now, in these cases, and in a great many more which I have since observed, the good results were, I believe, attributable to the improved state of general nutrition following the digestion of the cod-liver oil. In a great number of cases the administration of cod-liver oil to phthisical patients is comparatively useless, for the digestive organs are not in a state to transform and assimilate the remedy. The nausea and sickness which it occasions, as well as the absence of an improvement in general nutrition, are proofs of this. In some consumptive patients, on the other hand, but they are much fewer in number, the power of digesting fatty food is not so much impaired. These cases are for the most part more chronic in their course and more amenable to treatment. It is to the former class that etherised cod-liver oil is a remedy of value, for it is frequently borne when ordinary oil has been over and over again rejected, and the improvement in the general symptoms which follows its use in these cases is most marked. Not many days since, in visiting my patients in the General Hospital, I noticed that the shirt of a strumous child, for whom I had ordered cod-liver oil on admission a few days previously, was badly stained by the remedy. I inquired if the oil had been spilled, but learned from the nurse's reply that the child always rejected a greater part of the oil. This had not been mentioned to me before as the nurse thought it well to persevere with the drug. The ordinary oil was changed for the same dose of etherised oil, and with the best effects. No longer was the oil rejected, the very first dose was retained, and day after day the child's appearance improved, and his appetite increased. Such cases constantly occur among my out-patients, and when the etherised oil does not at once obtain a favourable reception from the stomach, a few doses of a mixture containing ether will almost invariably give the patient the power of taking the oil without any feeling of discomfort. That ether has the power of removing the great obstacle to the beneficial use of cod-liver oil there can, I think, be little doubt, and in my experience, and in the experience of many others who have used the remedy largely, the etherised oil is much less nauseous than the ordinary oil. Some persons have, however, a great repugnance to the taste and smell of ether, and to these the etherised oil is very distasteful. Sometimes the addition of a minim or two of chloroform will counteract this. In other cases I have observed a fact to which Professor Cuming, of Belfast, has also called my attention—viz., that many persons who can take the ordinary cod-liver oil very well cannot take the etherised form. This may, I believe, be accounted for in some cases by an antipathy to the ether, and in others it is very much what we might expect to occur in persons whose digestive organs require no stimulation, and whose powers of assimilating fat are already sufficient to enable them to take the cod-liver oil in its natural state. To such cases I now never order any but plain oil, and if I find after they have been under observation for some time that the improvement is not satisfactory, a little ether added to any mixture the patient may be taking will often prove beneficial without being objectionable.

---

* "Leçons sur les Effets des Substances Toxiques et Médicamenteuses," p. 427.

I cannot close these remarks without alluding to the confirmatory evidence of the therapeutical action of ether in promoting the assimilation of fat contained in Dr. Ramskill's important observations on the use of olive oil as a remedy. From many observers I have received strong assurances of the advantages of the combination I have recommended. I will only quote the words of one whose high position as a physiologist and reputation as a clinical observer give special value to his words. I refer to Dr. Mapother, of Dublin, who writes as follows:—"Since I had the advantage of hearing your paper at Oxford I have given etherised cod-liver oil in about fifteen cases, chiefly those of strumous and rheumatic diseases of bone. It is far easier to take than the oil alone: the ether acts as a good stimulant, and I think it fattens the patient more surely, for your views as to the increased pancreatic flow and improved emulsification of fat are sound." I now ask the readers of this Journal to assist me in the further elucidation of the therapeutic value of ether and etherised cod-liver oil in the treatment of pulmonary consumption and other maladies characterised by inability to digest fatty food.

◆

EPITHELIAL CANCER OF THE PENIS—

AMPUTATION OF THE ENTIRE ORGAN — WEIGHT FIVE OUNCES — DISEASE OF TWELVE MONTHS' STANDING — RECOVERY, WITH POWER TO EXPEL THE URINE TEN FEET—SUBSEQUENT STRICTURE.

By John Stuart Vesey, M.D., L. & F.R.C.S.I.,
Medical Officer to Magherafelt Fever Hospital, Workhouse, &c.

Joseph P——, æt. seventy-two, a weaver, admitted 19th May, 1868, into the Magherafelt Union Infirmary; states that he always enjoyed good health up to the time of his present malady. He is married, and the father of ten children, four of whom died young; the remaining six are in good health. His father and mother lived to the age of seventy-six; neither they nor any of his other relatives as far as he is aware, ever suffered from malignant disease. He never had venereal in any form. The prepuce was congenitally very long, and completely covered the glans penis.

About a year ago he first noticed a small tumour, the size of a pea, beneath or in the prepuce on the left side. This speedily enlarged, became red and painful, and finally burst, when about the size of a marble, discharging a quantity of purulent matter mixed with blood. The prepuce was in a state of phymosis. In the course of a month a similar suppuration took place on the right side, leaving a bridge of healthy skin on the dorsum of the organ. Ulceration spread from both openings, and in four or five weeks the connecting bridge of skin was destroyed, leaving an opening through which the glans penis slipped, while the prepuce fell down like a pendulous pouch beneath the frænum. From that date till the present the ulceration gradually extended on all sides, implicating almost the entire organ. He occasionally suffered a burning darting pain, but in spite of all kept to his work until within a fortnight of admission, never having consulted any medical man. He has had hæmorrhage at intervals, and this has given him temporary relief.

On admission, his general health appears to have suffered little; his appetite is good; his bowels are regular, and he sleeps pretty well. The penis bears a very characteristic appearance, resembling an irregular nodulated mass of fungoid growths of a reddish hue, the intervals between them being filled with pus and a thick white viscid exudation. On a front view, the penis appears bicephalous; the glans on the left side, while the remainder of the prepuce is on the right and rather below. An ordinary observer, standing a few yards off, could scarcely tell which was the glans. The latter organ and the prepuce are very much indurated, but have in a degree resisted the ulcerative process. The ulceration next the pubis is bounded by a border of dark red skin, approaching nearer to the pubis on the left side than on the right. When the penis is well pulled forward there is found to be only three-quarters of an inch at the narrowest part between the dark red skin bounding the ulceration and the pubis. The extent of the diseased mass from before backwards is three and a half inches, and from side to side three inches, its circumference at the broadest part of ulceration being seven and three-quarter inches. The inguinal glands (three on the right side and two on the left) are only slightly affected, more, I considered, from simple irritation than by reason of any specific poisoning.

The man was anxious and pressing for operation, more so, I confess, than I was; however, after due consideration, I acceded to his wishes.

Operation, May 26, 1868.—There was a systolic bruit audible in the heart, together with some irregularity of action; so that it was decided not to administer chloroform. The penis being put on the stretch, a very narrow tape was tied round it, as tight as possible, close to the pubis. A circular incision was then made through the skin, as nearly as possible to the tape, down to the corpora cavernosa. The urethra was then cut through, about one-sixth of an inch in front of the superficial incision, and dissected back to its level; the knife was then turned up, and the operation was completed by a rapid sweep of the instrument. He bore the operation very well. There being no hæmorrhage owing to the pressure of the tape, there was delay and difficulty in finding the mouths of the severed arteries, four of which were tied. This was scarcely done when the corpora cavernosa retracted under the pelvis, leaving the tape firm round the remaining skin. This ligature, being of no further use, was then removed. With considerable difficulty the urethra was caught and pulled forward by a pair of forceps from under the pubis. Four cross cuts were then made in it with a sharp scissors, and each point was attached to the external skin by a very fine needle and silk. The stump (if that could be called a stump which was rather behind the level of the pubis) was dressed with lint and cold water. The cancerous mass weighed five ounces. The case went on most favourably. The ligatures came away the first week, and the wound healed kindly, perfect rest in bed being enjoined.

On being asked how he made water, he answered "splendid;" and on one occasion he said he could urinate across two of the tables that happened to stand in the ward. This I had difficulty in believing, as I recollected the words of Mr. Erichsen in treating of this subject. In page 1198 of his valuable work on the "Science and Art of Surgery" that gentleman says:—"After amputation of the penis, the urine will not be projected forward, but always passes directly downward between the legs," &c., &c. I was curious to see if my patient were an exception to the rule so strongly laid down by Mr. Erichsen, and I found he was; for on the very first opportunity I got him to empty the bladder in my presence, and before two patients who were in the ward with us at the time. The organ was only half full, nevertheless he made water in a round stream, and propelled it exactly ten measured feet straight before him. That day he insisted on leaving the hospital, but not before I had strongly warned him with reference to impending stricture, and enjoined on him the absolute necessity of coming occasionally to have an instrument introduced. He left on the 20th June, much fatter than before he entered; the colour of his face improved, and its anxious expression gone. The small glands in the groin had nearly disappeared, and he said he never felt in better health.

About three weeks after, while I was attending a branch dispensary near his residence, he called on me to tell me that his health was first-rate, as well as to exhibit the unimpaired power of the bladder. We adjourned to the cart-house, when he made water six and a half feet straight across the room, hitting the opposite wall with much force two feet nine inches from the ground. While expressing my surprise at the power of his bladder, I could not help remarking that the volume of the stream was not as large as it might be; so I advised him to have an instrument passed through the orifice, but he objected, saying that he was quite well.

In another fortnight he visited me at the same place, with all the symptoms of stricture. On examination, I found the urethral orifice so much contracted that it was difficult to see it at all. I urged him to enter hospital at once, and he was admitted on the 28th July. I began with the smallest bougies, and reached No. 5, the largest that could be passed during his short stay; for on getting relief he insisted on leaving, which he did the 5th August. I should say that the instrument was always tightly grasped by the stricture when entering or leaving it. When he left hospital the stream of water was much larger than on admission, though still diminished in size. The expelling power of the bladder was as strong as ever, as was verified by two medical witnesses, very much to their surprise. I saw him leave the hospital with regret, but he was obstinate and would go.

I did not see him again until the 25th September, when he again visited me. He had great difficulty in making water, and was called up six or seven times at night, and, as he said himself, he "did not warm in his bed." I found the stricture had made great way, the orifice having contracted so much as to be invisible. I had to get him to force and make water before I could see it. The urine came away in the most minute spray, some of it reaching a distance of two feet, while the remainder trickled down the scrotum, which was scalded and irritated. The only instrument I could introduce was a fine stylet, followed, but with much difficulty, by the smallest catgut bougie. By solemnly explaining to him his danger I succeeded in frightening him so much that he became a regular attendant as out-patient, whereupon a decided improvement was made upon the stricture. The irritability of the bladder disappeared, as did the soreness of the scrotum, in addition to which he regained the usual expelling power of his bladder, viz., ten feet—a distance which he effected in my presence and in that of my son, Mr. Agmon B. Vesey, a student of medicine.

March 5, 1869.—It is now more than nine months since the operation. There is no appearance whatever of disease. The glands in the groin are gone, and the skin about the pubis is quite healthy. He has grown fat, and follows his occupation with energy and success. He attends occasionally to have an instrument passed. The firmly contracted orifice will not admit a larger size than No. 4, and that with difficulty, the smaller ones having to be passed first. The bladder possesses its expulsive power in undiminished force; its irritability has disappeared, as has the systolic bruit of the heart likewise.

I consider that this case has a good many features of practical interest. Nor was it wanting in some attributes of doubt and difficulty. It was enough to make a man dubious of the success of an operation when he considered the extent of the disease, its close proximity to the pubis, its long standing, and the enlargement of the inguinal glands. Nor was the operation itself a very simple one, for had the sudden retraction of the corpora cavernosa beneath the skin and pubis taken place before the arteries were tied, the consequences would have been very embarrassing, to say the least of them. I must also draw the reader's attention to the rapid progress of the stricture and its unyielding character, circumstances which should be always borne in the surgeon's memory, inasmuch as all amputations of the penis are very liable to be followed by a like result. But, above all, I would advert to the extraordinary energy with which the urine was expelled from the bladder—a circumstance which makes this case exceptional in the history of amputation of the penis.

I cannot conclude without saying that, in the performance of the operation, I had the advantage of the suggestions of an eminent surgical friend of mine, to whose kindness I was the more indebted that I had myself little experience in the operation, owing to the rarity of cancer penis in this part of the country—a circumstance wherein it contrasts favourably with cancer of other organs, which is very frequent.

March 12th.—I saw the patient to-day, and he is in the enjoyment of excellent health; not the slightest appearance of a return of the disease. I had him weighed this day, and he is *one stone twelve pounds* heavier than he was a fortnight before the operation; and to show how active he is, on the 5th inst. he followed a pack of harriers on foot a distance of ten to twelve miles. It is now nine and a-half months since the operation.

◆

ON THE TREATMENT AND PREVENTION OF PAUPERISM.

By Henry MacCormac, M.D., Belfast.

Man either has or has not the power to control his material condition. I assume that he has the power to control his condition, both materially and morally, for good. The enormous extant pauperism has been ascribed to undue human increase. In my humble opinion this is a profound mistake. An undue increase of population may be the correlative of pauperism, but it is not necessarily the cause of pauperism. I do not for a moment deny that man ought to be governed, in regard to the propagation of his kind, by the same rules of propriety, economy, and forethought which are to govern his conduct in the other relations of life. The brute yields to the generative impulse when it is experienced. He is troubled by no compunction about the matter. Now, a man ought not to act like a brute. He has reason to guide and control his appetites. Too many, however, forget, and act like brutes instead of as men. It would, in effect, prove very greatly conducive to man's interests were the generative impulses placed absolutely under the sway of right reason, chastity, forecast, and justice. Having made this concession, however, which I do most willingly, I cannot go any farther. To ascribe poverty to abuse of the generative instincts merely is to put a part for the whole. It is in argument like what it would be in driving, to place the cart first. The fact is, that the source of poverty is very complex; the factors concerned are at once material and moral. Pauperism, in truth, is referable not to one, but many factors. We may witness dense populations with comparatively little poverty, and, as is notorious, wide tracts where a sparse population is coincident with extreme wretchedness. Pauperism is a social, a moral disorder, and may be got rid of with as great certainty, the proper procedures being resorted to, as small-pox or syphilis, or, as I allege, consumption. It is the result of human incompetency, of defective social concert. I do not make light of the matter. Poverty is a most serious ill; but if we would undertake the cure, we must circumscribe the cause within exact and rational bounds.

The most important thing in this world is man himself. The objects which we term "nature" are very interesting; but man, a single man, is of greater moment than are any amount of rivers, or mountains, or continents, or oceans. It is the presence of man, indeed, that confers value on nature. Without man nature is of no moment whatever. Man brings into the world with him capacities the most wondrous. His powers of production, a circumstance of great importance in the present inquiry, are very great. The labour of a single man, properly directed and aided by modern mechanical means and appliances, is adequate to the creation of necessaries for many men; but the products of the labouring man's industry now and always is and has been on various grounds consumed by non-producers. Now, I hold it as indisputable truth that every man ought to produce in the ratio of his powers. It is a violation of morality when anyone consumes without making a fair equivalent in the measure of his ability in return. The exactions of individuals and of governments have, and have ever had, much to answer for in respect of the production of artificial and really needless want. A higher intelligence, a loftier morality, a better conducted administration, would go far to remedy this great and continually pressing evil.

Social incompetence I esteem as much a disease as is small-pox, or fever, or cholera, or plague, and just as surely remediable. The infant man comes into the world quite at the mercy of those who surround him. By the education and training which are given him he may be rendered a fool or a wise man, an efficient and energetic producer or a little helpless imbecile. Education is not compulsory, and, considering the vast amount of evil agencies and the gross neglect that everywhere prevails, I only wonder that the pauperism and incompetence which now oppress us are not yet greater than what they are. Man, to be sure, has to a certain extent the capacity of forming his own character; but he must be prepared for the exercise of this great power by training. Self-mastery must be preceded by other mastery, the mastery of good and wise and intelligent teachers, as addressed to every single soul. Do I mean to say, it may be inquired, that education and training will prove a cure for pauperism and incompetence, that it will remedy these evils utterly? I do, indeed, mean so to say. I say and aver it, with my whole heart and soul. They would, in truth, prove a complete and permanent remedy for sloth and intemperance, as well as for the absent and ill-directed effort which so harass and desolate the world. Would the energetic, the intelligent, the moral-minded, and in every way competent multitude, which an efficiently enforced, and universal culture would be sure to evoke, rot and pine away in isolation and wretchedness, like Spitalfields operatives or Dorsetshire clowns? The fields of nature—gifts to man of a wise and beneficent God—are fair and wide, and, when resorted to with prudence, manly effort, and intelligence, are competent to yield a smiling home, for countless generations, to every creature that may find it needful and desirable to turn to them.

But what, it may be justly asked, is to be done with the existing mass of distress, or how is it to be got rid of? There is, indeed, a rational and fitting way of dealing with it, as with every other human evil. It ought to be effectively dealt with at whatever cost. A general rate ought to be levied over the whole country, not breaking the hearts and the backs of the poor, and exempting almost wholly the rich. Property should contribute adequately, and the burden not mainly thrown on those who, by reason of heavy and partial rates, are themselves verging upon pauperism. I would diminish, so far as might be, the outlay severally on the army and navy, and apply the proceeds to the effectual decent support of the helpless destitute, the deportation in our idle ships of war to the Colonies of those suited for Colonial life, the formation, so far as it could be done, of factories for the cheap production of the commoner necessaries, the fitting up of kitchens for the economical preparation of wholesome sustenance, of bakeries for whole-meal bread, and, very especially, universal, ceaseless, and effective culture. For any sake, our fellow men ought not to be suffered to languish and pine in wretchedness. The effort ought to be, not so much to mitigate as to remove and abolish pauperism wholly. Pauperism is not only the parent but the offspring of incapacity. It is a beast, a monster, with which we are to hold no terms any more than we should hold them with a venomous serpent, a ravening wolf, or a raging bull. The evil strength of poverty, like that of other great social evils, lies less in its own resistance than in our remissness. It is a sin, an infamy, and a disgrace, all in one, not in the paupers, however, so much as in ourselves. We ought not to palter with or tolerate it at all. It is a remediable ill, and it is a disgrace to our manhood and our intelligence to put up with it.

Hospital Reports.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. Thornley Stoker, M.D., L.R.C.S.,
Demonstrator of Anatomy in the Royal College of Surgeons in Ireland.

ADELAIDE HOSPITAL.

Tertiary Syphilis.

(Under the care of Dr. Barton.)

Jemima C., a married woman, 40 years of age, was admitted into hospital January 4th, 1869. The patient, who is a person of much intelligence, gave the following history of her case, which is worth notice, as exhibiting a most complete train of the symptoms of syphilitic disease in their due succession:—

She was infected by her husband about four and a half years ago, being then six months married, and she states that a cutaneous eruption—which appears to have been of the papular variety—manifested itself about two months afterwards. For this affection she was admitted into Dr. Steevens' Hospital, where she was treated with the iodide of potassium and sarsaparilla. She remained in hospital for some weeks, and two months after leaving it was attacked by iritis, first affecting the left eye, and almost immediately extending to the right. She was again received into Dr. Steevens' Hospital, where she was treated for the iritis, but states that she got no mercury.

The eye affection being cured she was discharged; but after the lapse of about nine months was obliged to enter the Richmond Hospital for the relief of ulcers, probably rupial sores, which formed upon her legs, arms, trunk, and head. She was there salivated, mercury being both given by the mouth and by fumigation. She left the hospital cured, in about three months, and remained in tolerable health for a year, after the lapse of which period she began to suffer from severe pains in the head, accompanied by giddiness, dimness of vision, and loss of sleep. These symptoms becoming urgent, she was again admitted to the Richmond Hospital, where she remained about two months, her head being shaved and blistered. During her stay in hospital she suffered from the presence of anthrax on her back, but was discharged relieved of both these, and her head symptoms.

About last May nodes made their appearance, first on her left tibia, and then upon her right; for these she was treated as an extern patient, with the iodide of potassium. Her right knee becoming enlarged and painful, she was, last November, again received into Dr. Steevens' Hospital, and remained there for about two months, being put upon the iodide of potassium and bark, and having the affected knee painted with tincture of iodine.

She remained in tolerable health until admitted to the Adelaide Hospital, last January, when she manifested the following symptoms, which seemed to point to the existence of intra-cranial disease, probably nodes, pressing upon the brain. She suffered from loss of memory, giddiness, and agonizing pain in the head, the pain having the character of a string tied tightly round her head, commencing in the supra-orbital region, and extending hence. Her sight was considerably impaired, light was so painful as to necessitate her being shaded from it, and she suffered from scintillæ or sparks passing across her vision. Her sense of hearing was less acute than natural, and she had a partial loss of taste. Her bowels were torpid and irregular, she could with much difficulty pass water, and seemed in a very debilitated condition.

It is worthy of remark that previous to the commencement of the more acute head symptoms, she was the victim of optical delusions of a great diversity of forms.

Dr. Barton ordered her the biniodide of mercury in doses of one-twelfth of a grain combined with five grains of iodide of potassium in infusion of cinchona bark three times daily. Blisters were at the same time placed behind her ears, she was allowed neither meat nor any stimulants. In twenty-four hours the headache became more tolerable, and gradually all the symptoms showed an improvement. The back of her neck was subsequently blistered with a still further relief, the biniodide of mercury mixture being still used. Dr. Barton persevered in its use until the pain had quite disappeared, and the dimness of vision subsided, while the mental faculties and senses of taste and hearing were also restored. Upon one or two occasions, while under treatment, she took meat for a day or two at her dinner; this invariably produced a return of pain to the head and confusion of thought. She left the hospital at the end of February free from all bad symptoms.

◆

Transactions of Societies.

CLINICAL SOCIETY.

Friday, March 12.

Mr. Paget, F.R.S., President, in the Chair.

The Committee appointed to examine and consider Dr. Day's

CASE OF ENLARGEMENT OF ONE OF THE LOWER LIMBS OF A CHILD,

presented their report, in which they gave the comparative measurement of both limbs and their general appearance. They were of opinion it was an overgrowth of the whole of the right side, and that the subcutaneous lymphatics were distended.

Dr. W. H. Day, at the invitation of the President, gave a detailed account of the case. The enlargement was first detected when the child was two and a half years old. It was at first disregarded, and had gone on increasing ever since. Some medical men thought the enlargement was unreal—that is, that it was confined to the soft parts. In April, 1866, the thigh had grown larger, and the child complained of its aching pain when he ran about. When he was called in it had assumed large dimensions. It was shown to Mr. Paget at that time, and he remarked that he had not seen anything like it in a child so young. In July, 1867, the limb became much enlarged, and at one period he was kept to bed for four days, in consequence of a fluid coming away from the patient; and this year another similar discharge had taken place. Dr. Lionel Beale gave it as his opinion that the fluid was chyle. When the fluid exuded the boy became very ill, and when it subsided he got well again. When Dr. Saunders and Dr. Callender called, the boy had lost much fluid on that and the preceding day.

Several other members related their experience of this and similar cases, and gave their opinion as to the nature of the disease and the fluid which proceeded from the patient.

Mr. Barwell related

A CASE OF PYÆMIA ENDING FATALLY BY COMA.

It was a case which was first in the hands of Sir Thomas Watson and afterwards passed over to him. The patient was a young man of regular life, but had injured himself by violent gymnastic exercises. A maxillary abscess appeared on the right side, the temporal ridge was very strongly marked, the white of the eye was unnatural, the tongue furred, the pulse about 98, the urine . . . .—it was difficult to stop the flow. The young man's temper became so changed that he became insupportable to his friends and medical attendant. He fell into a comatose condition and died, fifty-five days after he came under Mr. Barwell's care. He mentioned another case of a young fellow of rather irregular life. In five days the patient became sullen and discontented, gradually he fell into coma and sank. He believed this change of disposition was one of the earliest signs of the commencement of that fatal malady—pyæmia.

Dr. Julius Pollock mentioned a distressing

CASE OF TYPHOID FEVER

which came under his treatment in December of last year. The patient was twenty-four years of age and, from certain symptoms, severe headache, &c., he at first put it down as an ailment of a neuralgic character, but, after a certain time, symptoms of typhoid fever disclosed themselves. The case growing a serious one he invited Dr. Tweedie to accompany him, and they saw the case together on the 23rd of December. Dr. Tweedie agreed with him that it was a case of typhoid fever, and that the diarrhœa should be stopped by means of opium, which was what he had previously prescribed. The friends of the patient becoming anxious, asked if we had any objection to their calling in Sir Wm. Jenner. They were very glad to have Sir William's opinion, and when he came he agreed with them that the case was a severe one, and that the diarrhœa should be stopped. Two or three days after he found her very weak and perspiring freely; but she fell into a state of coma, and her breathing became so feeble that little hope remained. He had recourse to blistering, and his patient revived so wonderfully that he almost thought she would permanently recover. Sir Wm. Jenner also expressed himself very much surprised at the change that had taken place. But a deep sleep again supervened. He tried blistering again, but with less benefit each time, and the patient gradually sank. He might mention that large quantities of brandy had to be given to stimulate the patient. There was no other special treatment in the case. No *post-mortem* examination was permitted unfortunately.

The President said he could hardly invite any expressions of opinion on the case under such circumstances.

FATTY-STOOLS TREATED WITH PANCREATINE.

Dr. Langdon Down mentioned a case of a man, æt. fifty-two who had been passing a large quantity of fat by the bowels. The man came under his care on the 22nd of September in last year. He learned that he was a native of Boston, and had been suffering in this way for two and a half years. He attributed the affection to having caught a cold while residing in the Fen districts. Ever since then he had been passing fat-like matter of the consistency of bees'-wax. Many years ago he fell from a ship's mast, but got quite well again. He was now carrying on the business of a greengrocer: but latterly he had been so ill that he intended to give up his business. He had lost two stones in weight. The fatty-looking material passing from him had a strong fæcal odour. It was soluble in ether, and was saponified by caustic potash. Careful examination both chemical and microscopical, proved the existence of fatty acids. The urine had a high specific gravity, and contained numerous crystals of oxalate of lime and uric acid. It moreover contained a small quantity of sugar, and he passed four to five pints daily. A year since he had been a patient for five weeks in St. Bartholomew's Hospital under the care of Dr. Farre. His parents had both lived to an old age. Careful examination was made of the abdomen but no evidence of tumour or enlargement of the pancreas could be found. The man complained of present weakness, of pain in the back, flatulence, and altogether was so demoralised, that he quite despaired of getting well again. At first quinine was given, but without any diminution of the fatty stools. On the 1st of October Dr. Down prescribed for him seven and a half grains of pancreatic extract with the same quantity of malt dust three times a day. The improvement was immediate. The number of stools fell to two per diem, and gradually lost their fatty character, while the sugar disappeared from the urine. At the end of November he had only one stool a day, of normal consistence and character. The man so gained in strength and spirits that he was with difficulty induced to remain in the hospital. He at length returned to Lincolnshire, taking with him a month's supply of pancreatic extract. At the end of the month he reported himself in perfect health, and that he had reached his maximum weight. He then left off the treatment, and Dr. Down had just heard from him that his health continued good. During the period of treatment he had been placed on plain diet, and all stimulants had been disallowed. The weight gained by the patient had averaged two pounds per week; one week he gained as much as five and a half pounds. There were several points of interest to which Dr. Down wished to call attention. The case seemed to be just one to test the value of pancreatic extract in emulsifying fatty matters in the intestinal canal, and the truth of Corvisart's statement, that the pancreatic juice would be rendered inoperative by the gastric juice in the stomach. The case was also of interest in reference to diabetes. The co-existence of fatty stools with diabetes had been noticed by several observers. What the real nature of his disease was, it was difficult to determine. In all probability the pancreas was the organ at fault. The man was for a long time seriously ill and had been under varied skilled treatment, and Dr. Down therefore felt that the immediate and continuous improvement under the exhibition of the pancreatic juice must be regarded as other than mere coincidence.

In answer to various questions, Dr. Down said he felt a difficulty in accounting for the persistent good health after the discontinuance of the remedy. It was continued to the end of December. He had heard from the man about ten days since, when he stated that he was in good health and of normal weight. He certainly was surprised to find him still going on assimilating fatty matters after the pancreatine had been discontinued. He took care that the patient should not have a diet excluding fat. The pancreatic extract was always given half an hour after the meal, three times a day. The complexion of the patient was of a tawny hue, and therefore he had examined him with the expectation of finding a tumour. He had a woman under his observation who had a distinct tumour; she was being treated in the same way, with similar results, but he thought it probable that she would relapse if the pancreatine were suspended. In the case which he had brought before the Society there had been a complete discontinuance of the treatment for at least two months, while the man had continued in perfect health.

The PRESIDENT, after thanking the various gentlemen for their contributions, announced that the Society would adjourn to the 9th of April.

ARMY MEDICO-CHIRURGICAL SOCIETY OF PORTSMOUTH.

MARCH 3.

PRESIDENT'S ADDRESS.

GENTLEMEN,—The Army Medico-Chirurgical Society of Portsmouth enters the second year of its existence, and thus far, I venture to say, has, with the kind co-operation of my brother medical officers here and elsewhere, been a success.

On this, the occasion of our first anniversary meeting, it seems to me desirable that we should briefly recur to the circumstances under which our Society was organised, and recount some, at least of our operations. Some of you may remember that the absence was sorely felt of an apartment in which all might meet on equal footing, not only to discuss professional subjects of importance, but to enjoy that social intercourse which, in its absence, was so difficult to obtain. You will also remember that from circumstances which affect us all equally, it was considered desirable to obtain more ready access to the current literature of the profession and allied sciences than, in the absence of our present organisation, was possible,—that therefore much mutual benefit to ourselves, and, through us, advantage to the service, was anticipated from the establishment of this Society. Such were the general sentiments of the medical officers of Portsmouth Garrison early in the year now past; they laboured zealously and well to attain their end, and on the 11th of March last our first formal meeting was held under the patronage of the general officer commanding the district.

Since then we have been honoured with the notice and approbation of the higher authorities, medical and military. Our Director-General has been pleased to honour our Society with his approval; he has sanctioned a very valuable contribution of books being made to us from Netley; he has himself been pleased to present us with some volumes, and has honoured us by becoming patron of our Society; we have been honoured as a society with the approval of His Royal Highness the Commander-in-Chief, and by the Right Honourable the Secretary of State for War. The War Department has been pleased to direct that the apartment in which we are assembled shall be appropriated to our use, and has directed that an estimate for providing it with suitable furniture shall be included in the estimates for the current year.

Nor are these all the flattering recognitions with which we have been favoured. Our brethren in the Royal Navy, and in civil life have been so good as to honour us occasionally with their presence; our brother officers of the military branches of the Army have been pleased similarly to favour us, and I believe that some of our meetings have been attended by gentlemen unconnected either with the medical profession or with the public service.

The public press has likewise been pleased to notice us favourably, and to insert abstracts of our proceedings; the *Hampshire Telegraph*, *Medical Times and Gazette*, MEDICAL PRESS AND CIRCULAR, *Naval and Military Gazette*, and *Broad Arrow*, being the journals to which, on these accounts, we are in an especial manner indebted. The Director-General has also sanctioned the publication of our proceedings in the Departmental Blue Book.

Short as the existence of our Society has been, we already enjoy a degree of access to scientific literature that I believe no other provincial garrison of equal size can boast of. Our subscriptions, small in amount although they be, enable us, thanks to the excellent management of our Honorary Secretary, to receive four weekly, one monthly, and two quarterly, journals, and to obtain from a scientific library in town seven volumes at a time of such works as individual members of our Society may desire to consult. Our funds are moreover in a favourable condition, so much so, that I hope soon to extend still further the advantages we now enjoy.

For this great success of our Society I am deeply indebted to my brother medical officers for their kind and hearty exertions. Had it not been for their co-operation it would have been impossible. I believe I may instance our success as one of the many good results that arise from mutual understanding and good feeling among officers labouring together, and would express my trust and hope that similar sentiments may exist between us in the further duties that are still before us.

I would desire to record my acknowledgment, and that of our Society, to Surgeon-Major Fleming for the valuable and extensive selection of books and plates with which he has favoured us; to Assistant-Surgeon Maunsell, R.A., for his collection of fossils, now on the side table; to Assistant-Surgeon Tate, and to Mr. Tyler, for the beautiful collections of shells for which we are indebted to them; and to the various other gentlemen who, by donations of books, periodicals, and in other ways, have specially assisted us.

The list of papers that I am about to read, as having, during the past year, been laid before our Society, will, better than any remarks of mine, indicate the variety and extent of our labours; thus, to Surgeon POULTON, 35th Regiment, we have been indebted for an interesting account of a case of aortic aneurism bursting into the pericardium, and for some clinical remarks on a case of sporadic cholera that occurred in a soldier of that corps.

Assistant-Surgeon BALL, 33rd Regiment, read a full and interesting report on the Medical Transactions during its service in Abyssinia; a report so interesting as to have subsequently been appropriated by several of the newspapers.

Assistant-Surgeon PARK, R.A., described the manner of employing carbolic acid in the treatment of extensive wounds, illustrating his remarks by the case of a soldier under his care, who, under its use, made a very rapid and complete recovery from a compound comminuted fracture.

Surgeon FRANKLYN, R.A., read an important paper on the subject of recruits and recruiting, and on a subsequent occasion exhibited to the Society in the microscope preparations of guinea worm, describing at the same time the case of a soldier who is believed to have contracted the parasite in Abyssinia.

Surgeon LAMPREY, 67th Regiment, has favoured us with remarks on the treatment of bubo by carbolic acid; on the treatment of indurated chancres with the same remedy; on two cases of aortic aneurism treated by him; and on a new description of suture used by himself.

Staff-Surgeon ROCH has given us the benefit of remarks on the "Golden Fleece," lately a hospital ship employed in the Red Sea; on heat apoplexy; and on the natural history of the Red Sea and coast of Abyssinia.

Assistant-Surgeon MAUNSELL, R.A., has communicated to us a paper on aortic aneurism, exhibiting at the same time morbid preparations, and a cast illustrative of that disease; one on the statistics of the malady; clinical remarks on a case of depression of the internal table of the skull caused by a homicidal wound; one on mortality in India as influenced by temperament; and some valuable notes in illustration of the geological specimens already alluded to.

Assistant-Surgeon TATE has communicated a valuable list, accompanied by remarks on the land and fresh water shells of Hampshire.

Assistant-Surgeon ALCOCK, 35th Regiment, has contributed a report of a case of ulcerated larynx speedily terminating in death; a case of aneurism; and a very scientific paper on the power exerted by nervous influence on temperature.

Surgeon PORTER, 97th Regiment, has communicated a case of abdominal aneurism, and one of vesical calculus, the stone of large size, and very successfully extracted.

Assistant-Surgeon CLARKE, R.A., has given us a carefully prepared paper on malingering; Assistant-Surgeon **Bruenn**, 67th Regiment, a case of aortic aneurism; and Surgeon **Perry**, R.A., two very suggestive cases of pleuro-pneumonia; Assistant-Surgeon **Bredin**, 97th Regiment, a paper on the influence of the nervous type of disease on military service of soldiers, as well as with remarks, and a preparation illustrative of aneurism of the aorta.

Assistant-Surgeon **McFall**, 34th Regiment, was so good as to send to us his report of a case of suicidal wound in the head, and to present us with specimens illustrating the injuries occasioned by the bullet in its progress.

A paper of great importance, on yellow fever, by Inspector-General **Lawson**, was by him placed at the disposal of our Society, and in the discussion which followed the reading of it, Sir David Deas, K.C.B., was so good as to favour us with the results of his extensive experience in the treatment of that disease.

Staff-Surgeon **Cullen** communicated an able report on cases of cerebro-spinal meningitis that occurred in the 11th Dépôt Battalion; Surgeon-Major **Manifold**, 34th Regiment, supplemented it by remarks on cases of the same disease that had come under his observation, and Dr. **Coleman**, R.N., read a paper descriptive of it that had been prepared by Dr. McDonald, F.R.S., of that service.

Dr. **Jesset**, a civil practitioner, favoured us with a paper descriptive of his experience in the use of carbolic acid as an external application; and Dr. **Elliott**, R.N., at a late meeting, gave an important paper, in which were ably set forth his reasons for believing in the communicability of phthisis.

ANTHROPOLOGICAL SOCIETY OF LONDON.

March 16th.

Dr. R. S. Charnock, V.P., in the Chair.

Mr. L. Owen Pike read a paper

ON THE ALLEGED INFLUENCE OF RACE UPON RELIGION.

The author commenced, that in his opinion revelation was not within the province of scientific investigation, and that it was no part of the duty of a scientific society to question the truth of one form of faith, or maintain the truth of another. But, though anthropology could not deal with revelation, it could deal with the persons accepting it; it could compare mind with mind, race with race in all the differences and all the resemblances, which they exhibit in their faiths. And this, he trusted, could be done, not only without exciting animosity, but with the approbation of every sect. Mr. Pike maintained that difference of race was not the chief, nor even an important cause of difference in religion, and that any race might to all appearance, hold any creed. His first illustrations were drawn from the various forms of Christianity, The Germans are principally Roman Catholic in the south, but Protestantism and Romanism flourish side by side in the north; the Southern Hollanders and the Northern Belgians, though of common race and language, are at the opposite poles of Christianity and equally earnest in their respective creeds. France and the border land connecting the three falsely called Latin nations, though now remarkable for their orthodoxy, were, in the twelfth century, the very hot-bed of heresy. So, too, when Augustine came to England, the Christians of Ireland agreed with those of Wales and Scotland in opposition to the Church of Rome; and, after a great variety of changes, Wales has become the stronghold of Calvinist Dissent, while Ireland is the stonghold of Romanism. The author then pointed out that Buddha, whose first converts were natives of India, has had the most important influence upon the inhabitants of China, who are of wholly different race; that the faith of Mohammed has been accepted, not by Arabs, but by Turks, and even by Hindoos; that in ancient times the gods of the conquered provinces found, not only altars and temples, but worshippers at Rome; and that in our own times we succeed in converting savages to Christianity.

An attempt was then made to account for this strange and, at first sight, inexplicable distribution of religions. An opinion was expressed that, although the broad general outlines of any creed are commonly accepted by whole nations or numerous sects, the details are filled in according to the disposition of the individual. The imperfection of language as an exponent of thought might explain, in part at least, why different races are apparently of the same religion, and why different sections of the same race are apparently of different religions. The general conclusion was that, although there may probably exist certain race-elements in the religion of every people, they are of minor importance, and cannot be defined in the present condition of language and psychology. Dr. C. Carter Blake, Dr. Beigel, Dr. Nicholas, and other gentlemen took part in the discussion which was adjourned to the 6th of April.

SURGICAL SOCIETY OF IRELAND.

The Society held a meeting on Friday evening, March 5th, in the Albert Hall, Royal College of Surgeons,

Mr. Porter, President of the College, in the chair.

Members present:—B. Wills Richardson, Hon. Sec.; Drs. W. Moore, Morrogh, Willis, Roe, Murdock, T. Stoker, Purcell, Jameson, Henry Gray Croly, R. Fennell, Robinson, Stewart, Brassington, Wharton, Henry Kennedy, J. Hawtrey Benson, Charles Benson, Hon. Sec.; Shannon, White, Buchannon, Mapother, O'Grady, Colles, Jacob, Guinness Beatty, R. Daniel, Hewitt, Churchill, jun., Brady, C. Fleming, Stapleton, Stokes, jun., and Henry Croly.

PRIMARY CANCER OF THE LIVER.

Dr. John H. Benson said:—

These specimens, Mr. President, were taken from the body of a man, æt. seventy-one, who died under my care, in the City of Dublin Hospital, a few days ago. He stated that he had always been a healthy man up to about a year since, and that then he began to suffer from a sense of uneasiness and weight in the right side, which gradually increased up to the date of his admission, but was at no time severe. He also stated that he had lived temperately for many years. However, I was told that he boasted to the other patients in the ward that he usually drank about nine glasses of whiskey before breakfast.

On admission, the patient complained of a "soreness," to use his own expression, "from the groin to the shoulder," and on examining the right side I found evidence of a very large liver. It extended downwards almost to the umbilicus. There was considerable tenderness over the whole liver, but it was especially marked in certain spots. On palpation a sense of hardness was communicated to the hand, but I found it impossible to say whether the surface of the liver was smooth or otherwise, owing to the tension of the recti muscles whenever pressure was made on the part. Notwithstanding this tenderness, there was a total absence of pyrexia; pulse 65, regular, but small; tongue slightly furred. No œdema existed anywhere, nor any ascites. The urine contained a small quantity of albumen. Judging, then, from the absence of pyrexia, from the apparently slow development of the disease, from the history of his intemperate habits, and from the absence of signs of organic disease in any other organ, I was induced to set the case down as one of either ordinary fatty, or of amyloid, disease of the liver, and I treated it accordingly.

For nine days the patient progressed favourably, saying that he felt better from day to day. On last Monday, however, the fifth day from admission, he did not feel so well, and for the first time a slight jaundiced hue was perceptible over the body. On next day the yellow colour of the surface was intensified; the urine was tinged with bile; pulse 104, small and irregular; respiration 25, deep and thoracic. He lay in a kind of torpor, but when spoken to, he roused up and answered intelligently. This semi-comatose condition directed my attention to the kidneys, but I found that the urine was copious in quantity. On Wednesday all the symptoms were seen to have become considerably aggravated, and in the evening he sank and died.

On opening the abdomen, assisted by my colleague, Dr. Hewitt, we found from about four to six ounces of fluid, containing a large proportion of blood, in the cavity of the peritoneum. There was no evidence of peritonitis. Numerous petechial extravasations of blood, varying from one to three or four lines in diameter, were visible in the mesentery. The liver was found enlarged, to twice its normal size, weighing 8 lbs. 5¼ oz. The substance of the liver in parts presented somewhat the appearance of the amyloid disease; but, on applying the iodine and sulphuric acid test, no characteristic reaction took place. The greater portion of the liver, however, was of a purplish red hue. Besides this alteration, we discovered numerous tumours, varying from the size of a hazel-nut to that of a small orange. They were invariably raised above the surrounding surface, and with a very few exceptions were of a much darker colour, and somewhat softer and more elastic to the touch than the surrounding structure. They were not depressed in the centre. When cut into, they presented a circular or oval section, with a well-defined margin, and their substance projected with a slight convexity, about equal in degree to that of a watch-glass. With few exceptions the diameters of the tumours when cut into were found to be considerably greater than that of their disc which appeared on the peritoneal surface of the liver. Dr. John Barker kindly examined one of these tumours, and pronounced it to be medullary cancer. On raising the liver, we found that the lymphatic glands in the transverse fissure were greatly enlarged, and were so soft that a slight pressure of the fingers reduced them to a soft grumous pap.

Suspecting these tumours to be cancerous at the time we discovered them, we next proceeded to look for cancer elsewhere. The stomach contained some dark, altered blood, but no cancer existed these. The intestines and the other abdominal organs were equally free. On opening the thorax, we discovered a number of enlarged glands on the right side exclusively of the anterior mediastinum.

In the apex of each lung we found a few old tubercular masses, which had undergone calcareous degeneration, and a very few small old cavities, but no trace of cancer was perceptible. However, while opening the pericardium, we discovered a tumour, about the size of a walnut, situated in the angle formed by the junction of the pericardium and diaphragm. This tumour I examined myself, and found it to be cancerous. A few enlarged glands were found in the right side of the neck. No other traces of cancer, beside those I have mentioned, were visible anywhere in the body.

The heart had undergone some fatty degeneration. A few calcifications were imbedded in the substance of some of the chordæ tendinæ of the left side, and in the left zona tendinosa. On the free edge of two of the tricuspid flaps we found a somewhat bulbous smooth swelling, yet these gave rise to no murmur during life.

The kidneys presented appearances due to Bright's disease, and in some places may be seen that appearance of the pyramids said to resemble a sheaf of wheat. On one of the kidneys we saw a large cyst, such as we sometimes find in cases of Bright's disease.

This case, Sir, is interesting, I think, as presenting an example of primary cancer of the liver, which we know to be rare, and as not exhibiting many of the most important diagnostic symptoms of that disease. The entire absence of cachexia, or of pyrexia, and the apparently slow progress of the disease, the suddenness of his death, and the absence of cancerous disease in other organs, are remarkable; while the only diagnostic symptom of cancer present was the slight pain and tenderness, which might naturally be supposed to have arisen from other causes. The age of the patient, too, was somewhat unusual. Out of eighty-three cases analysed by Frerichs, with reference to age, only two exceeded seventy. This patient's age was seventy-one.

(*To be continued.*)

DUBLIN PATHOLOGICAL SOCIETY.

February 20.

ON CONSTRICTION OF THE MITRAL ORIFICE.

Dr. **Hayden** submitted to the Society two hearts illustrating the subject of constriction of mitral orifice, which in Dublin, at least, was a comparatively new subject, and one upon which there was still a great difference of opinion. These specimens were somewhat old, but he thought the subject was new and interesting. The first of these hearts was taken from a boy ten years of age, who was admitted into hospital under his care on the 3rd February, 1868. He learned that five years previously the boy had scarlatina and spat blood. When he saw him the first time the pulse was not recognisable; he had quick respiration, cough, and mucous expectoration; he spat blood once every three weeks; the hæmoptysis continuing three days, and always bringing considerable relief to his symptoms. He remained under treatment a short time and left hospital at his own request much relieved, but without any alteration in the physical signs. The prominent physical sign was at the apex of the heart, a loud and rough free systolic murmur; and from this he had no hesitation in diagnosing constriction of the mitral orifice. He presented himself again at the hospital in the end of February, and again on the 23rd March. There was no change, except that on the last occasion he (Dr. Hayden) discovered at the apex of the heart both a systolic and a præ-systolic murmur. He continued to spit blood in large quantities, and was readmitted on the 22nd June. He was then universally œdematous, with effusion into the great serous cavities, face pallid, lips livid, and no pulse at the wrist; the pri-systolic murmur less pronounced, but yet distinct. He died in a few days; and on a *post-mortem* examination the following was the condition of the heart:—There was a very little alteration found in the right cavities, the right ventricle was a little dilated, the auriculo-ventricular orifice considerably dilated, three fingers passing through it easily, the left auricle was considerably dilated and thickened, the mitral orifice was much reduced in size, so much so that it barely admitted the barrel of a quill, the left ventricle was in a normal state, neither dilated nor thickened, the pericardium was found firmly adherent to the heart. The second case was that of a female, aged thirty, who came up from the west of Ireland to be treated for jaundice. She complained of no other illness whatever. The jaundice appeared for the first time four months previously, and one month after her first confinement. There was no complaint of pain or any symptom to attract special attention to the chest. The pulse was 84, the colour of the skin deep yellow, she passed urine in large quantities. There was scarcely any tenderness in the hypochondrium, and in a hurried examination of the heart made over the patient's dress he thought he detected a faint systolic murmur. The symptoms, however, were not of a kind to attract any further attention to the heart until the 1st of July. She had then undergone considerable improvement; the jaundice was less decided, and she was making arrangements to return home. She told him (Dr. Hayden) on that day that she had a fluttering about the heart, and he made a careful examination of the organ in the corridor of the hospital where she was walking at the time, and declared at once that it was a case of constriction of the mitral orifice in the absence of any other evidence of heart disease. On the 3rd of August she was struck down with typhus fever. He saw her on that morning, and the pulse was then 120; the murmur at the apex of the heart was still more decided in character. On that day he left home for Oxford, and when he returned he found her body covered with dark spots interspersed with petechia. She died on the following day. There was about a pint of fluid found in the pericardium; the heart weighed 11½ ounces; the right cavities of the heart were in the condition already mentioned when speaking of the first organ; the right auriculo-ventricular orifice was dilated as in that case, but the right ventricle had undergone no change, either as to the thickness of its walls or the size of its cavity; the left auricle, as was invariably the case, was enlarged and thickened; the mitral orifice was constricted; it presented the character known as the "button-hole constriction;" the valves were agglutinated at the margin, leaving a button-hole slit through which the point of the index finger alone could be made to pass; the cordæ tendinea were shortened and thickened; the left ventricle had undergone no change, being of the ordinary size and thickness. He should not further dwell on this subject, except to say that the two cases submitted to the Society afforded a forcible illustration, not only of the practicability of diagnosing constriction of the mitral orifice, but likewise of its comparative facility. In the latter of the two cases there was no evidence whatever of disease of the heart, with the single exception of the characteristic præ-systolic murmur at the apex; yet from this single sign he had no hesitation in making the diagnosis of mitral constriction. One or two features were worthy of notice: first, the suppression of the pulse in the most of these cases, and the remarkable apathy in regard to their state, and absence of suffering, the patients walking about the ward with no pulse perceptible, and declaring, if questioned in regard to their health, that they were better; and lastly, the frequent recurrence of hæmoptysis, which was a symptom to be met with in every one of these cases.

◆

DIFFERENT FORMS OF CROUP.

In a lengthy paper on the pathology and treatment of the Different Forms of Croup, in the *American Journal of Obstetrics*, Dr. A. Jacobi gives the results in 203 cases of tracheotomy for croup, occurring in New York in the practice of himself and three other physicians. Of the entire number, 50, or nearly twenty-five per cent., recovered.

IN APRIL.

The First of a Series of Six Lectures

ON THE

PATHOLOGY AND TREATMENT OF FIBROUS TUMOURS OF THE UTERUS

(INCLUDING POLYPI),

WILL APPEAR IN OUR SECOND NUMBER IN APRIL

BY JAMES PALFREY, M.D., M.R.C.P. LOND.,

Assistant Physician-Accoucheur to the London Hospital;
Late Physician-Accoucheur to the Farringdon Lying-in Charity, &c., &c.

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price 5d. Stamped 6d.*

By Post to Annual Subscribers, £1 2 6
„ *If paid in advance,* 1 1 8

⁂ Post-Office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William-street, Strand, London,
„ 3, Lincoln-place, Dublin,
MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.
MESSRS. KELLY and PIET, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 24, 1869.

CHAIRS OF PUBLIC HEALTH.

AMIDST all the lecturing to which students are subjected it is somewhat strange that the subject of Hygiene has not yet been able to attain the dignity which is its due. It is well known that we are by no means advocates of a system of over-lecturing. We have, on more than one occasion, urged that certain subjects should be relegated to the students' preliminary education, and so eliminated from his professional curriculum. Is it not manifest, for example, that Hygiene is far more entitled than Botany to a professoriat in a medical college? Yet Botany has always been compulsory, while Public Health has been ignored. We are not here concerned with the question of compulsory attendance. We do not just now propose to argue whether Botany or any other science should occupy its present place in the curriculum. We are rather wishful to avoid all comparisons, and merely to draw attention to the glaring anomaly that, while all our medical schools profess to afford complete instruction in all branches of a medical education, they have hitherto made no provision for such a subject as the Public Health. We are perfectly aware that this and every branch of State Medicine has been, by many lecturers and others, regarded as comprised in the compulsory attendance on Forensic Medicine. These gentlemen have, therefore, conscientiously devoted from two to six lectures to what they variously call State Medicine, Public Health, or Hygiene. For this they certainly deserve all credit, especially in the smaller schools, where the temptation to negligence on the part of the lecturer is too strongly seconded by the smallness of his class.

Should those who have adopted this plan be encouraged to enlarge it in accordance with the growth of their subject? Should, rather, an additional course of lectures be inaugurated? To these questions directly opposite answers will be given by those who have studied the subject. Those who feel how much the student is burdened by the weight of many lectures will resent the proposal to add another course. Those who desire to see our schools complete will admit the urgency of some decisive steps.

The creation of a Chair of Public Health by University College will bring this question to an early issue, and the committees of the various schools will probably be shortly discussing the propriety of following the example, or of postponing a decision. It is, therefore, a very appropriate time to direct attention to the question. First of all, it should be borne in mind that University College is more than a medical school. It instructs equally in the other faculties, and requires, therefore, a much more complete staff. Completeness is, therefore, to that College an ideal which others do not aspire to. University College, therefore, whatever the changes in her strictly medical compeers, might well retain chairs they could abandon, and, by parity of reasoning, institute others they might omit to add to theirs. Botany, Zoology, and other subjects would naturally be professed at such a college, even though medical colleges omitted them, and examining boards ignored them; further, even though few other than medical students attended them. University College teaches preliminary as well as professional subjects—completely educates for every profession. It may, therefore, as naturally afford a chair for any new subject as it may for classics, mathematics, modern languages, &c. *Per se*, the fact that University College teaches Hygiene is, then, no more an argument for medical colleges erecting such a professorship than that, by force of example, they should teach Latin, especially while this latter is demanded by the examining boards.

There are, of course, many who would like to see Latin and all other needful subjects systematically taught at each of our medical schools, and the appointment of a few tutors in addition to the professors in our schools might really be advantageous to a certain proportion of students. But so long as medical schools remain what they are, there are only a few who would advocate the change. The many feel for the student; they see the lecture system has been too fully relied upon, and dread any addition lest it should be advanced to the compulsory list. In this state of public feeling the advocates of the *status quo* will probably be able to defeat any attempt to multiply the courses, at any rate for the present. Still, the subject of public health is one of great and growing importance, and its devotees will not fail to urge the importance of its recognition. We feel as forcibly as any one that hygiene is properly a part of the instruction of all medical men; and the knowledge of those outside the pale of the profession is so rapidly enlarging on all such questions, that ignorance of them will be sure to lead to loss of confidence on the part of patients. Students may therefore be urged not to neglect the subject of public health, after the manner of those who only desire to get through College and Hall, without caring for the responsibility of practitioners.

On the other hand professors of forensic medicine, to whose subject in reality appertain all the branches of state medicine, may be reminded that hygiene is continually growing in importance, and therefore demands increasing attention. Whether they choose to give state medicine greater prominence in their course, or whether they think well to give a few supplementary lectures—optional for the student—on public health, is of little moment. Either plan would really suffice for all that is at present necessary, and in the transition stage of the curriculum, as it now exists, would easily adapt itself to future exigencies. We are inclined to think that the lecturer on forensic medicine at each school might advantageously give some extra attention to the needs of students in the present day, by making hygiene a more prominent feature in his course; and with a view to this, where extra supplementary lectures are not given, it might be as well to add the words "and public health," after lectures on forensic medicine, in the prospectus of the school.

It will be seen that we fully recognise all that these lecturers have already done, and we can bear personal testimony to the efficiency with which hygiene has been taught by some lecturers on forensic medicine. We could name one or two gentlemen whose courses last year were particularly complete in this respect. We refrain from doing so as we are sure the invidious distinction would prove unwelcome to them, and besides, it is possible that others may have done just as much, although their work did not happen to fall within our personal knowledge. We may say this, however, for the encouragement of any one who needs it, that the subjects under discussion appeared, as far as we can judge, quite as attractive to the majority of students, as any of those usually included under the term forensic medicine. The summer session will soon be upon us. Lecturers have therefore time to make up their minds on the point.

◆

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

Another meeting of the *Comitia Majora* will soon be convened, and we need scarcely add with what anxiety the issue will be awaited by all who desire to see a decided check given to a long career of illiberality on the part of some of the College authorities. Our readers are, doubtless, aware of the manner in which one proposed measure of reform, viz., the mode of election to the Fellowship, has, by a cunning device, been frustrated and, as matters stand at present, reduced to a *minimum* of value.

Such a result, however, might, from bygone experience, have been expected to follow any attempt to induce the College authorities either to modify certain of their bylaws, or even to carry them out in the spirit in which they were originally framed.

In these liberal times it is sad to find that an Institution which can well afford, indeed has every inducement to be less exclusive, "makes no sign," notwithstanding earnest and repeated remonstrance, but still resists just demands; and still more sad to learn that some of the positions of this stronghold of Injustice have not been more resolutely carried; but—

> "Freedom's battle once begun,
> * * * * *
> Tho' baffled oft, is ever won."

It is pretended that the recent liberal proposal to modify the mode of election to the Fellowship might open a door to certain abuses, such, for example, as canvassing or, to use the more technical phrase, "*solicitation*," but whether such an evil would be carried to a greater length than under the existing mode, would form a curious subject for enquiry; at all events, if discovered, it would meet, from the general body of Fellows, with a deservedly stern rebuke. We can quite believe that there are many members of the College and those among the most deserving of election to the Fellowship, who would feel themselves greatly humiliated by a recourse to such unworthy means.

We have always maintained that the Council of the College should no longer be permitted to claim a vested right as regards the secret nomination of Members for the Fellowship.

It is a power too important to be delegated to a small and irresponsible body of men; one, moreover, liable to abuse and (perhaps not without good reason) always open to the suspicion of abuse. All nominations should be made in the presence of the general body of the Fellows, to whom (unlike most other scientific bodies) the merits of the respective nominees would be pretty generally known.

We would fain believe that the injudicious attempt to oppose the progress of reform will be defeated at the coming meeting, and that the liberal section of the Fellows, feeling how useless it is to temporize further, will evince a determination to effect the changes so looked for by the Profession, and so necessary to revive the flagging loyalty of the College Members.

Should such a consummation be effected,—disappointment, at times, there might be—but no cry of injustice would henceforth find echo either within or without the time-honoured hall of the Royal College of Physicians of London.

◆

FEES TO MEDICAL MEN.

If medicine is to maintain its position as a profession, and not a trade, it will be essential that the licence which is accorded to medical men to vary the amount of their honorarium according to the position and circumstances of their patient should remain unchallenged. This power is just the line which separates a profession, in which the fee is an arbitrary remuneration, and the trade in which the sale is effected for a fixed sum to all comers. Wherever the etiquette of the *honorarium* has been suffered to be disregarded, the practices of the profession has lapsed into something little better than open trade, and it behoves the profession, therefore, to stand most fixedly to the point, and discountenance effectually any practices which might tend to its abrogation.

The most obvious argument against an arbitrary fee is the possibility of extortion to which the liberty to fix the amount might give rise; but this is not a difficulty which affects every-day medical practice. If a medical man overcharges a patient, there is no hindrance to the patient relieving himself of the extortionate claim by calling in some other adviser, and the doctor therefore takes care to use carefully his powers of fixing his fee, and to keep well within the line where extortion begins. But where the patient has died, and there are only executors to deal with, past services to assess and no future benefits to forfeit, then is the temptation to overcharging greatest, and it behoves the profession to see that such opportunities are not used to its own derogation.

A Dr. Clarke has recently, by such a procedure, brought himself under the eye of the law, and, as we think, sacrificed the character of the profession for fairness for personal objects. He sued the estate of two wards in Chancery for £310 for attendance on them. Twenty-nine visits, at £1 1s. each, for what is described as a "slight" illness; £289 for attendance, at £1 1s. per visit; two visits to Worthing, at £31 10s. each; three visits to Brighton, at £26 5s. each; and £42 for letters and calls on solicitors in the suit. These are the charges demanded by Dr. Clarke as the fair and moderate remuneration of a general practitioner at Pentonville. Even his own counsel did not offer evidence that the amounts were usual or just, and said that he "would not contend that the whole amount of £310 could be recovered. The guardians had tendered £105 in discharge of the bill. At the conclusion of Dr. Clarke's case, his lordship asked if the tender of £105 was repeated, and being told it was, said that he considered it in excess of what Dr. Clark was entitled to; therefore he should dismiss the summons, with costs from the time of the offer having been first made. His lordship said that he should have disallowed the charges for journeys to the country and have reduced the charges for visits to town, and should have disallowed a lump sum of forty guineas charged for visits to solicitors and other persons interested in the suit. If the arguments of the claimant's counsel prevailed, doctors might make what charges they pleased, according to the fortune of a patient, and it would be necessary to make a special bargain with a doctor before employing him."

We believe we are joined by the entire profession in our opinion that such a claim on the part of one of its members is disreputable, and could not be defended even on the wildest estimation of Dr. Clark's services.

◆

THE SUPPLY OF MEDICINES FOR IRISH DISPENSARY DISTRICTS.

The intentions of the government with reference to the allocation of a portion of the revenues of the disendowed church to the maintenance of skilled nurses for the poor are already shown. We are in the position of announcing that Mr. Gladstone feels strongly the absolute necessity of making some such provision for the requirements of Irish Dispensary Districts, and that without regard to the source from which the funds for the purpose may come, it is very probable that an extensive system of local nursing will receive the energetic support of the ministry. We understand that an official representative has been in communication with Dr. Evory Kennedy, of Dublin, on the subject of trained midwives, and requested that gentleman to submit on paper his views on the subject. This communication which we give *in extenso* below, has been submitted to Mr. Gladstone, who expressed his sense of the importance of the subject and of the facts which Dr. Evory Kennedy has made public. The following is the text of the letter :—

Dear Sir,—I have much pleasure in complying with your wish that I should state my impressions on the subject of a proper general supply of well educated nurses (midwives) in the dispensary districts in this country. In expressing my convictions of the necessity of such a supply I must say that in no department of the poor relief dispensation does there exist so urgent a want, in none are the pressing calls of humanity so neglected. Whilst at the same time the facilities for supplying the want and remedying the neglect are at hand, and easily rendered available.

My occupations have for the last 35 years rendered me but too familiar with the details of the miseries caused by neglect, ignorance and mismanagement amongst the females of the lower orders in the country districts in their labour; some of the worst, most hopeless and most deplorable cases under my own care in hospital and in the several hospitals that I visit as a governor, are due to injuries absolutely inflicted by mismanagement, or occuring necessarily from neglect at this time. Cases, most of which might have been prevented by skilful treatment and proper care. Such are lacerations of the bladder and womb—followed by incontinence of urine for life. Occlusions, displacement and deformities of the organs rendering subsequent capital operations necessary.

These are among the least mischievous results of the want I allude to; as immediate fatality both to mother and offspring are of not unfrequent occurrence from the same cause. Indeed, when we contrast the consequences in many of those cases, that survive their labour, it is a question of little doubt that death would have proved a preferable alternative.

Again, it is an opprobrium to the Poor-law arrangements, however perfect those may be, in other respects, that frequent complaints are made of the neglect of the Dispensary physicians, in his midwifery attendances. We too, frequently find such cases, the subject of investigation by the Poor-law Commissioners; and the cause of grave censure upon the medical attendant, when, the fault lies, perhaps, not so much with the physician as with the imperfection of the system—in other words, from expecting the dispensary doctor to do impossibilities.

With the urgent general engagements of the dispensary physician, it is quite impossible that he should remain sitting by a patient in labour for hours, perhaps days, until interference becomes necessary. If he do so, it must be done to the neglect of his many other, perhaps more urgent engagements. In those dispensaries where competent, instructed, nurse tenders are available, the nurse is sent for on the commencement of the labour, remaining with the patient until its natural termination; or, if interference becomes necessary, she summons the physician at the right moment, when the necessary operations are had recourse to, and the mother and child saved, if possible; and thus mutilations and after misery are prevented by proper interference at the right time.

As it is at present, where no educated nurse tender is available, the physician is either summoned too soon—in which case his other engagements preclude his remaining with the patient—or too late to render the resources of his art available; the deplorable consequences above described occur, and the physician is not unfrequently unfairly accused of neglect.

So much for the necessity for skilled nurse tenders. Now for the facilities that exist for obtaining and utilizing them.

The Poor-law guardians certainly at present possess the power of employing them; but when we recollect that they have possessed it for several years, and that out of the eight or nine hundred dispensary districts in Ireland little more than a fourth are provided with them, it is quite clear the plan of leaving it optional with the guardians to employ dispensary skilled nurses will never accomplish the object. It should on the contrary, be rendered imperative to have at least one well instructed nurse attached to each dispensary; and, when the population and wants of the district require it, more than one.

The expense to the rate-payers might be lessened by making the nurse tender also the care-taker and occupant of the dispensary. The allowances and free house given at present to the housekeeper constituting a portion of the skilled nurse's remuneration; the objection of her absence from the dispensary, on sick calls, being met by the nurse tender always undertaking to have a relative or friend living with her who should attend to these in her absence.

In obtaining a sufficient supply of well qualified nurses, great facilities exist in Dublin. In the great Rotunda Lying-in Hospital, and the Coombe Hospital, both institutions assisted in their support by Government grants, and the governors of both of which institutions facilitate in every way the imparting instruction to both male and female pupils, particularly for attendance on the poor. As it is, the former institution educates annually about sixty female pupils; but this number could easily be doubled, or quadrupled, if necessary; the only difficulty being the finding accommodation for their residence—a difficulty, however, not insuperable, as the Board of Public Works were good enough to express their readiness to grant money to erect an additional building to accommodate female pupils attending the Rotunda Lying-in Hospital.

The governors, two years since, directed their attention to the subject of increasing the facilities for educating female pupils when the fee for admission was lowered by the master in order to induce the Poor-law guardians to send up pupils—an advantage which I regret to state they did not avail themselves of to any considerable extent.

I should perhaps mention that by an old Act of Parliament the Grand Juries in this country exercised a power for many years of presenting a sum of £30, to be applied to the education of each female pupil sent for education to the Rotunda Lying-in Hospital, a power exercised on an extensive scale, but which ceased to be acted upon after the introduction of the Poor-law into this kingdom. In order to show the difficulty, not to say impossibility, of carrying out the supply of skilled nurse tenders to dispensaries on the present permissive plan, I may mention that upwards of two years since I succeeded by great exertion, as an *ex-officio* Poor-law guardian of the union in which my country residence is placed, in getting the sanction of the guardians to the appointment of a nurse to the Clondalkin Dispensary district; but as yet the office remains unfilled up. Nothing but a compulsory law securing the appointment of well educated midwives at all dispensaries will meet the case.

Twenty years since, as a member of the Dublin Cow-pock Institution Directory, I assisted in pressing compulsory vaccination upon the Legislature. It was then scouted; but until adopted the efforts to render vaccination general and check small-pox were futile, whilst the results now fully justify the recommendation.

We may trust that similar success shall not only attend your efforts to meet the deplorable neglect of the poor parturient females in their trying hour; but that your attention having been thus called to the subject of nursing, and its important bearing upon the interests of the lower classes, the other branch of the subject, that of procuring a supply of skilled nurses to superintend the treatment of the sick in the poorhouses and in their own dwellings, may also form a part of any general scheme to be carried out in this country. The testimony of all hospital and dispensary physicians upon the amount to which this system abbreviates disease and suffering, or in other words, lessens mortality, is conclusive, and by consequence reduces mortality. It is only a subject of astonishment that those entrusted with charge of the sick poor do not, from the sordid motives of economy alone, adopt the plan of employing more generally skilled nurses; and thus, by slight increased preliminary outlay, effect a large pecuniary saving.

I have the pleasure to be,
Yours, very faithfully,
(Signed.) EVORY KENNEDY.

EDUCATIONAL REFORM.

THE series of articles on educational reform which we have been publishing in our columns will be continued as soon as possible. The writer has still to treat the medical curriculum in a systematic manner. Up to the present time he has been occupied with laying down general principles, combating objections, criticising the views of others, urging the necessity of corporate reform and reform of the Medical Council in order that the required changes may be effected, and pointing out the facility with which, even under the present system of a number of different licensing bodies, certain much needed improvements may be made in the curriculum, or rather the curricula. There remains for the completion of the series the suggestion of such a curriculum as it would seem advisable for a Medical Council with absolute authority to promulgate as necessary to be passed through by candidates for the minimum qualification which almost all medical reformers desire to see established.

This interval in the series is a favourable opportunity for "A Medical Teacher" and others to criticise the views expressed, and we invite a free discussion.

SCOTLAND.

EDINBURGH.

INFIRMARY SITE.

THE old question of the Infirmary site may perhaps by this time have lost some of its interest to our readers. So much has been said on both sides, reiterated time after time in correspondence in the newspapers, and in speeches and reports at meetings, that it seems impossible to expect that one new suggestion should be made; and we come to the conclusion almost that the authorities will have to decide the matter solely on the *data* they already possess. Still, the subject is one of such grave moment, involving consequences bearing not only upon the outlay more or less of some thousands of pounds, but upon the well-being and recovery to health of thousands upon thousands of the human family in coming years, that we are not surprised to find it awakening week after week the solicitude of all thoughtful minds. The cost involved in the different sites has formed one great point in the discussions which have already taken place; but to us it appears reasonable that the best position for the object in view ought to be chosen even at the additional expense (if it should be so, which is doubtful) of a few thousand pounds. Let that be done, and we feel sure that when all feeling upon the subject has subsided, every one will be satisfied, and be justly proud of an institution well worthy of the great city to which it belongs. We have already referred to the opinions of Professor Syme and Dr. Andrew Wood, both of them authorities whom it would by no means be wise to disregard; to-day we give some quotations from a letter of Dr. James D. Gillespie, Surgeon to the Royal Infirmary. He says:—

"I think it is a great pity that some of the most influential contributors to the Infirmary building fund have not indicated their views regarding the question of site, trusting, I fear, too much to the judgment of the few who have formed a committee with the managers. It appears to me that these gentlemen have allowed themselves to be ruled in the matter by a majority of the Infirmary managers, who, from what has taken place in former years, are not likely to be impartial judges on the merits of the case.

"I cannot understand how there possibly can be two opinions as to the preferable character of Watson's Hospital grounds for the new building. If 'A Contributor' will take the trouble to look at the rival sites as blocked out in the Post-Office Directory map, he cannot fail to see how preferable in every respect the large, unhemmed-in space sloping to the south must be; but if he wants further confirmation, let him stand near the Infirmary dead-house and gaze up at the eight storeys of Drummond street, the only *sunny south* to which the Medical Hospital can look.

"In conclusion, I may add that, as my term of office as ordinary surgeon expires in two years from this date, I have no personal object to gain in my advocacy of a change of site, for ere either plan has been completed, my connection with the Hospital will have ceased; but having now for thirteen years held the responsible position of acting surgeon, and having at a more distant period resided for nearly two years in the building, I can judge of its defects, and I would be sorry indeed to see such a glorious chance thrown away of building a general hospital in such an eminently genial locality as Watson's Hospital, and suited to the requirements of the advanced age in which we live."

EDINBURGH AND GLASGOW PRISON DIETARY.

Mr. Thomson, resident surgeon of the General Prison for Scotland, in the annual report of the managers appointed under the Act of 1860, says that from statements made by the resident surgeon, and other matters falling under our notice, we had reason to believe that, in the Prison of Edinburgh and the Prison of Glasgow, male convicts under sentence of penal servitude did not receive the dietary prescribed by the rules adopted and issued by the Secretary of State for the Home Department.

After discussing the matter with Dr. Christison, who concurred in his conclusions, he states them briefly as follows :—

1. That the scale of dietary substituted in Glasgow Prison for that sanctioned by the Secretary of State appears to be inadequate in its alimentation, and has been attended by several severe cases of disease of a scrofulous nature.
2. That the scale of dietary substituted in the Edinburgh Prison, although in a less degree than that of Glasgow, has been followed by a somewhat reduced physical condition of the male convicts in some cases of disease ; and looking at its defect in the article of meat, in my opinion would prove unsatisfactory for male convicts.
3. That the reasons offered by the County Board of Edinburgh Prison do not, in the opinion of Dr. Christison and myself, justify a departure from the scale of dietary, No. VII. of the Dietary Rules, sanctioned by Sir George Grey on 1st May, 1866, for male convicts.

ST. ANDREWS.

Mr. Froude was installed as Rector of this University on Friday last. The ceremony was performed in the upper hall of the University Library, Principal Tulloch presiding. There was a large attendance. Principal Tulloch referred to the distinguished position Mr. Froude occupied as a man of letters and historian, and alluded especially to his works on the Reformation. He said the University was proud to enrol such a name on its list of honorary graduates. The degree of Doctor of Laws was then conferred on Mr. Froude, and he was invested in his robes of office as Rector amid loud cheers. Dr. Froude then delivered an address to the students, in which he referred to the Reformation in Scotland, the questions of education, University training, &c.

His Grace the Duke of Portland has appointed Dr. Auld, Classical Master in the Madras College, to the Chair of Humanity in the United College of St. Leonard and St. Salvator, St. Andrews.

Notes on Current Topics.

A Royal Academy of Medicine.

Our readers are aware that for a long time a Committee of the Royal Medico-Chirurgical Society has been busy with a scheme for creating an Academy of Medicine by the amalgamation of the societies that divide too much the attention of medical men. It does seem strange, certainly, that up to the present time we have no such institution as an Academy. It is an illustration of the want of union that has always characterised British medicine. A definite proposal has at length been agreed upon. The Committee recommend the Society to change its name, and to group round it, as sections, the Clinical, Pathological, Epidemiological, Obstetrical, and Psychological Societies, by admitting their Fellows and Members as original Fellows of the Academy on their payments being made equal to those of existing Fellows of the Medico-Chirurgical Society. It is possible this plan, with some modifications, may ultimately be accepted, and Mr. Solly's wish become accomplished. The Societies named may easily consent to such an arrangement ; but there are other Societies, and we should like to know whether, as a whole, they would not consent to the terms of the promoters, if the Academy would be prepared to extend to individual Fellows similar inducements. Certainly, when the youngest Society, with no claim at all, is thus treated, Fellows of older associations should, as individuals, be invited to become original Fellows of the new Academy. Nothing can be more desirable than that the new Academy, if instituted, should have the universal support and confidence of the profession, and we therefore hope that the scheme may be so revised as to give it a decidedly wider basis. The scheme as submitted by the Committee, which is too long to be introduced into this article, could easily be amended in the sense we have indicated.

The Pharmacopœia.

A reprint of the British Pharmacopœia is in the press, and will be issued before long. In two years 18,000 of the 20,000 copies printed have been sold, and the demand is still active. We believe that no revision, beyond the correction of typographical errors, will be made in the forthcoming issue, which will thus not be a new edition, but simply a reprint.

Peroxide of Hydrogen.

M. Stohr, Assistant Physician at Würsbourg, has published a series of researches to prove that oxygenated water, or peroxide of hydrogen, applied for a long period to soft chancres reduce the period of healing by one-half. At the same time, this liquid takes from chancrous matter the property of inoculation, and consequently deprives the chancre of all its specific characteristics. Occasionally it is essential, in order to obtain the latter result, to apply a large quantity of concentrated water; for the author has satisfied himself that it requires ten parts of the agent to neutralise one part of chancrous pus in order to deprive it of infecting power.

The same remedy has given marvellous results in cases of diphtheritic ulceration after other remedies have completely failed. The contagious character of diphtheria seem annihilated by the oxygenated water, which, however, is not to be regarded as a caustic, properly so-called, for it does not destroy tissues, but acts rather on the liquids of the parenchyma, the serosity of the blood, and pus.

Locality of Disease.

The influences of locality on disease, and notably on heart affections, dropsy, and cancer, were brought last year under the notice of the Health Section of the Social Congress and of the Medical Society of London, by Mr. Arthur Haviland, in two communications, which, we understand, will shortly be published in abstract. In his investigations on the subject of heart disease the author had fallen upon a fact, the converse of what he had anticipated, that the mortality from that disease was greater in the inland counties than on the sea coast; and not only that, but that the bi-diurnal change of air from the efflux and influx of the tide was a very powerful element in reducing the mortality. In other words, the death-rate was always less in the estuary of a river than in a flat country.

Mr. Haviland's investigations into the geographical distribution of cancer are equally interesting. The result of his comparison of registration statistics is, that he finds the mountainous districts of Wales, and the north and south-east of England, are peculiarly free from excessive mortality of this disease, while the localities of greatest mortality are observed to surround the great rivers after their full formation, and the low-lying valley lands.

The great distinction, however, between the distribution of heart disease and cancer is to be found in the fact that the valleys in which are the *sources* of our rivers are the especial haunts of heart disease and rheumatism; whereas, we have seen that these elevated valleys are everywhere characterised by a low mortality from cancer. Phthisis was shown to have a geographical distribution almost the reverse of cancer. There can be no doubt that, as a rule, cancer is very fatal in towns, but not more so than in the country, and certainly not in proportion to density of population.

Whatever *sequitur* is to be deduced from Mr. Haviland's facts, the investigation is equally interesting and valuable, and by directing attention to peculiar characteristics of locality, will go far towards elucidating the etiology of these diseases.

City of London Hospital for Diseases of the Chest, Victoria Park.

THE twenty-first anniversary festival of this hospital was held on Wednesday, March 17th, at the London Tavern, under the presidency of Lord George Hamilton, M.P.

There was a large gathering of the friends and supporters of the institution, and the noble Chairman made a very happy and productive appeal on behalf of the hospital, resulting in subscriptions and donations to the total amount of £3,800. It appears that the district of Bethnal Green, where the hospital is situate, contributed £500 towards the above-named sum, showing how highly the institution is valued by the working men's clubs, as well as by the great business firms, in the neighbourhood.

The medical report showed that there had been 664 in-patients during the past year, and 14,996 out-patients. At present the Victoria Park Hospital makes up 120 beds, for which there seem to be always a crowd of applicants. The completion of the hospital, by the erection of the other wing, will materially add to its capacity for receiving more in-patients into the wards.

Among those present at the dinner were the Treasurer, Mr. Tucker; the Sheriffs of London and Middlesex; and of the medical staff, Dr. Risdon Bennett, Dr. Birkett, Dr. Andrew, and Dr. Thorowgood. The toast of the "Medical Officers," proposed in a short but expressive speech by John Williams, Esq., V.P., was responded to by Dr. Andrew.

Sir Patrick Dun's Hospital.

THE meeting of medical officers of clinical hospitals in Dublin, to which we alluded in our last, took place on March 16, at the Royal College of Surgeons in Ireland. It was convened by a circular signed by an influential representative of every clinical hospital in Dublin, with the exception of Sir Patrick Dun's, and was largely attended. As our readers will recollect, its object was to take such steps as might be approved to have the restriction annulled which obliges candidates for the degrees and licenses of the University of Dublin to attend at Sir Patrick Dun's, in preference to any other hospital. The chair was occupied by Mr. W. Colles, surgeon to Steevens' Hospital, and secretary of the Royal College of Surgeons. In opening the meeting, the chairman entered on a brief explanation of its objects, and of the history of the restriction which was felt to be an injustice.

Dr. Benson, Professor of Practical Medicine in the Royal College of Surgeons, proposed:—"That the regulation of the University of Dublin which obliges candidates for its degrees and licenses in medicine and surgery to produce certificates of nine months' attendance on Sir Patrick Dun's Hospital, being calculated to restrict the free choice of students in respect of their hospital attendance, ought to be annulled."

This resolution was seconded by Mr. Stapleton, surgeon to Jervis street Hospital, and was unanimously passed.

It was then proposed by Dr. Head, physician to the Adelaide Hospital, and seconded by Dr. Gordon, physician to the Whitworth Hospital:—"That a memorial to the provost and senior fellows of Trinity College be prepared, requesting them to take into their consideration the regulations in respect of the hospital attendance required for the degrees of the University."

Mr. Tufnell, surgeon to the City of Dublin Hospital, proposed, and Mr. Fleming, surgeon to Steevens' Hospital, seconded, the appointment of a sub-committee to prepare the memorial, and the meeting adjourned.

A very strong feeling on the subject to which this meeting devoted itself exists in the mind of the members of the profession in Dublin, and it is believed that the temperate suggestions of the influential persons who have expressed themselves on the subject will receive every favourable consideration from the University authorities.

Scientific Lectures at the Royal Dublin Society.

PROFESSOR GALBRAITH delivered, on Saturday last, a most interesting lecture, the first of a series, having chosen the subject of the metric system of weights and measures. The next lecture, by Dr. Mapother, on the wonders of the circulation, will take place on Saturday next, at four o'clock, when the spectroscopic appearances of blood, the new colour test, and the circulation in the frog's web, by the oxy-hydrogen light, will be shown.

Fees to Medical Witnesses in Ireland.

AT length our Irish readers may indulge the anticipation that the condition of the law which left the profession hitherto at the mercy of attorneys in the matter of fees for expert evidence is likely to be amended before long. The Common Law Procedure Act, which was brought in last year by Mr. Chatterton, then Attorney-General for Ireland, contained a clause empowering the judge to fix remuneration for evidence when he shall think fit. Hitherto no such power had existed, and unless the medical witness had previously pledged the attorney on whose *subpœna* he appeared to some certain payment, he was entirely dependent on his good feelings whether he received anything at all. In point of fact, medical men were often summoned to give evidence, and kept waiting from day to day, and afterwards received nothing but a shilling for their trouble. Mr. Chatterton's Bill was pushed aside last year, with a legion of other useful measures which suffered asphyxiation at the hands of the Irish Church resolutions. It has been re-introduced this year, and will, we trust, make a more conclusive progress through Parliament. If it should pass, it will, of course, effect nothing more than the conferring of arbitrative power on the judges, who have, however, never hesitated about making a fair return for legal services in their courts.

The Cantor Lectures on Food.

WE are informed by the *Philadelphia Medical and Surgical Reporter* that Messrs. Townsend and Adams, a firm of well known American publishers, have in the press a reprint of Dr. Letheby's very interesting and valuable Cantor Lectures on Food, delivered before the Society of Arts, and published originally in the MEDICAL PRESS AND CIRCULAR. These lectures were afterwards copied into the *Chemical News*, and have now found their way across the Atlantic. Professor Seely has written the prefatory observations, and such annotations as he considers that the lectures may require.

The next Army Examination.

WE learn, on good official authority, that the probability of admission to the Army Medical Service is very remote. August 1870 is named as the earliest period at which it is probable that a competitive examination may be held, and as it is improbable that many of the present expectant candidates would be disposed to postpone their entrance into the practice of their profession for a year and a half, we anticipate that there will be many seekers for vacant medical offices.

The Contagion of Consumption.

M. CHAUVEAU, Professor in the Lyons Veterniary School, continues preseveringly his researches on the Contagiosity of Tuberculosis. He has of late selected the intestinal surface as the field for his investigations, and through it by introducing tuberculous matter into the circulatory current he has produced at will general tubercle. The *Union Médicale* reports that he lately purchased four handsome heifers, and he tuberculised three of them by causing them to swallow 30 grammes, each of tuberculous matter taken from the body of an old phthisical cow. The rapidity of the result was extraordinary. At the end of twenty days the first heifer had lost flesh to a surprising extent, its pulse was quick and full, and it coughed incessantly. At the end of fifty-two days it was killed, and it presented perfectly marked tuberculous lesions situated especially about the mesentery and intestine. The mesenteric grands presented infiltration in so high a degree that many were of the size of the first. Their total mass weighed 1,650 grammes. All the ganglia of the bronchi and mediastinum were enlarged, and the lung was full of crude tubercle. The other two heifers presented not less perfectly marked alterations, while the fourth, to whom none of the tuberculous matter had been administered, remained intact and increased in flesh.

It is proved, therefore, that animals of the bovine species contract tuberculosis by digestive ingestion, just as they take carbuncle and cowpock, as sheep take the rot, as the horse takes glanders, and as man takes small-pox. The human digestive tube constitutes an easy channel for tuberculous contagion. If bovine phthisis be identical with tuberculosis in the human species, there is, in the use of the flesh of tuberculous animals, a danger to which the poor are more especially exposed.

Poisoning by Arnica.

A CASE occurring in a woman of 33 years of age, is reported in *Schmidt's Iahrbücher*. She had drunk two glasses of infusion made from a large handful of the leaves. The symptoms of poisoning lasted seven days, and the patient was not quite well till the 12th. The prominent symptoms were violent vomiting, intense headache, choleriform diarrhœa, with very severe gastro-intestinal colic, followed by collapse, cold extremities, and remarkable depression of the pulse. The treatment consisted principally of the use of extract of thebaine and of morphine.

New Fungus in Cattle Fever.

DR. PURDON, of Belfast, favours us with an extract from a letter of Professor James Law, of Cornell University, in America, in which he announces the discovery of a new fungus found in the blood and bile of Texan cattle, after death. They appear first as groups of clear refrangent spores, unstained by bile, which presents a marked contrast to the common yellowish germ elements of the bile. They, after a few days' cultivation, enlarge, and show a tendency to elongate, if not to form a mycelium. The fungus is suppposed to resemble very closely the *cryptococus guttatus* of Hallur, and may prove to be identical with it. The blood globules of the animals have a tendency to rapid disintegration, and the addition of the bile to healthy blood induces a rapid breaking up of the blood particles, though of course it is impossible, without further investigation, to say whether or not this is caused by the cryptogam.

The Midwifery Diploma of the London College of Surgeons.

A MOST important reform has been proposed at the London College of Surgeons—viz., that midwifery should be included in the examination for the membership. This will lead to the suppression of the diploma L.M., which is certainly a step in the right direction. The profession is indebted for this proposition to Mr. Curling, whose position in the council of the college, in the profession, and at the London hospital must secure for him the attention that might have been denied to reformers of less renown. Nothing can give the younger members of the profession more hope and more pleasure than to see gentlemen who have achieved the highest honours, and hold them so worthily and withal so modestly, thus concern themselves with the subjects that all medical reformers have so much at heart. We hail Mr. Curling as one of the natural leaders of medical reformers.

Mr. Adams.

THE retirement of Mr. John Adams from the post of Senior Surgeon to the London Hospital, and his election to the Consulting Surgeoncy, demand a notice from us.

We noticed a few months ago, that this distinguished surgeon and teacher—the oldest professor of anatomy in the metropolis, if not in the kingdom—had resigned his chair (of anatomy) in the college attached to the hospital. After very many years of active and faithful service, we now see him accepting the *otium cum dignitate* of the consultancy. We recently printed the first lecture of his successor in the chair—Mr. Walter Rivington—whose tribute to his predecessor fully justified all we had said of him. We would also refer to some of Mr. Adams's clinical lectures published in our pages last year. They exemplify alike his zeal as a surgeon and a teacher. We desire once more to express our thanks for the many lessons for which we are indebted to Mr. Adams, and our sincere wishes that he may long live to give his valuable advice to those who will continue to call him into consultation.

Miss Nightingale on Pauperism.

The "Note on Pauperism" which has been so freely advertised as the attraction of *Frasers' Magazine* like all from the pen of that estimable lady will be read with interest. Miss Nightingale would send all sick paupers to hospitals—which we really *profess* to do. Then the children she would distribute throughout the country as boarders, with people who would bring them up to labour. This seems to us the weak part of the plan, for it would barely be possible to find honest, well-to-do, sensible, industrious labourers in numbers sufficient—nor could they be trusted to do their part fairly by the children, and any plan of inspection would be both difficult and expensive. School is far better for both boys and girls than the chance of being drudges to ignorant or drunken or cruel task masters.

As to the others—adult paupers, having taught them how to work, and where there is a scope for labour, Miss Nightingale would organize them into colonies, and settle them on wild lands—say in Australia. So far good, but how to get them there? Are we to compel them to emigrate? If so, would not some call it transportation?—An ugly wind that might destroy the whole scheme. Many industrious men would only be too glad of the chance to emigrate, and we know of no better use to put charity to, than to encourage this palliative of our social cancer. But after all, the mass of paupers belong to a different order, and we fear nothing but hunger, or the iron hand of the law, compulsorily driving them from their haunts will change their habits, and transform them into workers instead of drones.

The Weather.

March storms are not over, if we are to credit the predictions of Karl Balla. That meteorologist prophesied on the 24th February the storms that have swept over England and France already this month. In a letter dated from the neighbourhood of Pesth, he foretold that the storms would begin on the 11th, and be felt in various parts on the 12th, 13th, 14th, and 15th days. Then they would subside for a time and break out afresh. Finally, he says, a new series, more violent, will sweep the English coast and a large part of France. The Bay of Biscay, the Mediterranean, and the Grecian Archipelago, will all feel them. The Channel, however, is to be the centre, and this series is to rage from the 20th to the 27th, at intervals, coming to the greatest height on the 27th, after which it will subside. We have not had the opportunity of remarking the accuracy of the former part of this prophesy, but as to the latter part, stormy weather most certainly set in on the 20th. We shall wait for the 27th to see if his prophesy is true to the letter.

Hodson v. Harrison.

On Friday last, the Court at Cheltenham was occupied in hearing the appeal case granted to Mr. Sims Reeves in the trial Hodson *v.* Harrison. The principal witness, Dr. H. W. Rumsey, who was unable to appear when the case first came before the magistrates, now gave evidence on behalf of the defendant. He stated that when called in to see Mr. Reeves, he found his throat much relaxed and congested, with a want of tone in the action of the heart, and suffering from general debility of the system. He prescribed remedies for him, which he hoped might give relief, but from the first he had grave doubts as to the ability of the defendant to fulfil his engagement that evening. This proved unfortunately to be the case, although the treatment adopted had so beneficial an effect that he was enabled to sing the following night at Worcester. After the evidence of Dr. Rumsey, the Judge ordered the remission of the fine inflicted at the former trial, adding, that had he been in possession of the valuable evidence now adduced, he should not have convicted the defendant.

The governors of the London Hospital held a meeting on the 16th inst., at which they appointed Mr. Maunder to the office of surgeon to the hospital.

Dr. T. Fox has obtained the appointment to the Skin Department at University College, vacant by the decease of Dr. Hillier. This will create a vacancy in the same department at Charing-cross Hospital.

The Birmingham branch of the Association for the extension of the Contagious Diseases' Act held a meeting lately. The general feeling was in favour of carrying out the provisions of the Act.

Mr. H. Pitman was charged at the County Police Court, Strangeways, with having contravened the Vaccination Act. He had a conscientious objection he said to compulsory vaccination. He paid the fine of 20s. and costs.

By the will of J. G. Frith, Esq., J.P., the "Dreadnought" Hospital Ship receives a legacy of £500; the Middlesex Hospital, £500; St. Mary's Hospital, £500; St. Mark's Hospital, £150; Royal Hospital for Incurables, £200; Hospital for Sick Children, £200; London Fever Hospital £200.

The murderess, Montauban, about whom certain newspapers in London have been so violently screeching during the past few weeks, has been found guilty, with extenuating circumstances, of drowning nine infants in boiling water, of abortion, and other crimes, and sentenced to the galleys for life. In the name of Justice, we should like to be informed what were the extenuating circumstances upon which a French jury based its recommendation for the clemency of the tribunal towards such a wretch.

THE Leeds magistrates have investigated the charge brought against Richard Atkinson, a person of independent means, of having caused the death of a widow by applying a plaster of arsenic mixed up with acorns, buttercups, and other simples. An inquest had been held, and the jury returned an open verdict. After carefully considering the case, the magistrates decided to dismiss the charge.

BY latest telegrams we learn that His Imperial Majesty, the Emperor of the French, has so far recovered from his serious illness—a cold which he caught while witnessing some gas experiments, and which set Paris in a fever of excitement on Saturday last—that he is able to resume his ordinary avocations. We are therefore happy to record the subsidence of the latest "storm in a tea-pot."

MR. ERASMUS WILSON has munificently presented to the London College of Surgeons the sum of £5,000 to endow a Professorship of Dermatology—the branch of our Art to which he has devoted his life and which he has done more than anyone living to advance. The professorship is not to be confined to Fellows of the College thus benefited, but with true liberality is to be conferred on the best man whatever his legal qualifications.

A SOCIETY is in process of organization at Shorncliffe, through the initiation of Dr. Alfred Clarke, and other medical men resident in the district, which will be known as the Army Medico-Chirurgical Society. Deputy Inspector-General Mure has accepted the presidency, and the association will shortly inaugurate its first meeting, under very favourable auspices, and promises of co-operation from influential quarters.

AT a meeting of the Governors of Worcester Infirmary relative to the death of Thomas Price through the negligence of the dispenser, it was agreed to omit the clause in the report of the special committee recommending the prosecution of Harding. The feeling was that there was great want of discipline in the general management of the institution, and that a special committee should be appointed to inquire into the state of things.

IT may be seen, on reference to our advertizing columns, that Mr. Squire has just cleared from the press a second edition of *The Hospital Pharmacopœias of London.* The author has been indefatigable in his efforts to obtain all the necessary matter to make this volume as useful and as popular as his other work, entitled *Squire's Companion to the British Pharmacopœia,* of which we are shortly promised the seventh edition. The Profession is greatly indebted to Mr. Squire for the care and labour he has bestowed upon the works before us, and of which we have so often spoken in praise.

WE learn with satisfaction that the entire body of Assistant-Surgeons, who had passed the promotion examination at the end of their service at Netley Hospital, have been gazetted to the service.

They are thus at least relieved from the apprehension of being dismissed from the service altogether as they might be, under the operation of the reduction craze, if they had remained simply in the condition of past candidates. We believe that it is not known when they may probably be called into service, but as they are now on full pay that interval of idleness will probably be a short one.

A VERY interesting application of chemistry to the arts was exhibited recently at the Dublin Chemical Club, and subsequently at the Conversazione of the President of the College of Physicians. It has been found that one of the products of fermentation in ale and porter can be effectually replaced by the addition of grape sugar to the liquor, and for this purpose grape sugar is now being manufactured very largely from starch for the use of brewers and extensively imported. The objects achieved by the use of the grape sugar are justly a very considerable saving of the malt, and, as may be anticipated, a considerable reduction in price of malt liquors; and secondly, an increased capacity for keeping in the liquor made with grape sugar, which will make it peculiarly suited to foreign consumption and the export trade, and will obviate the very serious waste which now accrues from the spoiling of the liquor.

◆

Correspondence.

SUGGESTIONS IN MEDICINE.—No. II.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—My next suggestion, or rather series of suggestions, is with respect to—

PHTHISIS PULMONALIS, OR CONSUMPTION.

This wide-spread malady, the endemic plague of the English people, and reproach of physicians, claims all attention. It is true every respect has been paid to it of late years, especially in this country. In fact, there has been talent of such high order employed in the investigation of its nature, and men of such consummate tact and ability engaged in its treatment, that it may appear presumptuous in any ordinary mortal even to approach the subject. But what member of the profession, however humble, has not had cases under his care? Who has not observed its ravages among the noblest and most amiable of his species, and how often it has filled the tomb with youth and genius? He must be a poor philanthropist indeed, who could mark all this unmoved, and not wish that a happy thought might strike him—that, like certain idiots, he might be temporarily inspired—so that through him this saddening evil might be lessened or destroyed. In this way I have often ruminated, perhaps to little purpose; but I now communicate the result of my reflections, and will hope that, as my notions are original, some of them at least may be practically useful. In general terms I will state the high problem to be solved.

By pathologists, tuberculosis is regarded as a constitutional, or blood disease; and such undoubtedly it is. It pervades the whole system. Believed to depend on some obscure arrest or perversion of assimilation, matter very slightly if at all organised is deposited in various tissues of the body, giving rise to more or less disturbance of the functions. When seated in the lungs, it is called tubercle, and is the *fons et origo* of the disease under consideration. Physicians seem now to agree in regarding this deposit as dependent on that bad habit of the system, by which the fatty matter contained in food is not assimilated in sufficient quantity to meet the waste occasioned by respiration. Hence, the now almost universal practice of trying to rectify this faulty nutrition by the administration of oily matters in some form easy of digestion. Yet why the non-assimilation of fat should cause this tuberculous deposit is by no means made clear. It is stated merely as the fact.

Pulmonary tubercle is usually at first of the consistence of cheese, and is deposited in the air-cells and minute bronchi, as well as in the inter-cellular structure. Of this I am assured by repeated microscopical observation. The upper lobes are most frequently affected at the beginning; but tubercle may, and often does, prevail throughout the entire viscus. In some rare cases it is confined to one side of the thorax—to affect one lung solely. In this stage it must derange the health by obstruction or occlusion of the vessels and prevention of aëration—hence difficulty of breathing and loss of strength. Impeding the circulation there is more or less hæmoptysis, probably depending more on exudation than rupture of the vessels. After a time, if the disease progresses, softening of the tubercles takes place; the cheesy is converted into a creamy matter, erosion and ulceration of the cellular structure, attended with great constitutional irritation, ensue. The lung is then studded with abscesses, technically called "vomicæ," of various sizes, until at length the viscera are completely spoiled and unfitted for their office. Thus the patient sinks from the effects of constitutional irritation, exhaustive discharges, and insufficient aëration of the blood. Of course these various changes are attended with a variety of other symptoms unnecessary to describe. But one of the most remarkable and interesting phenomena is the little change apparent to the ordinary observer previous to dissolution. Friends are deceived into hope when all is hopeless. A bloom of apparent health, and certainly of beauty, often pervades the hectic cheek, that, like the varied coloured tints on the crumbling ruin, charm the eye and wrap the departing spirit in a cloud of glory. Another characteristic may be generally observed. Whether due to the exhausting nature of the complaint, or the absence of exciting material in the blood, the consumptive patient generally displays such patience and amiability that he wins completely the hearts of those around. On these accounts the victim of phthisis is regarded with especial interest, and, while deploring his untimely fate, the wish returns with redoubled energy that a check could be given to the fell destroyer.

The symptomatology and diagnosis of this complaint are as perfect almost as could be desired. Auscultation and percussion are wonderful methods of research; albeit few of the present day could do as much with the stethoscope, or foretell the hour of death by its means, so well as did the great Laennec. Yet it is a clumsy instrument after all. Numerous little changes have been made in its form, and some in the material. Still a return is made almost to the original model—a rigid wooden tube enlarged at the extremities. That physicians are able to effect so much with such primitive means, only shows the tact that arises from the education of the ear. In use it looks awkward and barbaric in the extreme. The ends must be applied flatly both to the ear and to the body of the patient, or the effect is *nil*. Hence, when the sufferer is in bed, the doctor has to place himself in the most singular postures, with a hand at each extremity of the instrument, and his head turned away from the patient. Or he kneels and twists his body by the bedside in a way painful to behold.

The flexible metallic tube of some operators appears a degree better, but still has the disadvantage of needing the constant employment of both hands while in use, and a bag to hold it in afterwards. Now what I would respectfully suggest is this. Let an instrument be constructed by which both ears, if they are sound, may be employed, and one hand at least be at liberty. Moreover, let the auscultator be enabled to look straight before him to see what he is about. Now, I believe all these desiderata might be effected in this wise. A band of stiff leather made to fit the head tightly—either open at the top or in the form of a smoking cap—would have affixed to it a couple of flexible auscultatory tubes with bell-shaped extremities. It will be obvious that this could be readily adjusted to the ears, and that the hand directed by the eye could commodiously adapt an orifice to any part of the patient's chest. Or, when it became necessary to examine both sides for the purpose of comparison, a tube could be applied to each at the same moment and the resultant sounds investigated. There is no necessity to have this head-gear unsightly or inconvenient for portage. Lightness and elegance could be consulted, and the whole stowed away within an ordinary hat.

If a small sounding board and hammer could be connected with this acoustic tube, great advantage would result apparently. At present, percussion with the fingers, by which the sound travels to the ear through a long space of atmosphere, seems extremely mechanical and unscientific. It is quite true that great results are effected by such means, and those who are educated to its use seem quite satisfied. Still the objection remains. Is there not a probability that greater results would be obtained if the appliances were more perfect?

Now we come to the most important department of our theme—namely, the treatment of consumption. And here I am prepared to offer several suggestions, which may or may not be of value, although I fondly cherish the hope that they will sooner or later prove so. Time alone can show. Many a proposition made in all faith and sincerity has been scouted, laughed at, and ridiculed, that has eventually been adopted with advantage. The history of discovery shows this. So I am prepared to receive the blows of martyrdom, and cry, "Strike, but Hear."

In the first place, the question arises—Is consumption of the lungs curable? The quack answers, "Yes," boldly, and deludes the patient and his friends. The conscientious physician devoted to this department answers, "Yes," also, although with a little more caution and reserve. But does he carry out this assertion? Assuredly not, I reply. Yet I have no wish to depreciate the value of the modern treatment, climateric, hygienic, dietetic, and so forth, employed by the regular practitioner; or the great service rendered by cod-liver oil and its cogeners. Doubtless they are often extremely beneficial; though merely to delay the fatal hour—to arrest for a time the hand of the great destroyer. But some would here exclaim: "What do you want more? We must all succumb to death sooner or later." Certainly we must. What I wish to state is, that the phthisical patient generally dies from phthisis in despite of all treatment. The hour comes when the vaunted specifics lose their power or cannot be employed, and the sufferer sinks into a premature grave. Exceptional cases prove this rule.

If any real impression had been made on this scourge of Englishmen, would not the statistics show it? Would not the number of deaths put down to this cause be lowered? Assuredly. All educated practitioners are acquainted with the most approved modern remedies, and employ them continually. Yet the bills of mortality still show a fearful list of deaths from consumption. The percentage, I imagine, is but slightly altered. In the face of this fact I think it is absurd to say that phthisis is cured in these days, that the remedial means in use are all-sufficient. They are not so.

Yet I should be sorry to be misunderstood on this point. I consider the fish oils, &c., extremely valuable; but merely as adjuvants. The real curative means are yet to be made known and applied. Modern research would seem to point in the direction of hygiene.

If I, as an individual, were asked whether I consider this complaint past remedy—that it never will be curable—I should answer, "Certainly not." Nature herself proves the contrary. Cicatrices of old vomicæ, scars of abscesses of the lung that had healed spontaneously—that is, by the *vis medicatrix naturæ* unaided—are, as is well known, repeatedly found in the bodies of those who have died from other causes. These show incontestibly that a cure may be effected, although the *modus operandi* is not understood. It is a problem difficult of solution, but that it will be solved some day we have every right to expect.

Under these circumstances the following suggestions are offered. It is useless proceeding in the same beaten track, running in the same groove, for ever. Radical changes when needed are made in every department, and often with manifest advantage. Why should medicine be exempted? It is true, life—human life—is the stake to be played for, and caution should be employed. But if this same life be already almost doomed, surely a bold cast may be hazarded for its redemption.

Your obedient servant,

Bath, Feb. 1869. TOOGOOD DOWNING, M.D.

(To be continued.)

◆

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—My attention has been directed to an interesting article on a Congenital Malformation of the Œsophagus, described by Mr. Annandale in the last number of the MEDICAL PRESS, and to the fact that a preparation of a similar case is in the Museum of this College. The preparation alluded to has been in the Museum for the last forty years, and is still in a good state of preservation, and exhibits the almost exact relations of parts so well described by Mr. Annandale. A full account of it will be found in the fifth volume of the "Dublin Hospital Reports," a work replete with the best information on medical subjects. Dr. Houston there figures and describes this case as having occurred while he was Curator of the Museum of the College.

Yours faithfully,

JOHN BARKER, M.D., Curator.

◆

PRACTICE *v.* DIPLOMAS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—At present there appears to be a very slack enforcement of the law in regard to those assuming medical degrees which they do not possess, as I can name several who, relying on the unwillingness of medical men to prosecute, boldly affix M.D. or Surgeon to their names.

Would you believe that a gentleman could be so far lost to all promptings of honour and integrity, as to solicit a testimonial from an eminent M.D., who took him at his word, and stated that he was a Licentiate of a Royal College, who deny, on inquiry, that any such person ever obtained their diploma?

I would feel obliged to any gentleman who would give me information on the following case, as to how the hero could be brought to a sense of duty and a knowledge of his proper position:—

A *Friendly Society* in Dublin was lately competed for, and a Mr. D— was elected. Now this gentleman is registered as a Licentiate of the Apothecaries' Hall, Dublin (though proposing himself as a surgeon). Again, he calls himself Doctor on his time-cards, and emblazons his window screens with Doctor D—, Surgeon, in four-inch gold letters; yet modestly styles himself as Apothecary and Accoucheur on his bottle labels. He does not hold any surgical diploma. Is he not liable to prosecution on two charges? For holding the appointment of surgeon to a friendly society, and taking the title of Surgeon unlawfully?

Now-a-days, that quackery *outside* the profession shares deservedly a large portion of our resentment, and defies, under existing legislation, a severe punishment or just suppression, we ought to be doubly cautious of quacks within our own sphere, who, either by advertisement or assumption of degrees, seek to mislead the public.

Hoping you will give this early insertion,

I am, &c.,

March 18, 1869. JAMES DUNNE, M.R.C.S.

[Our correspondent has to thank the Medical Act for putting such offences as these beyond the reach of legal suppression. Without doubt it is a false pretence for any person to call himself Surgeon or Doctor who is neither one or the other, but, as far as the law declares, an L.A.H. is as competent to accept and enjoy any professional appointment as any Doctor, Fellow, Physician, or Licentiate.]

◆

Literature.

A DICTIONARY OF MATERIA MEDICA AND THERAPEUTICS.

By Adolphe Wahltuch, M.D., L.R.C.P. Lond.

TRULY this is the age of book-making. Every man must needs be an author; and medical literature teems with its countless aspirants to fame. We fear the press are in some degree to blame for this, as there seems to be less of that impartial criticism applied to medical literature than to that which aspires to notice in the various Quarterlies and Reviews where the chaff is winnowed from the grain. However, in the present instance, we shall not fail to do our duty as impartial critics.

Our author wishes to guard against being thought to cater for the notice of the unlearned public, and therefore he tells us that his work is intended "as a book of reference for the busy practitioner, whose memory may now and then require assistance, or who may wish to be guided in difficult cases by the formulas of others."

Now we think that if the "busy practitioner's" memory fail respecting doses and the most ordinary therapeutic and physiological actions of drugs, he would at least prefer a more portable volume than that which Dr. Wahltuch has presented him with, which is larger and heavier than the British Pharmacopœia.

We cannot see anything to recommend the tabular form in a work on materia medica where the object is minute detail for reference, as with a good index there can be no delay in acquiring this information from any good book on the subject. On the contrary, the tabular form excludes all that minute detail respecting the conditions which modify the dose and action of drugs, without which it is impossible for any scientific physician to write a rational prescription.

There is an old saying that "what is one man's food is another's poison," and while Dr. Wahltuch recognizes the truth of this as regards the empiric use of formulæ, he does not hesitate to encourage the malpractice by grouping together the formulæ of practitioners in countries where the officinal preparations prescribed are totally unlike in strength, colour, composition, &c. In fact, some of these formulæ become absurd when regarded as compounded according to the British Pharmacopœia. How different, for example, would the formulæ of Paris, Trousseau, Still, Oesterlen, and Kummerfeld be, when compounded according to our codex, from that which were intended to be used; nor are the formula of our own well known writers, Copland, Christison, and Neligan, any guide to the physician of 1869; this will best appear from the perusal of the following prescription (No. 474, p. 180) said to be Neligan's:—

℞ Linimenti Belladonnæ, ℥viij;
Tincturæ Belladonnæ, ʒij;
Fiat linimentum sæpe utendum.

Now, what rational man would think of adding two drachms of a weak preparation like the tincture to 8 oz. of such a strong saturated formula as the liniment of our present codex? We think that to order 8oz. of the Pharmacopœial liniment is scarcely justifiable on any grounds.

Again, it must be confessed, that either prescriptions should be written altogether in English, or, that, at least, the Latin used should be grammatical; but whether it be due to the carelessness of the several prescribers, or to want of time in the editing of the work, there can be no doubt that the blunders are too numerous to be made light of. The genitive case is often omitted when it should occur and inserted when the accusative should appear. Such sentences as "ut *fiat* pilulæ viij," "Capiat *cyathus vinarius*," "cum vitelli ovorum vi," and a host of others equally shocking, are surely more than can be set down as printer's mistakes. Such genitives as "querci" and "spiriti" make their appearance now for the first time in the Latin language.

We fear that in attempting to curtail the characters of the drugs, Dr. Wahltuch has often omitted those which are most specific, and we feel sure that the directions given for making most of the preparations are so wanting in accuracy of detail that they would be useless to any one who did not possess a copy of the Pharmacopœia. There is, however, a very fair list of the various synonyms of the drugs, and this will prove useful to those who may have to consult the works of French, German, Russian, or Italian authors.

We cannot see any special advantage in the classification adopted by Dr Wahltuch: it perpetuates such worn-out terms as "alterative," and it groups together deodorisers and disinfectants under the antiseptics! We cannot see why nitric acid is not quite as much an antalkaline as sulphuric acid, and we are surprised to find mustard omitted from the emetics while such doubtful emetics as scoparium and buckthorn are included.

There are some very useful tables of weights and measures in the end of the work, and, what we are always glad to see, a very fair index. The paper and binding are excellent and do credit to Messrs. Churchill and Sons.

Gleanings in Medicine, Surgery, and the Allied Sciences.

ERGOT IN THE TREATMENT OF PURPURA.

DR. BAUER, of Neutershausen (*Deutsche Klinik*), reports great success in the treatment of purpura hæmorrhagica with secale cornutum. He gives 8 to 10 grains three times, or oftener, daily, until hæmorrhagic manifestations cease. When anæmia remains he treats it with chalybeates.

ATROPIA AS AN ANTIDOTE TO OPIUM POISONING.

DR. M. S. BUTTLES relates (*Med. Record*) the following case occurring in his practice, which shows the value of belladonna in cases of poisioning by opium:—"Mrs. W. aged 38, had been troubled with retroversion, perimetritis, and severe endometritis, and has had several severe attacks of pericarditis, which have left extensive adhesions. Had severe neuralgic pains all along the left side, for which I had been in the habit of giving her subcutaneous injection of gr. ss morphiæ sulphatis. On January 20th last, I gave her one of these hypodermic injections, which gave but slight relief; the next morning I repeated it injecting exactly ♏ xv. Magendie's solution (equal to gr. ss morphiæ), and remained in the room fifteen or twenty minutes, when she seemed a little easier, and I retired to my office down stairs; but was very soon summoned by the nurse, who stated that Mrs. W. was dying. I found her lips purple, the respiration seven per minute, no pulse at the wrist, but one sound at the heart; pupils contracted to a fine point, frothing at the mouth, and the extremities cold. I commenced artificial respiration (for while I was cogitating on my handiwork, she entirely stopped breathing), which by myself and assistants was kept up for about half an hour, when I attempted to give her some strong coffee, but she could not be made to swallow. I had sent for several neighbouring physicians, who were all out; but just at this moment my friend, Prof. Chas. A. Budd, providentially called on me, and was immediately shown to the room. He declared that she was dead, and 'laughed in his sleeve' at the idea of keeping up artificial respiration. By this time I began to think of sending for an undertaker (for she had come to me from a neighbouring city for treatment), but as a 'drowning man clings to a straw,' so I was eager to give her every possible chance, and asked Dr. Budd to suggest something, at the same time mentioning belladonna, when he said that atropia might be given hypodermically, if I wanted to do something, but as she was dead it would not bring her round. We resolved, however, to try it. By this time artificial respiration had been kept up for an hour and a half. One-sixtieth of a grain of the sulphate of atropia was injected, and in fifteen minutes she showed signs of life, the pupils began very slightly to dilate, and in ten minutes more she began to breathe, and the respirations rose to twelve per minute; in half an hour we repeated the dose, making in all one-thirtieth of a grain of atropia; and in about fifty minutes from the time of giving her the first injection, she returned to consciousness, and is living, now, with a blank in her life of two and a half hours. To Prof. Budd is due the credit of suggesting the remedy."

LACTATE OF ZINC IN EPILEPSY.

Dr. Hart has tried this remedy in combination with belladonna on 240 patients in the Western Lunatic Asylum in Kentucky, all of whom had been affected with epilepsy from three to six years. An improvement took place in all, and in no case did he use it without effectually controlling the paroxysm in from twenty-four to forty-eight hours. His formula was: ℞. —Zinci lactatis gr. xxx; ext belladonna gr. viii; M. ft. pil. x. S.—One before each meal.—*Humboldt Med. Archives.*

OPIUM AND STRAMONIUM.

Dr. J. F. Treuman was called to see a mother and two daughters. They had had paroxysms of ague, and had taken, as they supposed, fennel-seed, but it proved to have been stramonium-seed instead. When first seen the mother and one daughter were raving like maniacs, while the other was rapidly sinking into coma. Tr. opii was at once given, and morphia injected subcutaneously. The youngest girl recovered rapidly, but the others only after having taken several large doses of morphia. The recovery in each case was complete.—*Chicago Med. Journ.*

NEW USE OF IODIDE OF POTASSSIUM.

Dr. A. de Beaufort (*Bulletin de Therapeutique*), reflecting that iodide of potassium is freely eliminated in the tears and uterine mucus, tried it in free doses in cases of chronic inflammation of the lachrymal tube and also in chronic metritis. His success was most decided. He says: "In cases of internal metritis, with abundant leucorrhœa, and all that train of circumstances which render so many women miserable, I have often seen, when all other means have failed, prompt and decided amelioration, and, in some cases, a positive cure, result from the free use of iodide of potassium."—*Philadelphia Medical and Surgical Reporter.*

CASE OF POISONING FROM ATROPIA.

Horing in the *Wurtemb. Med. Corr. Blt.*, 1868, relates the case of a child three and a half years old, that swallowed a solution of one gr. atropia in three drachms of water. Vomiting occurred, and very promptly symptoms of poisoning. A subcutaneous injection of one-eighth of a grain of morphia was promptly practised. Very soon a decided improvement in the condition of the child took place. The pulse fell at once from 160 to 120; the respirations from between 30-32 to 28. By the end of 45 minutes consciousness and speech had returned. In a few hours the child was fully restored, with the exception of some dilatation of the pupils, which continued a few days longer.—*Centralblatt f. d. Medicinisch. Wissenschaften.*

Medical News.

A Monster.—A human monster, a female child with two heads, was born a few days ago at Zerbst. A careful examination has shown that the spinal column divided into two at the first of the true vertebræ, and that from this point two perfectly developed necks and head proceed. The breast is half as broad again as is usual, the limbs simple and well formed. We have not yet heard in how far the internal construction of the breast is simple or complex. It appears that the child died in the course of birth, from the pressure of the two heads against each other.—*Galignani.*

Royal Hospital for Diseases of the Chest.—The annual meeting was held last week at the hospital, City-road. The Secretary read the report, which stated that during the year 142 in-patients and 3,772 out-patients had been relieved. Mr. J. G. Glyn, M.P., had resigned the office of treasurer, on his important appointment in the House of Commons, which had been subsequently filled by the late treasurer's brother, Mr. Pascoe C. Glyn. The receipts from all sources had been 2,090*l.*, while the expenditure had amounted to 2,413*l.*, showing a balance due to the treasurer of 323*l.* The report having been received and adopted it was announced that H.R.H. Duke of Cambridge had consented to take the chair at the forthcoming annual dinner.

The Great Northern Hospital.—The triennial festival in aid of the funds of the Great Northern Hospital, Caledonian road, was celebrated last week, when about 150 gentlemen sat down to dinner under the presidency of Lord Houghton. From the annual report of the institution it appears that this hospital on account of its proximity to two of the large metropolitan railway stations and the cattle market, is peculiarly subject to the influx of dangerous casualties and the pressure on the accommodation is very great. The hospital has recently entered upon enlarged premises, and it possesses a large out-patients' department, which is daily frequented by a large number of sick poor. An average of 400 new patients are admitted each week. For the new premises the committee have paid 6,000*l.*, leaving a debt of 3,000*l.* still to be removed. During the twelve months ending on the 30th June last 56,045 out-patients were relived, and 297 in-patients, a total number of 590,093 patients having been relieved since the hospital opened in 1856. In the course of the evening, Lord Houghton in an appropriate speech urged the claims of the institution upon the support of the benevolent so successfully that the sum of 667*l.* 1s. was announced as having been contributed to the funds of the hospital in the course of the evening.

Medical Society of London.—The ninety-sixth anniversary dinner of this Society was celebrated at the Albion Tavern, on Monday, the 8th inst., under the presidency of Dr. Richardson. Amongst the distinguished guests, were Sir Wm. Fergusson, Bart., the President of the Clinical Society Mr. Paget), the President of the Obstetrical Society (Dr. Graily Hewett) ,Mr. Hepworth Dixon, &c. &c. Nearly 70 Fellows of the Society were present, and the evening passed off with *eclat*, previous to the dinner, Sir Duncan Gibb delivered the Annual Oration after which, the President, with a few appropriate remarks, presented the Silver Medals for the year—one to the retiring Secretary Mr. Francis Mason, the other to Dr. Henry Day of Stafford, and the Diploma of the honorary Fellowship to Dr. C. J. Hare, one of the past Presidents. The following is a list of the newly elected Officers and Council for the ensuing session. *List of Officers and Council for* 1869-70.—President:—Peter Marshall, Esq.; Vice Presidents:—John Gay, Esq; George Buchanan, M.D.; Andrew Clark, M.D.; William Adams, Esq.; Treasurer: C. H. Rogers-Harrison, Esq; Librarian:—S. Day-Goss, M.D.; Secretaries in Ordinary:—A. Ernest Sansom, M.D., J. Wickham Barnes, Esq.; Secretary for foreign correspondence:—J. Althaus, M.D.; Councillors:—W. Cholmeley, M.D., C. Cogswell, M.D., Victor de Méric, Esq., R. W. Dunn, Esq., W. Tilbury Fox, M.D., E. Head, M.D., Abbotts Smith, M.D., E. Symes Thompson, M.D., W. Spencer Watson, Esq, F. E. Anstie, M.D., Henry Day, M.D. (Stafford), William Harvey, Esq., James Hinton Esq., Thomas Hunt, Esq., Hughlings Jackson, M.D., B. W. Richardson, M.D., H. Hyde Salter, M.D., Frederick Simms, M.B., Gregory Smith, Esq., J. L. W. Thudichum, M.D.; Orator:—Francis Mason, Esq.

NOTICES TO CORRESPONDENTS.

Mr. W. S. Whatford, Brighton.—In an early number.

Notes on a visit to some of the Skin Hospitals of Great Britain, by H. S. Purdon, M.D., Physician to the Belfast Skin Hospital, received.

J. Lamprey, M.D., Portsmouth, is thanked for the following papers to hand:—"Three Cases of Aneurism of the Aorta, with Rupture into the Pericardium," and "On a New Method of Making the Interrupted Suture by means of fine Sewing Needles." Dr. Lamprey shall receive a private note when the cost of illustrating his papers has been ascertained.

Dr. George Down will please received our best thanks.

SHIP APPOINTMENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Would you be so kind as to inform me, through the columns of your Journal, what the best mode of procedure would be in order to secure an appointment as surgeon to one of the steam ships plying between this country and America. I have applied more than once to some of those so-called "agents," but without success. Also the remuneration given to a surgeon for his services, or whether there be a fixed stipend for the voyage? By doing so you will greatly oblige,

Yours faithfully,

A Subscriber.

⁂ "*Apropos* of ship appointments, they are mostly secured by private interest; those under the Commissioners of Emigration are subject to great competition; the Peninsular and Oriental Company's appointments are still more eagerly sought, and are, therefore, more difficult to secure; next, perhaps, in order, might be placed some of the private firms, and the American packets. The Royal Mail service is more accessible, because all the new appointments are made to the West India stations, from which the medical officers are promoted to other and more eligible stations. Some very respectable agents give their special attention to such appointments."

We are not aware of the remuneration given to surgeons on board these ships. See "Students Number" of this Journal for 1868.

Communications, with enclosure, &c., received from—Professor Humphry, Cambridge; Mr. Bingham, Bristol; Dr. Bridge, Wellington; Dr. Boston, Malton; Mr. J. Brendon Curgenven, London; Mr. Cassedy; Messrs. Nelson and Son, Leeds; Mr. Holmes Coote, London; Dr. Hore, Lancing: Surgeon Alcock, Portsmouth; Dr. Howell, Llanelly; Dr. Berry, Holmfirth; Dr. Balthazar Foster, Birmingham; Dr. Davey, Bristol; Mr. Lewis, London; Dr. George Buchanan, Glasgow; Mr. Copney, London: Dr. Creed, Bury St. Edmunds; Mr. H. Pitman, Manchester; Dr. Ffrench, Bombay; Dr. F. Hall, Stillington; Dr. C. Heaton, Leek; Mr. Walter Bernard, Londonderry; Dr. More-Madden; Dr. Vesey; Dr. Alfred Clarke, Shorncliffe; Dr. Creed, Bury St. Edmunds; Dr. Richardson; Mr. W. J. Whatford, Brighton; Dr. Henry Sargeant, B.A., London; Dr. Oppert, London; Mr. Poole, London; Dr. Barker, Brighton; Dr. Beveridge, Aberbeen; Dr. Cockle, London; Dr. Drysdale, London; Dr. Sansom, London; Dr. Meymott Tidy, London; Mr. George Southam; Mr. P. R. Cresswell, Merthyr Tydvil; Mr. Barker, London; Dr. Barr Meadows, London; Dr. Harrison, Leeds; Dr. Hughes, Bangor; Dr. C. Booth, Chesterfield; Dr. Palfrey, London; Dr. George Down, London; Mr. Tichborne, Dublin; Messrs. Macniven and Cameron, Edinburgh; Dr. Rumsey, Cheltenham; Dr. Beach, Cheltenham; Dr. W. Parsons, Liverpool; Mr. C. J. Lowder, Ryde; Dr. Robertson, London; Medical Society of London; Anthropological Society of London; Dr. Toole, Bandon; Dr. Madras, Dipsey; Dr. Kearney, Clonmaney; Dr. McNamara, Carofin; Dr. Counihan, Limerick; Dr. Irving, Athy; Dr. Auterson, Magherafelt; Dr. Harlett, Laghey; Dr. Fryer, Fenagh; Dr. Duigan, Mullingar; Dr. Wright, Passage West; Dr. O'Donohoe, French Park; Cork Medical Protective Society; Dr. Bennett, Bruff; &c., &c.

◆

APPOINTMENT

Adams, J., Esq., F.R.C.S.—Consulting-surgeon to the London Hospital, on resigning as Surgeon.

Bush, William. M.R.C.S.—Sole Medical Officer to the Bath Ear and Eye Infirmary, vice J. Barrett, M.D., deceased.

Cheadle, W. B., M.A., M.D.—Assistant-physician to the Hospital for Sick Children, Great Ormond street, vice S. Cartwright, F.R.C.S.E., resigned.

◆

BOOKS, PAMPHLETS, &c., RECEIVED.

The History of the Poor-law.

Annual Report of the Devonshire Hospital.

California Medical Gazette.

Trubner's Oriental Literary Record.

The Monthly Homœopathic Review.

The Practitioner, for March.

The Monthly Microscopical Journal.

On Catalepsy. By Adolphe Wahltuch, M.D., &c. London: John Churchill and Sons.

Via Medica. Third edition. By J. Baxter Langley, M.R.C.S. London: Robert Hardwicke.

The New York Medical Journal.

◆

Deaths.

Else.—On the 12th March, John Ogle Else, M.R.C.S., Waltham Green, aged 66.

James.—On the 17th March, J. Hardy James, F.R.C.S., Southernheay, Exeter, in his 81st year.

King.—On the 15th March, James P. King, M.D., Aberdeen.

Mathews.—On the 17th March, W. Mathews, M.D., J.P., at Hatfield, near Doncaster, in his 69th year.

Olliffe.—On the 14th March, Sir Joseph Francis Olliffe, M.D., F.R.C.P., Physician to Her Majesty's Embassy at Paris, in his 61st year.

Porter.—On the 4th March, J. Vining Porter, M.R.C.S., &c., Blomfield Lake, Isle of Wight, aged 50.

Pursell.—On the 12th March, John Pursell, M.D., at Brighton, in his 66th year.

Wild.—On the 15th March, George Wild, M.R.C.S., &c., Cowley road, Brixton.

NOTICE TO ADVERTISERS.

The Medical Press and Circular
OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales, and Transfers of Practices, Surgical Instruments Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under..............	£0	3s.	6d.
Per line afterwards..................	0	0s.	6d.
One-quarter page.....................	1	5s.	0d.
Half ,, ...	2	5s.	0d.
One ,, ...	4	0s.	0d.

The average of words per line is twelve.

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the Office, on Saturday, by Two o'Clock.

ANATOMICAL, SURGICAL, AND ORTHOPŒDIC MECHANICIAN,

29 Leicester square, W.C.

SIR,

Having succeeded to the Business carried on for so long a period at the above address, and to which I have been Managing Assistant for thirty years, I beg to solicit a continuance of those favours which have hitherto been so liberally bestowed.

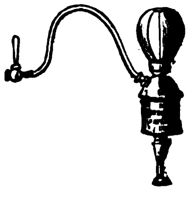
I take this opportunity of informing you that my great experience in the Military and other Hospitals, together with private cases of a very numerous kind, render me fully competent to undertake and carry out any instructions entrusted to me.

Should my services at any time be required, I shall be at your commands.

I beg to remain, Sir,

Your obedient servant,

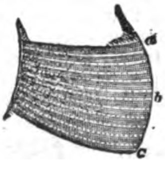
WILLIAM MILLER.



TWINBERROW'S PATENT DOUBLE-ACTION SYPHON SYRINGE, with Additional Pipes for all purposes, possesses these advantages:—1. It is without a piston; therefore, There is no exertion required in its use. As the stream flows uninterruptedly, double the Quantity is discharged in half the usual time, with double effect.

From J. ERICHSEN, Esq., Professor of Surgery at University College: "Twinberrow's double-action syphon syringe is the most generally useful Instrument of the kind with which I am acquainted, being compact, portable, and not liable to get out of order. It may be rendered available as an Eye Douche, an Ear Syringe, and for washing out the bladder. For these purposes it is peculiarly well adapted, being continuous in its action."—From Sir W. FERGUSSON, Bart., Professor of Surgery at King's College: "I have seen and made use of your Double-Action Syringe, and think very highly of it."

TWINBERROW & SON, Dispensing Chemists, Sole Patentees.
2, Edwards-st., Portman-square, and 45, Westbourne-grove, London.

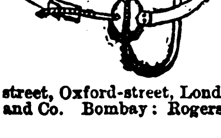


HUXLEY'S SPIRAL ABDOMINAL BELTS, for Pregnancy, Obesity, Ovarian Disease, and Air-pads for Hernia. Made on principles approved by the first Physician-Accoucheurs and Surgeons. Directions for measurements: circumference, at *a*, *b*, *c*; depth, from *a* to *c*. Discount to the profession, 20 per cent.

HUXLEY'S OBSTETRIC BINDER, 3s. 6d. Illustrated and Priced Circulars on application to

ED. HUXLEY, 12, Old Cavendish street, Oxford street, London.

(NO STEEL BAND.)



HUXLEY'S PATENT MOC-MAIN TRUSS, in which the troublesome lever spring is entirely dispensed with, is acknowledged by hundreds of wearers to be the most comfortable and efficacious Truss yet devised.

Prices, to the Profession only: Single, 9s. and 12s. Double, 14s. 3d. and 17s.,—nett.

ED. HUXLEY, 12, Old Cavendish-street, Oxford-street, London. Agents for Calcutta: Messrs. Bathgate and Co. Bombay: Rogers and Co. Montreal: R. Birks.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 31, 1869.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE
On Stricture of the Rectum. By Holmes Coote, F.R.C.S., Surgeon to St. Bartholomew's Hospital ... 263
On the Mode of Action of the Cholera Poison. By Arthur E. Sansom, M.D. Lond., M.R.C.P., Physician to the Royal Hospital for Diseases of the Chest ... 264
On Infanticide and Abortion as Suggested Institutions. By Ewing Whittle, M.D., M.R.I.A., Lecturer on Medical Jurisprudence and Toxicology to the Liverpool Royal Infirmary School of Medicine 265
A Case of Pyæmia with Pneumothorax—Death by Coma. By Richard Barwell, F.R.C.S., &c ... 266
Medical Education in France. By T. Oppert, M.D ... 266

HOSPITAL REPORTS.

Metropolitan Free Hospital and Farringdon Dispensary.—
Cases of Syphilis treated without Mercury. By Charles R. Drysdale, M.D., M.R.C.P., F.R.C.S., and Robert W. Dunn, Esq., M.R.C.S ... 267

TRANSACTIONS OF SOCIETIES.

PAGE
Surgical Society of Ireland. — Dr. Nolan on Compound Dislocation of the Right Ankle-Joint; Mr. Croly on Potts' Fracture; Dr. Mapother on Simultaneous Dislocation of both Patellæ outwards ... 268
Dublin Pathological Society. — Mr. Barton on a Specimen of Caries of the Bones of the Foot: Dr. Cryan on Encephaloid Cancer of the Liver—Atrophy of the Heart ... 271

LEADING ARTICLES.

Hospital Reform. — The Academy of Medicine ... 272
Pauperism in London ... 274

SCOTLAND.

Edinburgh.—Royal Infirmary ... 274
University.—Chair of Chemistry ... 275
District Water Bill ... 275
St. Andrew's University ... 275

The Climate of Nice ... 275

NOTES ON CURRENT TOPICS.

"An Antient and Fish-like Smell" ... 276
Via Medica ... 276
Rigollot's Mustard Leaves ... 276
The Neil Arnott Exhibition in Physical Science ... 277
Paris Milk ... 277
PAGE
The Dialectical Remedy for Pauperism .. 277
Sir Patrick Dun's Hospital, Dublin ... 277
The "Lancet" and the Prospect of Reforming the Council ... 277

British Medical Association.—Meeting of Metropolitan Counties' Branch ... 278

CORRESPONDENCE.

M. D. Crofton on the Company of Apothecaries ... 279
Henry Pitman on a History of the Licensing System ... 280
J. C. on the Truth about Nice ... 280
J. C. T. on Hospital Administration ... 280
Richard Kinkead on the Value of Pancreatic Emulsion ... 281
J. Rogers on Superannuation Allowances to Medical Officers ... 281

LITERATURE.

A Practical Treatise on Metritis and Parametritis. By J. Matthews Duncan ... 281
The Elements of Heat and of Non-Metallic Chemistry. By Frederick Guthrie ... 282
Lectures on the Preservation of Health. By Charles A. Cameron ... 283

OBITUARY.

Death of Mr. Maurice Collis, M.B., &c. .. 283

Medical News, Notices to Correspondents. 284

Original Communications.

ON STRICTURE OF THE RECTUM.

By Holmes Coote, F.R.C.S.,

Surgeon to St. Bartholomew's Hospital.

Contractions of the rectum may proceed from inflammatory effusion and from thickening of the walls of the gut, or from cancerous deposit. According to my experience the latter is the more common, especially when the patient has passed the middle period of life.

The following remarks refer only to the non-malignant variety of stricture of the rectum.

Now the œsophagus and the rectum, the two extremities of the alimentary canal, are, though both exposed to causes inducing contraction, placed in a somewhat different physiological condition. The food, properly masticated and softened, passes rapidly down the former passage. But in the rectum, the fæces, often hard and accumulated in abnormal amount, may be allowed to remain, giving rise to local disturbance, and occasionally to a state of general illness. I have not seen many cases of stricture of the œsophagus that were not associated with cancer. In one case the cause was the contraction of a large cicatrix covering an ulcer made by the action of strong nitric acid on the mucous membrane, the patient having made an attempt to commit suicide. In another case the canal of the œsophagus, just below the level of the cricoid cartilage, was reduced to a quarter of an inch in diameter, and was flattened from before backwards. The tissues around were thickened, indurated, and consolidated. Above the stricture there was the ulcerated aperture of an abscess. Below the stricture the mucous membrane was healthy. Patients have also presented themselves with symptoms of spasmodic stricture, which were relieved by general treatment and the careful use of the bougie.

The museum of the hospital gives the following illustration of non-malignant strictures of the rectum. Series xvi No. 31. Portion of a rectum, the cavity of which, at its upper part, is contracted to a quarter of an inch in diameter without any visible change of structure. The contraction includes about an inch of the length of the intestine, and was probably occasioned by the action of the muscular fibres. No. 32 shows a case of general thickening and induration of the coats of the rectum, and a close annular stricture from two to three inches from the anus. Above the stricture the intestine is dilated, and the muscular coat is thick and strong; below it, there is diffuse superficial ulceration of the mucous membrane. Another specimen shows annular contraction, with thickening induration and superficial ulceration of its coats in the line of junction of the colon with the rectum. It was so close and firm that a finger could not be passed through it: except at this spot the rectum was healthy. Several specimens show contraction of large portions of the canal. In one specimen, just above the anus, numerous ulcerated apertures, with smooth edges, led through the walls of the rectum into short fistulous canals in the surrounding indurated tissue. One of the canals extended through the coats of the bladder into the cavity. The whole tube of the rectum is narrowed. A middle-aged woman suffered many years from stricture of the rectum. After death it was found that the mucous membrane had been completely removed by ulceration to the extent of several inches above the anus. Abscesses had formed around and burst into the tube, and all the tissues were indurated and contracted. I have met with several cases of a thickened and tuberculated condition of the mucous membrane of the rectum in young girls, most of whom, however, had been leading a life of prostitution; indeed, I have at the present time a girl so affected under my care. The early stage of this disease may be illustrated by the following specimen. No. 64. The rectum of a girl, aged twenty-five. The mucous membrane is entirely removed by ulceration for several inches above the anus, and above the ulcerated part it is slightly thickened. In the more advanced stage we find the coats of the intestine generally thickened and of very dense texture, the mucous membrane in some situations tuberculated, and in others ulcerated, and the cellular and adipose tissue around indurated. After a time the coats of the bladder may undergo the same change of structure.

Beside this we meet with yet another change. The cavity of the rectum may be contracted from two inches above the anus upwards for three to five inches. The coats become thickened and indurated; the divided edges exhibit white bands intersecting a very firm substance. The cellular tissues about the rectum are also thickened and converted into a hard brawny substance, in which the posterior surfaces of the uterus vagina and broad ligaments are often involved.

Thus we are justified in asserting that stricture of the rectum may be induced by prolonged irritation, leading to inflammatory induration, and to ulceration; the mucous membrane may become tuberculated; the surrounding tissues similarly changed, and, finally, adjacent organs also become involved and adherent. Of all causes, habitual constipation is the most frequent, and it is remarkable to what an extent in some persons fæcal accumulations are allowed to proceed. Some short time ago, being in a large country mansion to see professionally a lady somewhat advanced in years, I was surprised to find the only water-closet on the ground floor, at the end of some long and intricate passages. When commenting on the slight inconvenience of such an arrangement to the inmates, I was informed that the lady of the house rarely had an action of the bowels more than once a week.

Both Mr. Travers and Mr. Ashton mention cases, in one of which an excessive growth of fat, and in the second a "large mass, very dense, and having the appearance of fat, but in reality composed of fibrous tissue alone," were the causes of stricture.

(To be continued.)

◆

ON THE MODE OF ACTION OF THE CHOLERA POISON.

By Arthur Ernest Sansom, M.D. Lond., M.R.C.P.,

Physician to the Royal Hospital for Diseases of the Chest, City Road.

(Continued from page 201.)

We have now to consider the probable mode by which the germs of cholera produce the flux from the intestinal canal. We may divide the duration of the flux into two periods—the one in which there is such evacuation as obtains in ordinary diarrhœa, *i. e.*, a looseness without any specific character; the other in which is the condition known as "rice-water evacuation." If we agree that the cholera poison is directly transmitted to the surface of the gastro-intestinal tract, we may, with much *prima facie* probability, assign these effects to its irritant action upon the structures—an irritation which differs in degree, and so produces the diarrhœal (pre-choleraic) or the true choleraic flow.

Pathological anatomy teaches that in greater or less degree the whole alimentary tract presents signs of morbid action in cases of cholera. The pharynx and œsophagus have, in some cases, presented their mucous lining covered with soft pulpy detritus. The stomach has been found thickened as to its lining membrane, its solitary glands enlarged, and tenacious mucus and exfoliated epithelium free within its cavity. The intestines have shown signs of denudation of their epithelium; from patches of the mucous surface villi have been found completely detached; the glands of the intestines have been found enlarged. In the interior of the intestines have been found the shed epithelium and the detached villi, together with stringy and laminated mucus, hæmatin mingled with many organised bodies, evidently derived from the vegetable world, and vibriones and other infusoria in myriads. All these signs are consistent with the hypothesis of a cause which is a direct and violent irritant of the lining structures of the alimentary tract. So, also, is the evidence afforded by the examination of the evacuations themselves. It has been argued that the rice-water stools owe the peculiar flocculent appearance which they possess to the presence of epithelium; that, therefore, there must be, during the choleraic attack, not only a falling-off of the epithelial particles lining the intestinal canal, but also a rapid formation, growth, decay, and decadence of successive generations of epithelium. Further investigation has shown that this view is not tenable: the greater part of the denuded epithelium passes away in the stage of simple diarrhœa; that which gives the flocculent character to the rice-water stools is not epithelium, but *fibrillated mucus* carried down by the albumino-saline liquid excretion.

The signs, however, do not admit the hypothesis of an irritant cause acting in a definite manner upon definite portions of the canal, as an inorganic irritant would act. It would seem that there are *foci* and *loci* in which the disease-producing molecules manifest their morbid activity; and this is just what, according to our own theory of causation by organised particles, we should expect. The cholera-genic molecules, swallowed under circumstances which permit of their active vitality, become irritants of the whole mucous tract. They find amid the epithelial cells of the alimentary canal a soil in which they can multiply with great rapidity; and, just as fungi of a larger growth will in a single night lift up by their development a heavy stone, so these increasing within and around the individual epithelial cells detach such cells from the subjacent tissues. Hence the irritation which excites the action of the bowels, and induces the diarrhœal flow; thus, the epithelial cells, with some of the countless germs which have induced this exfoliation, become carried away from the organism, while others remain behind to continue their fatal work; thus, also, are produced (the epithelium being stripped from their surface) the eroded portions of the intestinal tract.

Such are the views of those observers who hold to the fungous origin of cholera. It has seemed to me that the theory accounts for the symptoms with a great amount of plausibility, although, as I said before, I wholly demur to any conclusion which avers of such or such organised particle, "this is the efficient agent in producing cholera." I hold that whatever is observed may be but the index of what is not observed, and that, though certain bodies may be concomitants of the proliferation of organised bodies which are the disease producers, we are not justified in concluding that they are themselves the *veræ causæ*.

I have not observed, however, that in this question any analogical experimentation has been adopted. One of the first questions which I conceive to arise is—Have we any evidence that fermentation (growth of living vegetable particles) can take place within the living body, and can produce, *proprio motu*, morbid symptoms? Of course, it is known that in circumstances in which aliment is retained in the stomach, fermentation with the development of torulæ and of sarcinæ can and does take place; but I do not know of any synthetic researches on this question. I have myself put the matter to a practical test, and I think the lessons cannot fail to be of much value.

Fermentation within the living body.—In September, 1868, I was engaged in microscopic observations upon fermentation, the growth of yeast torulæ, and the effects of the sulphites upon the process. I determined to try whether the phenomena could take place within the stomach of an animal. I therefore mixed together German yeast and rice powder, and gave them as food to a healthy white mouse. The mixture was readily eaten by the animal, but twenty-four hours afterwards it was found panting and dying. Having given chloroform vapour to kill, I immediately examined the body. I found the *stomach* filled with a brownish red substance, which, on examination, proved to consist of stomach tubes detached from the walls of the viscus, a mass of cells of shed epithelium, together with vegetable spores and fragments of torulæ. Portions of the stomach wall were completely denuded, the exposed membrane presenting the appearance of thin parchment. The *intestines*, small and large, were also filled with shed epithelium and vegetable germs in active reproduction. Numerous entozoa were also found; larvæ of tænia were found in abundance, especially in the appendix vermiformis, and a large tænia crassicollis was found in the liver. The *excrement* contained branching torulæ.

I repeated this experiment with similar results. Then, from observation of the German yeast, I thought it might be contaminated with ova and germs other than vegetable. I determined to try the effects simply of brewers' yeast and sugar. Accordingly, I supplied three mice merely with this pabulum. At the end of forty-nine hours they were all found dying. I killed them with chloroform, and immediately examined them. The appearances now were still more striking. The stomach contained a mass consisting of torulæ (arrived at a far higher stage of development than those obtained by fermentation for a like period outside the body), intertwined among masses of epithelial cells. In every case the posterior part of the stomach wall was completely denuded. In every part of the *intestines*, also, was there desquamation of epithelium, and actively growing torulæ were observed.

I consider that these observations afford experimental proof—

1. That vegetable organisms can grow and multiply within the living body.
2. That by their growth and multiplication they can produce lesions of the intestinal canal.
3. That the lesions thus produced by fermenting matter in the case of the mouse bear a striking similarity to those observed in cholera in the case of man.

(To be continued.)

◆

ON INFANTICIDE AND ABORTION AS *SUGGESTED* INSTITUTIONS.

By Ewing Whittle, M.D., M.R.I.A.,
Lecturer on Medical Jurisprudence and Toxicology to the Liverpool Royal Infirmary School of Medicine.

Our profession has recently been startled by a suggestion publicly made, and apparently emanating from high authority, that its members should lend themselves to some scheme of limiting the numbers of children born into families. I allude to the proceedings of a London society called the "Dialectical," who, not long since, in a discussion on the "Happiness of the community as affected by large families," boldly started the assumptions that large families were an unquestionable evil, that population increased too fast for the means of subsistence, that the indispensable remedy lay in the limiting of the number of births; and the medical profession was appealed to by this society of political economists to devise some scheme by which this purpose could be effected without injury to the health of the married couples who might be induced to enter upon this struggle with nature to keep down the natural growth of our species.

The experience of mankind has ever held in honour the fathers of large families. Even now in healthy society they are ever looked up to with honour and respect. The holy writings teach that large families are a special blessing from heaven. "Lo, children and the fruit of the womb are an heritage and gift that cometh of the Lord. Like as arrows in the hand of a giant, even so are young children. Happy is the man that has his quiver full of them." And, again, "Thy wife shall be as the fruitful vine, thy children like the olive branches, round about thy table. Lo, thus shall the man be blessed that feareth the Lord."

But our political economists of to-day, greater in their wisdom than either Solomon or David, reject with equal scorn the dictates of Revelation and the results of human experience, and boldly affirm that nature must be wrestled with, that the natural increase of births must be prevented, and have even the audacity to challenge the medical profession to become their accomplices in this wicked and base attempt to stay the course of God's providential government of the world.

The gauntlet being, as it were, thus thrown down to us, must be my apology for bringing this subject before you. You are aware the chairman of the society in question, Lord Amberly, has been severely criticised by the press for the remarks he is reported to have made on the occasion of the discussion. His lordship has since, it is true, repudiated to some extent the sentiments attributed to him; but the fact, nevertheless, remains that he identifies himself with the doctrines of Malthus; that he assumes an axiom "that we are tending to over-population, and that large families are an evil." He also compliments the ladies of America, as being in advance of us, by being in the habit of keeping back their families, though he does express disapprobation of their manner of effecting this purpose; this disapprobation, however, being rather directed against the injury to health, and not to morals.

In the course of this paper I shall bring under your notice a work, emanating from the same school of political economy, in which the practice of infanticide was openly recommended. This work was published in 1838, when Lord Russell was a Cabinet Minister, and no prosecution was instituted on the part of the Government against the publishers of this scandalous and infamous libel.

In our mind, the idea of making a legitimate practice of infanticide and artificial abortion, excite at once a feeling of disgust and horror, the more that it is not unfrequently a part of our duty to assist, by evidence, in bringing to punishment the authors of these crimes against society and against nature; indeed, these are not the feelings of medical men alone, but of all whose minds have not been contaminated by the specious sophisms of this pseudo-philosophy of which Malthus was the founder. To him pre-eminently belongs either the glory or the shame of such teaching. In the beginning of this century, and for some time afterwards, this theory of Malthus was accepted by political economists as the true theory of population, and anyone who thought of questioning it was regarded as a heretic among political economists. This slavish subjection to the monstrous propositions of Malthus continued without question and without reaction, until the growth of the doctrine culminated, in 1838, in the publication of the book that I have already referred to. As this book was very speedily suppressed, I am sure most of my younger readers have never seen it —possibly many of them have never heard of it. The title of this work was—*On the Possibility of Limiting Populousness.* By Marcus. It was issued in the form of a one-and-sixpenny pamphlet, the paper good, and the type elegant; it was evidently intended to circulate amongst the select, and was by no means intended for the enlightenment of the million. The author commences by glorifying Malthus as a great discoverer, and adds that he shrunk back appalled at the inevitable results to which his theory led. He then lays down four maxims, the substance of which were as follow:—

Maxim 1.—Excess of population is at once the main evil and the main cause of all the other evils that affect human society.

Maxim 2.—Every superfluous portion of population is not merely doomed itself to degradation and suffering, but is an agent force, ultimately deteriorating the whole social body in general.

Maxim 3.—Whenever society, by favour of a casual clearance of population, makes some progress, the return of the excess carries it back again.

Maxim 4.—The steps by which these effects take place are—the deterioration of morals, the cheapness of men, misery, and the discouragement to the efforts of the benevolent caused by the prospect of a fruitless enterprise, and a mortifying failure.

The author then moralizes on what he calls ideas hitherto entertained, foremost among which he places the phrase, "The strength of a country is the people." This self-evident truth he treats as an assumption, hardly worth the trouble of a refutation, and goes on to compare what he calls the great *ulcer of modern nations*, a proletarian population, with the *servile state* of antiquity. "The slaves of antiquity were cattle. Without much difficulty the sexes might be kept effectually separated, or, if the offspring came to be more than was wanted, it was destroyed as a matter of course. But, further, the practice of infanticide, rendered familiar by its frequency, was in no wise shocking when applied to the other part of the population—to the favoured slaves, to the freed men, and to the citizens themselves. Only being optional and not enforced, it did not reach the point we had in view; *the preventing the existence of persons for whom there were no places.* Still, this partial relief broke the force and importunity of the complaint."

The author then goes on to state that, "as slavery was abolished, the greatest of all disorders, procreation without rule or limit, would pass unprohibited and unheeded. The truth is, this great change came about surreptitiously. It never was deliberated or accorded by any law giver or law giving body. Up to this day, then, the omission has been rectified. The condition in the bargain of liberty remains still to be imposed and enforced, the means of enforcing it are to be invented, and the delicate task of introducing a new practice is yet to be performed."

In the brief quotations that I have instanced from the first two chapters of this daring publication, there is not a shadow of an attempt even to prove the first maxim, that an excess of population is the main cause of the evils that afflict society. Are people more happy in a thinly inhabited country? Was the country too populous in the time of the Russian War, when we could with difficulty get enough of soldiers to keep up our forces in the field; but, if this were even conceded, is the remedy to be found in all mankind becoming murderers? With what a shudder do we sometimes hear of shipwrecked mariners, in the frenzy of starvation, agreeing that one of their number should be sacrificed to furnish food to his fellows! But this writer, sitting in his study, in the name of political economy, coolly suggests that one half of mankind should stifle the other half, and from the sordid motive that they may get more comfortably through the world from having fewer competitors in the battle of life. Then, his statements as to the practice of infanticide among the ancients, and their management of their slaves, are mere asumptions, put forward to bolster up his argument without a shadow of authority, and some of them manifestly absurd. The next chapter professes to treat of the remedy for this evil of over-population, the proposed remedy being that families should be limited to three; that marriage should be delayed to about the age of twenty-five; that about eight years should intervene between the births of each child: that this should be carried out at first by a system of permitted association, and in time, as the world becomes sufficiently enlightened, be made general, and enforced by penal regulations, as openly suggested in the following:—

"Thus determined, let us make regulations, such that the possession of children, beyond the due number, be no longer a matter of gain nor even one of impunity.

"We may, at most, place the third child as a *terminus* not quite to be reached and never to be exceeded.

"We must make up the account by delaying the day of procreation, or by refusing to rear the infant inopportunely born.

"It will be made matter of vow and rigid law that all the progeny intervening during the consecrated years be rejected and considered as null.

"We shall be driven, as to a last resource, to deal out with a still more sparing hand the permission for rearing the third child; and to visit transgressions, if we cannot with penal severity, yet with all possible discouragement and restraint."

(*To be continued.*)

A CASE OF PYÆMIA WITH PNEUMOTHORAX. —DEATH BY COMA.

By Richard Barwell, F.R.C.S.,

Surgeon and Lecturer on Anatomy to Charing-Cross Hospital, &c.*

To this case Mr. Barwell was called in consultation with Sir Thomas Watson and Dr. Thistelton Dyer, the latter gentlemen wishing to give up attendance.

Three weeks previously the patient, aged thirty-four, felt, in using some gymnastic exercise, a severe pain in the right axilla. Some days after a swelling appeared at the spot, and at the same time the young man's temper became so morose and aggressive as to be all but unbearable. The swelling soon fluctuated and was punctured; and a few days after, Sir T. Watson being consulted, found extensive pneumothorax on the right side. After a few days more, the left knee became painful, tender, and swollen.

Mr. Barwell found the patient emaciated, of a dusky yellow hue; the abscess in the axilla discharging from a small opening high up; the knee very tender, and containing fluid. He diagnosed the condition as pyæmia. Sir T. Watson pointed out the extent of pneumothorax.

In the progress of the case the axillary abscess, that in the knee and two others, were opened. Under the influence of stimulants, strong food, and tonic medicines the patient's strength improved; but there somewhat suddenly arose a loss of command over the muscles of pronunciation and of the hands, which was followed by coma and death.

The particular interest in the case lies in two points; the singular change of temper, and the mode of death. On the first subject Mr. Barwell stated that he has in many cases of pyæmia which he described, observed similar sudden variation, and submitted that after injury or operation, such should be considered as the first symptom or prodroma of pyæmia. This symptom, it is true, is not always present; but when it occurs, it is pathognomic, and is the very earliest herald of the disease. In two cases he was able to predict the condition three and five days before any secondary abscess appeared.

On the mode of death, he observed that most cases of exhaustive disease (except chest disease) which had been kept alive by high feeding, end in coma from serous effusion. This is generally ushered in by a vagueness of action and a want of distinct will in the movements of the body. If strabismus come on, the coma is close at hand. On the subject of treatment, Mr. Barwell did not wish to enter, although the question of diminishing the stimulus might well be entertained.

◆

MEDICAL EDUCATION IN FRANCE.

By T. Oppert, M.D.

The following is a brief sketch of the system of medical instruction followed at the present time by our neighbours across the Channel:—

There is a minister of public instruction and a council of public instruction, of which he is president. The "conseil supérieur" is composed of 32 members, three being senators, three conseillers d'état, three catholic archbishops or bishops, three belong to other creeds, three members of the "cour de cassation," five of the Institute, eight inspectors-general, two free teachers. One of the inspectors-general has charge of the inspection of the schools of pharmacy, the preparatory schools of medicine, &c., &c.

The council makes the programme of the lectures in the lycées and schools, selects the handbooks, and is consulted as to the whole public education in France. The superior instruction consists of the faculties and of certain Institutes, such as the College de France, the Museum of Natural History, where lectures are given on chemistry, mineralogy, zoology, &c. The French universities consist of *five* faculties, one being that of medicine. There are three medical faculties in France, viz:—Paris, Montpelier and Strasbourg. The university teachers are professors, assistant professors, and "agrégés libres." Paris has 25 ordinary professors, and a great number of supernumerary professors and lecturers. The dean is at the head of the faculty. The professors discuss at their meetings the budget, educational matters, &c. There is a permanent committee of five. Each of the university towns has a superior school of pharmacy, and there are 21 preparatory schools or academies of medicine and pharmacy, viz.:—At Amiens, Angers, Arras, Besançon, Bordeaux, Caën, Clermont-Ferrand, Dijon, Grenoble, Lille, Limoges, Lyon-Marseilles, Nancy, Nantes, Poitiers, Reims, Rennes, Rones, Toulouse, Tours, Chambéry and Algiers are designated to become seats of learning. A military school is connected with the Val de Grâce hospital, and military naval schools with some naval military hospitals, for instance, that of Brest.

---

* A paper read before the Clinical Society, a brief abstract of which appeared in our last.

There are lycées for secondary education, where the pupils are prepared for the examination for the baccalauréat ès sciences. This is in writing and *viva voce*, and corresponds to the English grade of B.A.

Having obtained the certificate the student may get matriculated at a faculty. He follows his studies for four years in accordance with a programme sanctioned by authority, at least if he wishes to become a graduated doctor. There are two classes of medical men in France, the M.D.'s and the "officers de santé." The latter study only three years, their examien is easier* and less expensive, but they have only the right to settle in their own department, and not to undertake certain difficult operations. They do not practice pharmacy, but may occasionally be obliged to dispense their own medicines ; they are, however, dying out.

The higher class of students have to devote two years to the natural sciences, anatomy, physiology, and the theory of medicine and surgery, and two more years to the practice of medicine, surgery and midwifery. Formerly the clinical instruction was postponed to the fourth year, but a recent law of June 16th, 1860, makes it obligatory to devote *two* years to the "stage" of the cliniques.

Externes and Internes.—The externes are hospital-assistants living outside the walls, the internes live in it. Those who wish to become externes must be 18 years old, and inscribed in the faculty, but one inscription is sufficient. The externes are, however, chosen from the pupils, who pass a competitive examination according to merit. They attend the visits of the professors to whom they are alloted, and assist the internes in keeping the books. It is a rule to become externe to a suburban hospital before being admitted to a central one. There are "*feuilles de présence*" kept, wherein they have to inscribe their names to control their regular attendance, but this rule has often been evaded by others putting down the names of their friends. No one is entitled to be externe for more than three years. The "internes" are choosen out of the externes who pass with most credit at the next competitive examinations, they are appointed for two years, generally after the four years of study are over. They then live in the hospital, receiving small salaries and board, and perform the duties of house physicians or surgeons. After the professional visit, they fill up from their notes three books, one for the diet, another for prescriptions, a third one for transference of patients or discharges.

The students pass examinations at the end of each year (*examen de fin d'année.*) The first year's is on physics and chemistry, the second on anatomy and physiology, the third on pathology. Those who distinguish themselves at the examen of the fourth year, generally become internes at once. The examination for the licence is in writing and *viva voce*, includes questioning at the bedside and operations on the dead body. The doctorate is the last and least stringent act of the state examinations. The *thesis* which is read before the representative of the faculty is generally written in French and defended in the same language, and it must be admitted that the first instalments of many excellent scientific works are produced during an academic year. As soon as an interne has obtained the degree of M.D., he has to give up his appointment. They often remain internes for three or four years, and even longer.

After this they often become military surgeons, or poor-law officers, or get other appointments.

The Concours.—Most appointments are obtained by passing competitive examinations. The concours are open for the externes and internes, those foreigners not being excluded who have taken their domicile in France. The Concours date from the year 1802. There are public meetings at the end of the academical year before juries. The members of the juries are nominated by lot; no jury contains more than two members belonging to the same establishment. The concours of the "externate" is confided to the medical affairs of the "bureau central." They take into account the testimonials of the clinical professors. The jury for the election of medical officers of the bureau central are hospital physicians and surgeons, five in number. For a surgical appointment, four of the members are surgeons, and one a physician; for a medical one, four are physicians, and one a surgeon.

The juries for the appointment of hospital physicians includes the leading members of the profession. The nomination is by the minister.

There is no apprenticeship in France as in this country, but a sort of pupilage to a medical practitioner. Pupils who had no medical education assisted practitioners in the country in visiting, went afterwards to the provincial schools of medicine and became "*officiers de santé.*"

There is no particular state examination for medical officers of health. Medical inspectors are appointed by government and they have usually been in office before. There is a class of special inspectors for mineral baths, and for stations in the East.

◆

Hospital Reports.

METROPOLITAN FREE HOSPITAL AND FARRINGDON DISPENSARY.

CASES OF SYPHILIS TREATED WITHOUT MERCURY.

By Charles R. Drysdale, M.D., M.R.C.P., F.R.C.S.,

AND

Robert W. Dunn, Esq., M.R.C.S.,

A part of which was read at the Harveian Society on March 18, 1869.

Case 1.—Charlotte D., aged sixteen, seen by Dr. Drysdale August 2nd, 1863, with roseola, alopecia, and enlarged posterior cervical glands. Had felt a small sore on the vulva a month or so before, which healed of itself. Patient complained of pains in the head. To take the following mixture of chlorate of potash :—℞ Potassœ chloratis, gr. v. ; acidi hydrochlorici diluti, ♏ v. ; aquæ, ℥j. ; ft. haustus ter diesumendus. Under this treatment the disease progressed favourably. She had slight angina, which was treated by a chlorate of potash gargle. By the month of October, 1863, the roseola had disappeared, and she was in very good health. The patient was pregnant at the time.

Case 2.—T. P., a young man, aged twenty, father of Charlotte D.'s child, and subsequently her husband, came soon after the appearance of Charlotte. He was suffering from gonorrhœa and a scaly syphilitic eruption, sore throat, enlarged posterior cervical glands and inguinal glands. Treated by the chlorate of potash mixture, he lost all of his symptoms in about two months. The child with which Charlotte D. was pregnant was born at full time, but only lived seven weeks. It was said to have died of convulsions. Charlotte D., in the year 1865, then in excellent

---

[*] It is, however, public, before the professors in the provinces, who examine them in the elements of medicine, surgery, and pharmacy.

health, brought her second child to be seen by Dr. Drysdale, then five months old. No trace of syphilis was seen on this child, and although it, as well as both of its parents, have been under observation since that date, no further traces of the disease have been remarked in any of them. Such cases are, of course, of themselves sufficient to demonstrate that, contrary to the doctrine of John Hunter and his school, syphilis tends to wear itself out in many constitutions in about a year and a half or two years.

CASE 3.—Mary B., aged thirteen, came under the care of Mr. R. W. Dunn, July 10th, 1865. When first seen, she complained of painful micturition, discharge, and pain in the labia majora, which, on inspection, were observed to be much swollen and enlarged. August 17th. She had a discharging bubo in the left groin; labia much swollen and painful micturition continued, appetite bad; pulse 110; poultices to bubo; ammonia and bark, fomentations to labia. August 24th. Groin still discharging; pulse 110; roseola over the body; bark and nitric acid; poultices to groin. August 31st. Angina and roseola; gargarisina potassae; riss-medicinam. September 7th. Rash paler; throat better. 14th. Psoriasis syphilitica on face, legs, and arms; repeat same medicine. 21st. Cervical glands greatly enlarged; ℞. Tincturae ferri perchlorid, ♏v., aquae, ℥ij, t.d. 26th. Complained of pain in right arm and elbow joint; glands in the neck enlarged and painful; rash fading, repeat. Oct. 25th. Cervical glands still much enlarged, repeat. November 10th. Skin hot and dry; pulse 120; pains in the limbs; ℞ Liquoris ammoniae acetates ℥ij; ammoniae sesqui-carbonates, gr x ij; ætheris chloric ʒij; aquae, ℥vj. ℥j t.d.s November 30th. Much better; only a few spots on face; cervical glandular enlargements nearly gone; to take cod-liver oil and venum ferri. January 5th, 1866. Complained of pains in limbs; a few spots still seen on the face; to have change of air and live well. April, 1866, looked quite well, indeed, the picture of health, and said she had not felt so well for years; a few cervical glands still enlarged. In 1867, she was quite well, with no relapse; and in 1868, continued quite well, without any relapse. In this case the space of one year was sufficient to remove all symptoms in what at first seemed a severe case, and apparently without any probability of a relapse taking place.

CASE 4.—Emma P., aged twenty-four; was seen first by Dr. Drysdale, February 10th, 1864, with ulcers and mucous tubercles on the soft palate, and roseola on the trunk and limbs. This was a very slight case. She was treated by means of gargles of chlorate of potash, and a mixture containing the same ingredients, until the month of April, 1864, when, all symptoms having left her, she came no more for a time. She has repeatedly been seen since that time, but without any symptoms of specific nature being remarked. In January, 1868, she attended with toothache, and at that time was free from all symptoms of syphilis. This patient had been married for some years, but had no children, nor had had any miscarriages.

CASE 5.—Catherine C., aged twenty-four. April 25th, 1864, with stains of *café-au-lait* colour on face and breast, and spots of psoriasis on thighs. Was under treatment for these symptoms for a space of four and a half months. The treatment consisted of gargle and mixture of chlorate of potash. The eruption, though far more tedious than that of Case 4, gradually disappeared. The patient was seen in 1866 in excellent health by Dr. Drysdale, no relapse having occurred.

CASE 6.—John L., aged seventeen; seen first by Mr. Dunn, on the 24th June, 1864, with sore on the penis, very slightly, if at all, indurated; but with multiple enlargement of the inguinal glands. Treated by means of a mixture of chlorate of potash, the sore soon healed up, and he left for a time. September 8th, 1864. He returned, with a scaly syphilitic eruption over the body, face, and extremities. Treated by chlorate of potash mixture. September 29th. Sore throat; ulceration of the tongue. *Repete medicinam*, and use an astringent gargle. October 24th. Discharged without any further symptoms. No relapse since that date.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

(Continued from page 249.)

THE Society held a meeting on Friday evening, March 5th, in the Albert Hall, Royal College of Surgeons,

Mr. PORTER, President of the College, in the chair.

Members present:—B. Wills Richardson, Hon. Sec.; Drs. W. Moore, Morrogh, Willis, Roe, Murdock, T. Stoker, Purcell, Jameson, Henry Gray Croly, R. Fennell, Robinson, Stewart, Brassington, Wharton, Henry Kennedy, J. Hawtrey Benson, Charles Benson, Hon. Sec.; Shannon, White, Buchannon, Mapother, O'Grady, Colles, Jacob, Guinness Beatty, R. Daniel, Hewitt, Churchill, jun., Brady, C. Fleming, Stapleton, Stokes, jun., and Henry Croly.

COMPOUND DISLOCATION OF THE RIGHT ANKLE-JOINT.

Mr. RICHARDSON read the following case, sent to the Society by Dr. NOLAN, of Wicklow:—

On Christmas Eve, 1867, about nine o'clock, a young man, aged twenty-one, driving a bread cart rapidly down a steep hill at Newtown Mount Kennedy, was upset and violently thrown out of the cart, by which he sustained a compound dislocation of the right ankle-joint. He was immediately seen by Dr. McClelland, and brought into his dispensary. Dr. McC. washed a quantity of gutter from the wound and attempted to reduce the dislocation; but, failing to do so, he sent him to Wicklow Infirmary, a distance of eight miles, where he arrived about half-past three in the morning. I saw him immediately, and found the tibia driven down through a transverse slit below, the ankle being laid bare for about four inches, its extremity being on a level with the sole of the foot, which was partially drawn aside, and the end of the fibula broken off. My first consideration was, whether to amputate at once, or try to save the foot, or, if necessary, to have recourse to secondary amputation. Seeing that the patient (though of a very fair complexion and light hair) was a healthy well nourished young man, I decided on the latter course, and applied the pulleys and placed the patient under chloroform; but before making extension I found it necessary, as the bone was *tightly* clasped by the lips of the wound, to make an incision downwards from the under lip, which was turned in, so as to admit of the more easy return of the tibia. I then made considerable traction with the pulleys, but from the contracted state of the gastrocnemii, &c., I was unable to effect reduction without employing more force than I thought safe. I then sawed off about an inch and a quarter of the end of the bone, and at once replaced it without any difficulty, applied a pledget of lint, and laid the limb on the side. The patient fell asleep almost immediately, Dr. McClelland having judiciously given him a large dose of Battley on sending him in.

Next day I found him cheerful, and not complaining much; and, considering the nature of the injury, less inflammation followed than might have been expected, and never extending above the knee. A blush of redness appeared on the outside of the foot, reaching from the ankle to the toes, and which I attributed to the pressure of the bandage used in the pulling of the foot, but which I found afterwards proceeded from the small fragment of the fibula, which was unfortunately overlooked by me in replacing the bone, and which caused a great deal of trouble afterwards, producing a good deal of inflammation and suppuration, requiring opening, and not healing till it was extracted. However, it must be recollected I was alone, with only the assistance of a very intelligent hospital man to attend to the chloroform, &c. I need not enter into a detail of the progress of the case, which must be obvious to the members of the Society. I had, however, to contend with much suppuration and hectic, and at one time was most anxious and dubious of the result; but, thanks to a good constitution, as the event proved, and to abundance of support, the young man was able to leave the hospital on the 17th of May (four months and a half from the accident), with a useful limb, about one inch shorter than the other.

I may mention that this was the *fourth* case of bad compound dislocation of the ankle, attended with much injury to the soft parts, which I had successfully treated without amputation, experience of which influenced me in my decision to give the patient the chance of saving the foot.

Mr. Richardson observed that Dr. Benson received a letter from Dr. Nolan, on Tuesday last, stating that he had seen the young man on Monday, and that the foot is now slightly turned out, the leg being barely an inch shorter than the opposite one. There is also a considerable degree of motion at the instep.

POTTS' FRACTURE.

Mr. H. G. Croly said he wished to bring under the notice of the Society the subject of fracture of the fibula in the vicinity of the ankle-joint, known as Potts' fracture. His object in bringing the matter forward was to elicit discussion as to Dupuytren's apparatus. He also wished to draw particular attention to a plan which he had adopted with the greatest satisfaction—the very simple mode of strapping the splint and the pad on the limb with adhesive plaister, instead of bandage. Mr. Croly then read the following:—

Case 1.—M. M., aged fifty-seven years, was admitted into the female accident ward of the City of Dublin Hospital, under my care. *History.*—She was running down stairs, and turned her right foot violently inwards. She suffered intense pain in the ankle-joint; could not attempt to put her foot under her. *Symptoms on admission.*—Foot everted; ankle-joint increased in width; internal malleolus prominent; *intense pain* produced by making pressure over the lower part of the fibula, which was found to be fractured about two and a half inches above the malleolar tip.

Reduction effected in following manner:—Leg flexed upon the thigh and the thigh upon the abdomen, to relax the muscles; knee-joint grasped by an assistant to keep the limb in the flexed position; foot was grasped and inverted, and the tibia pressed outwards on the astragulus. Dupuytren's apparatus applied and fixed by *means of soap plaster* in the following manner:—The conical pad was placed on the side of the limb, its base extending as far as the internal malleolus; the splint was then adjusted. Broad strips of soap plaster were applied evenly around the leg, for about a hand's breadth, below the knee-joint to fix the upper end of the appliance. The foot was then approximated to the end of the splint, and retained in the inverted position by means of strips of plaister applied in a figure-of-eight form, embracing alternately the dorsum of the foot, the end of the splint, and the heel; the limb was then flexed and placed upon a pillow, lying on its fibular side. The apparatus was kept on for a month, and was then removed, and the joint supported by strapping with plaster covered with a woollen bandage. The patient was discharged from hospital in nine weeks from the date of admission, with complete union of the fracture, and without deformity.

Case 2.—L. McE., aged twenty-seven years, a labourer, was admitted into the male accident ward. *History.*—In jumping off a height he turned his foot under him, and suffered great pain. Does not know whether his foot turned *inwards* or *outwards*. *Symptoms.*—Foot *slightly everted;* inner malleolus projecting; considerable tension produced by effusion into the ankle-joint; ecchymosis of leg and over the base of the internal lateral ligament; great suffering caused by pressure applied over the lower end of the fibula, which was fractured about one inch and a half above the tip of the malleolus. Reduction effected as in Case 1, and Dupuytren's apparatus applied with plaister; cold evaporating lotion to the joint. Patient discharged in six weeks, the foot and ankle being previously well-strapped and bandaged.

Case 3.—P. M., engine-driver of the train to which the accident occurred near Bray Head, was admitted into the hospital suffering from fracture of the fibula, two inches above the end of bone. Patient said he jumped off the engine, and fell a considerable height, and turned his right foot under him. On admission, there was very great effusion into the joint, and extreme tenderness over the fibula.

Dupuytren's apparatus applied as in previous cases; iced lotion to joint. Patient discharged in one month, with starched bandage applied. He was a considerable time in recovering the free use of the leg, as he was a very heavy man.

Case 4.—P. N., aged twenty-three years, a coal porter, had been drinking, and turned his right foot under him; suffered much pain; admitted almost immediately into the hospital.

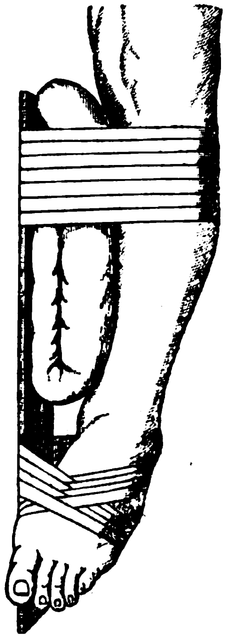
Symptoms.—Inability to walk; ankle-joint swollen; severe pain on pressure over the lower end of the fibula, two inches above the end of the bone; foot *slightly* everted; yielding of fragments on pressure being applied over seat of fracture; internal ankle prominent, and integument tense; effusion into joint. Dupuytren's apparatus applied as in preceding cases. Patient discharged in a month; starched bandage applied.

Case 5.—J. D., an in-door servant, slipped coming down stairs, and turned his left foot under him; felt something snap. *Symptoms.*—Inability to walk; pain in lower end of fibula; effusion into joint.

Case 6.—Mr. ——, aged thirty-eight years, residing near the hospital, slipped off the foot-path one dark night, and turned his left foot violently under him; he fainted from the pain, and was carried by his own request to the hospital.

Symptoms.—Left foot *everted;* a depression was observed about two inches and a half above the end of the external malleolus. The internal ankle was very prominent, and threatened to burst through the integument, which was tightly stretched over it; effusion into the joint and entire leg.

Patient complained of most excruciating pain. Reduction effected as in other cases, and Dupuytren's apparatus applied, from which the accompanying drawing was taken. Cold lotions were applied; large bullæ formed along the leg. Patient discharged in a month.



Case 7.—M. T., a female, aged sixty years, turned her left foot inwards; fibula fractured two inches and a half above malleolar tip; marked eversion of foot. Dupuytren's apparatus applied as in previous cases; *never required a second dressing.* Patient discharged in a month cured.

Case 8.—M. M., a man, aged thirty-four years, turned his right foot violently; fibula fractured one inch and a half above tip of malleolus. Dupuytren's apparatus applied with plaister. Result satisfactory.

Fracture of fibula two inches and a half above end of malleolus, with fracture of lower end of tibia, and displacement backwards of the foot.

Case 9.—J. F., aged thirty years, a policeman, was lifting a heavy cask of porter, and his left foot turned under him; he felt his ankle snap, and suffered much pain in the part; admitted at once into hospital.

Symptoms.—Left foot *slightly* everted and displaced backwards; enormous effusion into the ankle-joint; leg swollen. Internal malleolus remains attached to the astragulus; lower end of upper fragment protruding forwards on the neck of the astragulus; tendo-Achilles arched; heel unnaturally prominent.

Treatment.—Foot flexed upon the leg, the leg upon the thigh, and the thigh upon the abdomen. Reduction was then easily effected by pressing the tibia backwards, and inverting the foot. Dupuytren's apparatus was applied to the *back* of the limb in the following manner:—The wedge end of the pad was placed in the hollow above the heel, the splint underneath it; broad straps of plaister were then applied around the limb, a hand's breadth below the knee, and also above the ankle-joint (a compress of lint being placed on the front of the tibia low down to bear off the pressure of the plaister). The limb was then placed in a fracture-box, carefully padded and elevated, so as to keep the limb flexed.

Fracture of the fibula, two inches and a half above the ankle-joint, with rupture of the deltoid ligament; partial luxation of the tibia forwards and foot backwards.

Case 10.—E. H., a female, aged forty-six years, was walking down the street, her foot slipped, and she cried out that her leg was broken, as she felt a snap; she was admitted into the hospital. *Symptoms.*—Foot foreshortened; fibula fractured two inches above its malleolar end; no *eversion* or *inversion* of the foot; the malleolar end of the tibia was felt and seen projecting on the neck of the astragulus. Reduction was effected and apparatus applied as in Case 9. Patient recovered perfect use of joint.

Mr. Croly continued to say that, during the two years and a half he had resided as House Surgeon in the City of Dublin Hospital, he had seen all the cases of Potts' fracture immediately on their entering into the house. He believed the marked eversion of the foot as pictured by Pott was the exception, and not the rule. He thought the fracture was generally not so high up as pictured by Pott, and that the deltoid ligament was frequently ruptured. He had, however, seen instances in which the foot presented the exact appearance represented by Pott. Generally his experience was, that the fracture was closer to the ankle-joint, the deltoid ligament ruptured, a blue line visible corresponding to the torn ligament, and there was extreme tenderness over the seat of the fracture of the fibula. He thought the rule that guided most surgeons was, if there was extreme tenderness in the lower end of the fibula with crepitus, to treat the injury as a fracture. He thought it was an exception to get crepitus in a fracture of the lower end of the fibula. In the other case of fracture to which Dupuytren called attention, and on which Mr. Adams had written so admirably, Dupuytren recommended that a pad should be laid behind the heel, and he did not say anything of putting the limb into a box splint. He should like to hear the opinions of the members of the Society on these points:—The distance of the fracture from the ankle-joint, the adaptability of Dupuytren's apparatus, and the use of the sticking plaister, instead of the bandage, which had been very successful in his hands. It had been remarked that if this splint was kept on too long it caused eversion of the limb, and it had been suggested to change it to the outside of the limb to prevent the deformity. He had never seen any bad result from Dupuytren's apparatus when properly applied.

The **Chairman** observed that Mr. Croly's paper was an interesting one, and the adoption of sticking plaister instead of the bandage was its essence.

Mr. **Stapleton** said he had always been in the habit of putting up children's fractured thighs with sticking plaister, and he found it to answer very well. As to Dupuytren's apparatus, everyone of large experience knew that it was about one of the worst apparatus as regards the comfort of the patient and convenience of the surgeon, because it was always slipping. For several years he had not tried that splint, but always used the box, with which his cases had a great deal of comfort. Dupuytren's apparatus had been modified by English surgeons, and notched to keep it in its place; but the simple apparatus itself was objectionable on the ground he had mentioned. As to the rupture of the deltoid ligament, it was exceedingly rare; so much so, that in his long experience he had never seen rupture of the deltoid ligament without a portion of the internal malleolus being carried away; and, in compound fracture, it was frequently demonstrated that the tip of the internal malleolus was more frequently broken than the rupture of the ligament alone.

Mr. **White** said he had opportunities in Jervis street Hospital, during the last couple of years, of seeing a number of these cases immediately after the occurrence of the injury, and in all of them there was proof that the lower end of the internal malleolus was torn off with the ligament. As to the situation of the injury, he believed that the fracture of the fibula was rather higher up than Mr. Croly had described it to be. It was in the space where the latter fracture occurred, between two and three inches above the ankle, that the displacement was greatest. No doubt, however, that fracture of the fibula occurred in every situation, from an inch or less up to three inches above the ankle. He believed that Dupuytren's apparatus was generally abandoned at the present day. The box splint was far more successful, and indeed the success which he had seen follow the use of it was most satisfactory.

Mr. **William Stokes** said he could not agree with what Mr. Stapleton had said of the difficulty of keeping Dupuytren's splint in its place. His experience was extremely small compared to that of Mr. Stapleton, but he had endeavoured to carry out the treatment of these accidents as described by Dupuytren, and had never found extreme difficulty in keeping on the splint. At the same time, the treatment by the box splint was a good one, and was one adopted by his esteemed and honoured friend, the late Mr. Hutton, in the Richmond Hospital. He had not tried the mode of keeping the splint in its place by sticking plaister. In cases where there was a fracture of the fibula with fracture of the lower end of the tibia, and a tendency to displacement forward, it was extremely difficult to keep the bones in their places. He had a case of that kind, but until he had followed the plan recommended by Dupuytren of putting the splint along the posterior surface of the limb, that he was enabled to keep the fragments in their places, and the result was an excellent one.

Mr. **Wharton** could fully corroborate what Mr. Stokes had said. He had never found the extreme difficulty spoken of by Mr. Stapleton in using the apparatus of Dupuytren. It appeared to him Mr. Croly's drawing was not well delineated, for it represented the foot as too much extended. He mentioned this because Mr. Croly said if the apparatus was kept on too long there was a fear of talipes varus taking place. Now, if the foot were kept up, as represented in Mr. Croly's drawing, he thought talipes varus a very likely consequence.

Dr. **Grimshaw** said that when he was a student of Steevens' Hospital he always used sticking plaister, by the direction of Mr. Cusack, in attaching Dupuytren's splints. He indeed thought that he also put up with sticking plaister most of the ordinary fractures which came into the hospital.

Dr. **Henry Kennedy** thought the seat of the fracture of the fibula would be affected by the height of the patient. If a man were five feet six inches the fracture would be nearer the malleolus than if he were six feet.

Mr. **Fleming** recollected the case alluded to by Mr. Stokes. He thought the position in which they placed the individual in the first instance was on his back, and in which position he had treated these cases of fracture of the fibula. He accidentally saw the man a fortnight ago, and he certainly seemed to have made a better recovery than could have been anticipated from the nature of the injury, although at present he laboured under a difficulty of moving the joint, and there was a good deal of displacement of the anterior portion of the fracture. The case was a very complicated one, very difficult to deal with, and the patient not very tolerant of treatment. As regards Dupuytren's apparatus, all surgeons were aware that there was a modification of it suggested by Mr. Fergusson which resembled much in its construction the ordinary Liston splint for fracture of the femur. In treating Potts' fracture, he had used the apparatus delineated by Dupuytren, and he must acknowledge there was often extreme difficulty in keeping the limb in a position that would secure the perfect adaptation of the bones. In cases where the tibia was thrown forward he derived great assistance from the application of a compress, but there was great difficulty in compressing it with a box apparatus—he alluded to the apparatus where the box splint was formed with hinged side splints. He attached great importance to the position in which the foot was placed. Further injury was likely to arise from inattention to this point.

Mr. **Stapleton** said the box splint used in Jervis street Hospital was one with a back board, having hinged sides, and also having a foot board. Whenever there was displacement forward, all the surgeon had to do was to place a pad in front and keep it in its place with a buckle bandage. In treating fractures, the worst thing possible were bandages. If the surgeon could keep the limb in a box splint without constricting it by a bandage, he would gain a great deal. By putting a pad here and there, and securing the limb in a proper place, it was fixed, and not at all constricted.

Mr. **B. Wills Richardson** said there was often in these cases difficulty in making an exact diagnosis as to the exact seat of the fracture of the fibula, for if the bone is broken obliquely, the everted foot may tilt the lower fragment upwards, and thereby lead to overlapping, the most tender spot corresponding to the end of whichever fragment is nearest the skin. Thus, for instance, should the lower end of the upper fragment overlap the upper end of the lower fragment, the surgeon might be erroneously induced to think the fracture nearer the malleolus than it is in reality.

The **Chairman** observed that in the last number of the

Dublin Journal there is a very interesting description of a splint by Mr. Swan.

Mr. Croly, in reply, said he did not profess to be the first who used sticking plaister; he only meant to say that he had found the sticking plaister an excellent mode of treatment. No matter how well the bandage was applied, he always found it slipping, and that suggested the use of the sticking plaister, which he found to answer the required purpose. With regard to the rupture of the deltoid ligament, he thought they need not pass Mr. Pott. He said it was frequently torn through. Mr. White said that the end of the malleolus was generally broken off, instead of the ligament being ruptured; but it so happened that in the cases which he (Mr. Croly) had seen such was not the case. With regard to the drawing, to which Mr. Wharton had called attention, the peculiar appearance it presented was owing to the point of view from which it had been taken. He found that in "Miller's Surgery," a very good book in many respects, Dupuytren's splint was described as a forked splint with a bandage running from the knee down. When such an error could be made in such a work he thought he was justified in bringing the matter before the Society. He had treated ten or twelve cases with this apparatus, and with the sticking plaister, as described; and he was so well satisfied with the result that he would continue the practice.

SIMULTANEOUS DISLOCATION OF BOTH PATELLÆ OUTWARDS.

Dr. Mapother said that his former pupil, Assistant-Surgeon Conry, of H.M.S. "Doris," sent to him the description of a case of simultaneous dislocation of both patellæ, which he thought worthy of record. A midshipman, aged seventeen, while shooting in Jamaica, aimed at a bird flying directly over his head, and in doing so, lowered his body by flexing both knees considerably. The instant he fired he fell with both patellæ dislocated outwards, and when raised both bones were replaced by pressure, the knees being extended. This occurred nearly two years ago, and since then the right patella has been twice thrown out, but the left has retained its normal place. The dislocation outwards is rendered likely by the fact that an angle inwards is formed by the rectus muscle with its tendon, the ligament of the patella; and is for the same reason more apt to occur in persons whose knees approach each other more closely than usual. It is, however, prevented by the greater projection of the outer condyle. In such cases the best mode of reduction seems to be, to place the heel on the surgeon's shoulder, the patient being horizontal and the bone can be then readily pressed inwards. A patient of mine has often expressed to me his fears that in going upstairs "his knees would give way;" and this is just the position in which a dislocation outwards of the patella would be probable. When the foot is landed on one step the knee is fixed, but on raising the next it is extended, and if this extension be performed too vigorously or suddenly, the quadriceps may jerk the patella outwards, notwithstanding the projection of the outer condyle of the femur.

The meeting adjourned until the 19th March.

DUBLIN PATHOLOGICAL SOCIETY.

February 20.

Mr. Barton exhibited a

SPECIMEN OF CARIES OF THE BONES OF THE FOOT.

The young women who was the subject of this disease was of a remarkably strumous disposition. She suffered from lupus of the nose, and had other strumous symptoms. The part of the foot affected was originally the outside of the os calcis. She had been submitted to various forms of treatment, and when she came under his care, last October, it appeared to him that the disease was limited to the os calcis, and that therefore he could perform an operation for the removal of the diseased bone without sacrificing the foot. The operation checked the further progess of the disease in the os calcis, but after the lapse of some time, further symptoms occurred, leaving the inference unavoidable, that ther bones were engaged. It became necessary, therefore, to amputate the foot, which was done after the modified method of Mr. Syme. Cutting off the bones a little above the ankle-joint, and getting the covering from the inner and lower part of the heel, the astragulus was found in the first stage of strumous disease. It was yellowish, vascular, and soft. The portion of the bone where the first operation was performed presented some interesting pathological changes at the bottom of the cavity formed by the gauge. Caries existed to a certain extent, but a further change had taken place. The bone surrounding this was harder than natural; there was no caries, beyond this indurated loose tissue. The extension of the disease was due to the original cause which predisposed this patient to this form of disease, and which still existing, disposed her to farther disease in the bone rather than the extension of the disease from the point in which it first appeared. The case was one of interest from the well marked hardening which existed round the calcis, whilst the astragulus itself was the seat of the disease which had rendered necessary the amputation of the foot.

ENCEPHALOID CANCER OF THE LIVER—ATROPHY OF THE HEART.

Dr. Cryan said that James W———, a wool-packer, aged 52, was admitted into St. Vincent's Hospital, under his care, on the 19th December, 1868. For the past six or eight years, the patient had been in the habit of drinking from two to three quarts of porter daily, but he usually enjoyed good health up to seven months before the period of his admission into hospital; he then began to complain of want of appetite, occasional nausea, and gradual loss of flesh and strength. On admission, he looked pale and anæmic, and much depressed in spirits; he was greatly emaciated, and complained of loss of appetite, nausea, flatulence, and extreme debility; there was slight tenderness over the stomach, but no pain; he had never discharged blood from the stomach, or bowels, nor had he been infected with syphilis, or suffering from caries of bone; the liver could be felt projecting fully an inch and a half below the right costal margin; it was hard, and smooth, and slightly tender on palpation; the hepatic dulness, in the right mammary line, measured 6¼ inches; there was no evidence of splenic enlargement; there was a small amount of effusion into the peritoneum, the girth of the abdomen, at the umbilicus, measured 34 inches, the superficial views of the abdomen were not enlarged. The urine was scanty, sp. g. 1032, acid, dark like porter, and threw down a copious deposit of lithates; it contained some bile pigment, but no bile-acids, and no albumen; tongue moist and covered with a thin fur; bowels free, motions contained bile, and were not offensive. The respiratory signs were normal; the impulse of the heart was very weak, the first sound was short and clear, resembling the second sound in these characters, the area of cardiac dulness somewhat diminished; pulse at wrist was small, weak, but regular, 80 in the minute; skin hot and dry but neither it or the conjunctivæ presented any jaundiced tinge.

Dr. Cryan said, that when he first saw the case he had some little doubt as to the nature of the hepatic enlargement—the intemperate habits of the patient, the firm resistant though smooth liver felt close below the costal arch, the dyspeptic symptoms, and the ascitis seemed to suggest that it might be due to cirrhosis in its *first* stage, in which, before the process of contraction sets in, we occasionally find the organ slightly enlarged, and firm and smooth; but against this view were the absence of splenic tumour, of any enlargement of the superficial abdominal veins, or of gastric or intestinal hæmmorrhage, and the marked cachexia, and rather rapid course of the disease: again, the smooth painless and firm enlargement of the organ might arise from waxey liver, but in waxey enlargement the progress of the disease is slow, and there is usually enlargement of the spleen, albuminuria with marked increase in the quantity of urine, and a history of constitutional syphilis, or chronic disease of the bones,—all of which were absent in the case before us; he (Dr. C.,) therefore, thought it probable that, notwithstanding the absence of pain, and the inability to feel any tubera projecting from its surface, the enlargement was due to cancer of the liver. On the 30th December, ten days after the patient's admission into hospital, two or three round firm nodules, each about the size of a marble, were distinctly felt on the anterior surface of the left lobe, the entire liver had, meantime, increased much in size, the emaciation continued to progress, the patient passed sleepless nights—though he never suffered from pain—and the cachexion was more pronounced, so that there could no longer be any doubt as to the cancerous nature of the disease. On the 1st of January, 1869, he became slightly jaundiced; the stools still contained abundance of bile, the jaundice persisted till his death.

On the 29th January, ten days before the patient's death, the right lower extremity became anasarcous, the swelling extended gradually up to the crest of the ilium. There was no tenderness over the veins of the limb, nor did the patient complain of pain, the skin was pale, and the temperature was a few degrees below the normal standard; pulsation could be felt in the dorsal artery of the foot. From this date until his death, on the 8th February, the œdema of the lower limb slowly increased.

Post-mortem examination, fourteen hours after death, exhibited the following appearances:—The liver was enlarged, it weighed 5lbs. 4oz., and was thickly studded on both surfaces, and throughout its interior, with round whitish tubercles of brain-like consistence, varying in size from a pea to a small chestnut; but few of these tubercles presented the usual umbillicated appearance on the free surface, or showed any central softening; the hepatic substance surrounding them was for the most part of a yellowish brown colour, but at some points, where the tubera were of large size, the liver substance was of a greenish hue, and seemed condensed by their pressure; three or four large nodules projected from the anterior surface of the left lobe of the liver, close to its thin edge; on a microscopic examination of the creamy juice obtained by scraping a section of the tubercles, it was found to be made up of large nucleated cells, round, and fusiform, ranging from one-hundredth to one thousandth of an inch in diameter, with a nucleus, about one-third the size of the cell, surrounded with fine granular matter, which resisted the action of ether, and was not of a fatty nature; the hepatic lobules intervening between the cancerous tubercles were not infiltrated with cancer, but many of the hepatic cells were loaded with oil, and some few looked small and withered; the hepatic cells in the centre of each lobule were nearly filled with bile-pigment.

The glands in the transverse fissure of the liver were infiltrated with cancer, and formed a tumour as large as a hen's egg, which embraced the common bile duct and the blood-vessels; his (Dr. C.'s) friend Dr. Nixon carefully dissected the trunk and primary branches of the vena porta, hepatic artery, and bile ducts, and found them all to be quite pervious, and free from coagula, and but little altered in size; the cystic duct, however, was much compressed and superficially ulcerated at its origin from the gall bladder, by one of these cancerous glands; the gall bladder was contracted, its coats were thickened, and it contained about half an ounce of dark green bile. The head of the pancreas was slightly infiltrated with cancer, and was hard and of a greenish yellow colour, but the opening of the common bile duct into the duodenum was quite pervious. The right common iliac vein was much compressed by a large cancerous gland, its cavity did not contain any coagula or cancerous masses; the iliac arteries were quite free and pervious. The stomach and intestines were normal; the spleen was small, weighing 4½ oz., its fibrous coat thickened, the parenchyma firm, and of a dark brown colour. Iodine and sulphuric did not develope any so-called amyloid reaction when applied to the tissue of the spleen, liver, or kidneys—the latter were hard, smooth, and congested, and weighed only 3¼ oz. each; the heart was small, weighing only 5½ oz., its muscular tissue was pale, and softer than natural, but there was no fatty degeneration; the cardiac valves and orifices were healthy; the lungs were much congested, but in other respects quite normal.

Dr. Cryan stated that it was worthy of notice that in this case there was complete absence of all pain, thus affording a further illustration of the clinical fact that encephaloid of the liver is often a painless disease, and in marked contrast, in that respect, with true scirrhus of the organ, which is comparatively rare, but an interesting case of which has been recorded by Dr Stokes (proceedings of Pathological Society, New Series, Vol. 3. p. 170) in which "the principal symptoms were jaundice *and intolerable and persistent pain*." The great atrophy of the heart in the present case was also of interest—as well as the cause of obstruction to the circulation in the right common iliac vein revealed after death, and explaining the œdema of the right lower extremity noticed during the last ten days of the patient's life. In a case of cancer of the liver recorded by Dr. Gordon (Proceedings of Pathological Society, New Series, Vol. 2. p. 160) the patient *suddenly* complained of severe pain in the left lower extremety, rapidly followed by great swelling, and a fall of several degrees in its temperature, with absence of any tenderness on pressure over the large veins; Dr. Gordon diagnosed that the main artery of the limb had been suddenly occluded, and *post-mortem* examination verified the diagnosis, showing, "that the interruption to the circulation was caused by the left common iliac artery being completely obstructed by a mass of semi-diffluent cancerous matter."

◆

IN APRIL.

The First of a Series of Six Lectures
ON THE
PATHOLOGY AND TREATMENT OF FIBROUS TUMOURS OF THE UTERUS
(INCLUDING POLYPI),
WILL APPEAR IN OUR SECOND NUMBER IN APRIL
By JAMES PALFREY, M.D., M.R.C.P. Lond.,
Assistant Physician-Accoucheur to the London Hospital;
Late Physician-Accoucheur to the Farringdon Lying-in Charity, &c., &c.

Registered for Transmission Abroad.

The Medical Press and Circular *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price 5d. Stamped 6d.*

By Post to Annual Subscribers, £1 2 6
„ *If paid in advance,* 1 1 8

⁂ Post-Office Orders and Cheques to be drawn in favour of
A. A. Tindall, 20, King William-street, Strand, London,
„ 3, Lincoln-place, Dublin,
Maclachlan & Stewart, South Bridge, Edinburgh.

Sole Agents for the United States.
Messrs. Kelly and Piet, Baltimore.
Annual Subscription, *post free*, Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 31, 1869.

HOSPITAL REFORM.—THE ACADEMY OF MEDICINE.

The debate of Wednesday last, in the Metropolitan Branch of the British Medical Association, has cleared up many doubtful points on the question of medical reform. The first point treated of was as to the advantage or not of admitting patients to hospital without the necessity of Governors' letters being obtained. This part of the debate was opened by Dr. C. Drysdale, who, in advocating the adoption of this system in opposition to the system by Governors' letters, gave as reasons for it, his own experience that, at the Metropolitan Free Hospital, the class of patients admitted were all evidently very poor and unable to pay for medical advice. Many persons, he thought, with means were deterred from coming to hospitals when admission was free, because they did not like to mix and beg for admission with a crowd of their poorer neighbours; and, having more time to themselves, the better class of patients obtained Governors' letters to some of the other hospitals, and thus the struggling London medical man lost some of his patients. About 100 new cases of out-patients were daily admitted to that Hospital, and he thought it would be a good thing, in addition to this, if there were some plan suggested to prevent persons of any means from coming to take advantage of the charities in London and elsewhere to the detriment of the medical profession. Mr. Teevan, in a generous speech, Mr. Coulson, Mr. F. Mason, Dr. Oppert, and several other gentlemen were in favour of this open admission of patients. Dr. Stewart and Mr. Christopher Heath, however, made objections to it, the latter observing that this system would require the establishment of one or two central offices for the selection of patients for admission into hospitals. Many arguments, however, were brought forward as to the bad working of the system by means of Governors' letters, and, on the whole, it may be admitted that there is great probability of the free admission of poor patients becoming, as it has long been in France and throughout the Continent, the usual mode of admission to all charities. In the Bureau Central, at Paris, as all well know, the applicant for hospital treatment presents himself, unless in cases of urgency, before able physicians and surgeons, and is at once rejected if his case does not require in-door treatment, or admitted at once into some hospital if a fit case. Two such central offices might be required, *perhaps*, in gigantic London; and all our large hospitals should be affiliated. We are convinced that subscribers would be often delighted to get rid of the annoyance of being applied to for letters, and, indeed, it was conclusively shown that it was already often remarked by the Governors, "I will gladly subscribe to your charity, but don't send me any letters."

The second heading of the debate was that of medical specialities—a subject full of interest, especially at the present time in London, where, as remarked by a famous Parisian physician, there is scarcely any person in the medical ranks who is not a specialist—that is, among hospital physicians and surgeons. Dr. Beigel, indeed, in a speech of great force, and which was well received, explained this very well when he remarked that he was not astonished that there existed many specialities in London, and only wondered there were so *few* of them. Because, said he, when a young medical man of promise wishes to devote himself to teaching some part of the medical art in Germany, he has by no means a difficult task to perform. In such a case he goes to the university and announces his desire to give a course of lectures on ophthalmology, or on the laryngoscope, or on syphilis, or any other subject he pleases, and the university immediately grants him a lecture-room within its walls; and then, if he becomes popular, he is likely to rise into notice as a teacher in a short time. In London no such facilities exist, and hence the man who has a taste for practical medicine has but one resource—namely, to take up a special hospital. The arguments against the expense of special hospitals were met ably by Mr. Coulson, Mr. Teevan, and Dr. Morell Mackenzie, by the observation that they were found to be cheaper per patient, per bed, than the large hospitals; and there does appear to be another telling argument in the facts recently alluded to by Sir James Simpson, as to the greater mortality of large than of small hospitals. Mr. C. Heath and Mr. Hart a little invalidated the force of the argument as to comparative expense when they mentioned that, in the large hospitals, cases requiring more expensive apparatus were treated, whose treatment, of course, required more outlay than those suffering from diseases of the eye, the throat, or the urethra. For our own part, we must say we think that Sir James Simpson's arguments against large hospitals are unanswerable, and we do not think that perhaps any hospital with above sixty beds should ever again be built. It is impossible to get rid of miasmata and pyæmia in large hospitals, and hence we are not at all averse to seeing specialities multiply as much as possible until the subject is better understood, especially as there can be no doubt that students can learn much more by attending for a few weeks at each speciality than they could by passing a far longer time in wards of a general hospital. Who is there, for instance, who has passed any time at the Moorfields' Ophthalmic Hospital in London, or at the St. Louis or the Hôpital du Midi of Paris, without learning infinitely more about diseases of the skin, &c., than he ever could have hoped to do in the same time at St. Bartholomew's or the Hotel Dieu?

A topic which has not as yet been introduced into the debate is that of provident dispensaries. Doubtless this form of medical relief is the one which is destined in the future to take, in a great measure, the place of our present medical charities. Self-help, we all know, is the only way to anything like a good and wholesome life, and the notion of accepting charity is one which ought always to be painful to every member of society who is not totally unable to render some reciprocal benefit for whatever favour he receives. London, as usual, is behind the rest of England in providing for such co-operative medical or other assistance as provident dispensaries or co-operative stores. But it is a sign of the times that one or two such dispensaries are budding forth even in this vast metropolis. For example, the St. Marylebone Provident Dispensary has about 3,000 members, who contributed in the year 1867 no less than £222 to the institution, and in the same year the medical men connected with the institution received £40 each for their valuable services, instead of giving these services gratuitously, as is done in the majority of our London hospitals and dispensaries by gentlemen who can ill afford to do this. The drug bill of that year was only £77, and the rent £30, while the dispenser's salary, £73, and the collector's poundage, £4, and secretary's salary, £30, formed the chief expenses of the establishment. When it is known that one of the medical officers is Mr. William Sedgwick, a gentleman of the most distinguished acquirements in medical science, and whose works on hereditary disease and on cholera have been as highly appreciated by the medical profession, we need hardly say that it is time that the rest of the profession imitated the example of such able men, and turned most of the medical charities into provident dispensaries.

The great mistake in London, as was pointed out by several of the speakers on Wednesday last, lies in the multiplicity of small medical schools. There is no need of more than one, or at the most two schools, which, of course, would then secure the most able men of the day for professors, as the Academy of Medicine in Paris does at present, and which has rendered its professors so eminent; and this leads us to refer to the cheering announcement recently made by Mr. Solly, from the President's Chair of the Royal Medical and Chirurgical Society of London, that a committee of that society has reported in favour of the amalgamation of all our distracted societies into one whole, under the name of the Academy of Medicine of London. We know of no step more likely to advance the interests of medical science and of the practitioner of medicine than this. And we believe, that this will be but the beginning of further great and vital changes, such as the establishment of one government degree, which should be taken per force before any other body were allowed to grant any degree in medicine or surgery. When this was once accomplished, we might look forward to an united profession of medicine; or, at any rate, to a satisfactory termination of the invidious distinctions which have so long subsisted between the general practitioner and the physician, or hospital surgeon. There should be no grades in medicine, which has all the element of a republic; and the only avenue to rising to high posts in our ranks, *of course*, should be the free competitive examinations, which have made the Parisian School what it is. The Academy of Medicine once established, there could be but little difficulty in choosing amidst its ranks a certain number of distinguished professors who might lecture to the whole of the students attending hospitals in London, and grant them certificates for attendance on lectures, if this were necessary. In addition to this, each hospital might have its practical school for lectures on auscultation, bandages, &c., &c. Hospitals would then be places for treating the sick, for the study of clinical medicine, and clinical lectures, not partly for extra-practical scientific pursuits, as at present. The existence, too, of extra-academical lectures ought to be encouraged, by the permission given to all members of the profession desiring it to give short courses on different practical subjects, as is done at the Ecole Pratique at Paris, where we have heard the illustrious Chassaignac and many world-renowned specialists lecture to admiring and enthusiastic listeners.

There never was a time in which there seemed more desire to reform our medical corporations than the present. And the lively character of the debate of the other evening shows how deeply the importance of the changes contemplated is felt by the younger members of the profession. Indeed, it is complained by many of them that the present system of admission to hospitals is completely pauperizing the medical profession; and that it is becoming very difficult indeed for a young surgeon or physician to live by the exercise of his profession, whilst the general practitioner is no less, and most justly, indignant at the number of patients withdrawn from his care by charitable institutions, which afford both the most skilled advice added to the enjoyment of medicine and nursing without any trouble or expense to the applicant. In bringing forward this question, then, we may truly say that Mr. Ernest Hart has done some really admirable work. His advocacy of the extension of the Contagious Disease Act to the general population, we are by no means so much in favour of; and there are certainly some important blemishes in the system of parochial hospitals; but in this last discussion, inaugurated by him, we have none of the principles of individual liberty infringed, and we heartily wish all success to the committee appointed by him for the examination of the best means for effecting hospital reform.

◆

PAUPERISM IN LONDON.

Mr. Purdy's Return, showing the valuation, area, population, and pauperism of London, furnishes us with some instructive statistics. First of all, we find that the rateable value of the metropolitan unions has an aggregate amount of £16,818,768. According to the last report of the Poor-law Commissioners the net annual value of property rated for the whole of Ireland is £13,045,725; total relief granted to the poor of the metropolitan unions, £1,316,089; total of poor relief and medical charities Ireland, £794,894. The total "average" of pauperism in the metropolitan districts (London) was as high as 145,369 souls. Besides all this, it has been estimated that 1,800,000 persons (not including the pauper sick) received relief during the year in the London hospitals; and, finally, the Bishop of London sums up with the following statement:—"It seems that there now exists in the metropolis more than a thousand associations for charitable purposes, administering annually about £4,000,000, this being an average of £4,000 for each society." This is besides and beyond the enormous expenditure under the Poor-law. Notwithstanding all this expenditure, it is but a few weeks since we heard of a woman dying of starvation within this district; and the spread of want, misery, pauperism, and crime in London is daily impressed upon us. There must be extravagance and waste somewhere. Large sums are consumed in expensive and superfluous machinery; large sums are lavished in the support and encouragement of systematic and organised imposture, while deserving poverty is not relieved. Nobody can doubt that if the Poor-law on the one hand and the various charities on the other were properly administered, this vast sum, nearly five and a half millions a year, would be more than sufficient to meet every exigency, and that want and suffering ought to disappear from the metropolis. Nor are the members of the medical profession entirely free from all blame in the existence of this state of things. There is that little item of 1,800,000 persons who received gratuitous assistance from the London hospitals. What is Dr. Stewart's opinion on this subject? At the late meeting for the discussion on hospital administration, he said,—"The profession are responsible to the public in this matter, which is very far from being merely professional." In a pamphlet on "Medical Charities as they are and as they ought to be," he had pointed out that these institutions were great breeders of pauperism. He used to notice, in dispensary practice especially, that patients at their first application would say "that they did not like to come to get relief for nothing, but had at last been compelled to do so." At their next application there was no such compunction. The next time, if there was any pinch in circumstances, the patient went to the workhouse, of which not a few became habitual frequenters whenever any difficulty occurred. Thus in many instances the free dispensary was the first downward step to pauperism.

◆

SCOTLAND.

EDINBURGH.

ROYAL INFIRMARY.

At length the contributors to this Institution have come to a decision on the question as to where the new building should be erected. After a long discussion at a meeting held in Queen street Hall, at which the reports of the committee were presented, Professor Syme's motion—"That the new Infirmary shall afford accommodation for surgical as well as medical patients, and that it shall be built on the grounds of George Watson's Hospital"—was carried by a majority of 94. Also, on the motion of Sir J. Simpson, the managers were directed to consider the propriety of establishing a Maternity Hospital in connection with the new Infirmary. The managers, at a subsequent meeting, considered that no obstruction should be thrown in the way of carrying out the motion of Professor Syme.

It seems that there is a legal question connected with these proceedings. Those only who had contributed £5 and upwards to the funds of the Infirmary were allowed to vote. Those who had not done so, though they had contributed to the new building fund, it was considered could not vote. There is some doubt whether this ruling is correct; but either way, it will be right that those who have been excluded from voting should be consulted to know what is their opinion of the motion of Professor Syme—whether they agree that the money subscribed by them should be devoted to that purpose; and, if not, that it should be refunded to them. We should think, however, that few will be found who object to the decision of the contributors, and wish to withdraw the money they have given.

UNIVERSITY—CHAIR OF CHEMISTRY.

THE *Scotsman* says:—"We are requested to state that the curators will meet on Wednesday, 14th proximo, to elect a Professor of Chemistry, in room of Dr. Lyon Playfair, and that applications of intending candidates, and relative documents, fall to be lodged with the secretary on or before Saturday the 3rd proximo."

DISTRICT WATER BILL.

A MEETING of the Committee of the petitioners against this Bill was lately held in the Royal Hotel, Princes' street, with a view to consider what further steps should be taken by the petitioners, having regard to the position now taken up by the promoters of the Bill. It was unanimously resolved to oppose by counsel the Bill as now before Parliament, and a sub-committee was appointed to carry out this resolution.

ST. ANDREW'S UNIVERSITY.

THE General Council of this University held a meeting on Thursday last in the hall of the United College of St. Salvador and St. Leonards. Principal Shairp occupied the chair. The Council proceeded to elect an assessor in the room of the Hon. Lord Jerviswoode, whose term of office had expired. A letter was read by the chairman from Lord Jerviswoode expressing his deep sense of the honour shown him in electing him as assessor on former occasions, and his regret that he could not again request their suffrages.

Dr. Cleghorn was then proposed by Rev. Mr. Thomson, who said that Lord Jerviswoode was one well worthy of the position to which he had been before appointed, and one whom, if it had seemed good to his lordship to have continued in the office, they would have been thankful to re-elect. The gentleman whom he begged to propose had claims of a local nature, and claims also of a more general character. Dr. Cleghorn had been a distinguished student in philosophy in their own University, whence he had gone to Edinburgh to follow that higher course of science which was to qualify him for the medical profession. He resided in their neighbourhood, with time and ability very much at his disposal; and was one whose amiable disposition, gentlemanly manners, and tried discretion, would make him a most agreeable companion to his colleagues in the University Court.

Dr. Lindsay seconded the motion, after which Professor Macdonald, whilst acknowledging the claims and eminence of Dr. Cleghorn, begged to propose Dr. Richardson, of London, a very skilled physiologist and experimentalist, who held a position in the St. Andrews Medical Graduates Association in London, which was industriously occupied in endeavouring to get the extension of the privileges of the University, and the restoration to the University of the power of granting medical degrees. He believed that Dr. Richardson would be ready at all times to attend the meetings of the Council.

Mr. W. Robb seconded the proposal. There were no other candidates, and a show of hands being called for, only the proposer and seconder voted for Dr. Richardson. The rest were for Dr. Cleghorn. A poll on behalf of Dr. Richardson was demanded, and after some remarks by various speakers, the clerk was ordered to make arrangements for the poll.

◆

THE CLIMATE OF NICE.

(FROM AN OCCASIONAL CORRESPONDENT.)

NICE, *March* 14, 1869.

SINCE I last wrote to you* my prediction has been amply fulfilled. March did indeed "come in like a lion" here. I only hope it may "go out like a lamb," as the old English proverb has it. We have had a whole fortnight of the dreaded mistral wind and its accompanying dust. No tongue can tell the irritating qualities of such a time. Those who have experienced it once usually flee before it, or shut themselves up in the house. Many families have hurried on to Rome, Pisa, Naples, or other more genial climes. Some have turned their steps towards Pau, a sedative and damp climate, that is likely to relieve the extreme tension produced by this. Others have ventured to Florence, where, though much colder at times, and not seldom equally irritating, there is more amusement, and for those who have not yet been, a new world to see. Some have gone over to Cannes, Mentone, or San Remo. Of these the last is decidedly preferable, being the most sheltered from the mistral and the cleanest. Cannes is cooler than Nice, its hills are lower, and this year so few people have stayed there that it is excessively dull; yet to those who care not for society it is an agreeable resort. Mentone, so much lauded by interested parties, is in a state as bad as Nice. Its drainage is in a terribly defective condition; filthy smells assail you at every turn; the shopkeepers are as extortionate as at Nice, and there are literally no walks for those who cannot climb lofty hills. This may surprise some; I can only say it is the result of more than one visit this winter. I would tell you more—those who speak of Mentone being only open to the south, are in direct contradiction with the compass. You may believe which witness you please; I confess to a leaning towards the compass. The advantage over Cannes and Mentone possessed by San Remo is considerable. Its value has been pointed out with precision, and its position as a sheltered nook, and its many charms, are explained from a medical point of view in Dr. Prosser James's pamphlet, and from a patient's view, in the charming production of Mr. Aspinwell, published by Churchill and Sons.

There is another refuge nearer than any of those which some of my friends have sought this year,—it is Cimiez, a retreat on a hill, some half-hour's drive from Nice. It is much milder there. The wind is much less felt, and instead of being choked with dust, the visitor is there surrounded with a lovely vegetation. Its inconvenience is, that except for good walkers, it is a long way off from everything that may be wanted, and you are obliged to send down to the town for a carriage when you want one, as indeed for every trifle. There is no hotel there, and boarding-houses are never equal to hotels. There are some good villas, suitable for families who would like to spend a winter there.

All the places I have named are sought, but the great stream is ever onwards, and Rome is the favourite resort. Of all places this seems the best suited to any who have suffered from Nice, and who dare not face a damp place like Pisa or Pau. I see from the English papers that you have had a rough March at home, and year after year I have observed that such weather coincides with our mistral here. It has really been very destructive to those whose respiratory mucous membrane is irritable; and I cannot too strongly urge such persons to be cautious how they come here, much more how they stay till spring. Not that cold is the evil,—for though it has been excessively keen this last fortnight, though the frost has done much damage to the fruit, and the ice in certain parts has been unusually thick, we could bear that well, but for the irritating nature of the wind. There are plenty of places where the average temperature is below this, but where you do not *feel* it so cold. The sun is very powerful at times, so that the transitions are too rapid. Such stimulation one can easily see may be good in some diseases; but for delicate chests nothing can be worse; while hæmoptysis is very often produced by it, to say nothing of the frequency with which it is aggravated when those suffering from it were here. It is very desirable that London physicians should exercise greater care in the selection of the places to which they send their patients; and I cannot but feel, after all I have seen, how necessary it is to warn those who have not a lengthy experience of these climates, of the dangers with which they teem. It is so easy to mistake a case, and the consequences are so serious, that patients ought not to be sent abroad with any vague notions, at the risk of injuring themselves and destroying the reputations of their advisers. It would be much safer to call into consultation one of those physicians who have passed several seasons in these treacherous climates, and whose advice must be more practical as well as more valuable.

---

* The letter about Nice, which appeared in our number of the 10th inst., was from a different correspondent It was, in fact, dated Paris, and should have appeared in the previous letter of our correspondent, but in postponing, the wrong portion was taken out by a mistake of the printer.—[ED.]

Notes on Current Topics.

"An Antient and Fish-like Smell."

A VERY important report on the sale of putrid fish in London has been recently presented to the Marylebone Vestry by their Medical Officer of Health, and furnished by direction of the vestry to the London Common Council. The report stated that it was high time means were adopted to put a stop to the sale of putrid and unsound fish at Billingsgate-market. Not a week, it stated, passed that one or other of the inspectors of that parish was not called upon to destroy large quantities of it, brought to them by costermongers and small dealers, who had purchased it at the Dutch auctions, which are daily held there, on the assurance of the vendors that it was sound and fresh. The quantity destroyed by them during the last month, as being unfit for food, exceeded 600lb., and during the year ending with the last month amounted to 4,490lb. Assuming, says the medical officer, that the parish of Marylebone contains one-twentieth part of the population of the entire metropolis, which is very nearly the fact, and that the quantity of unsound fish destroyed in it is a fair average of the amount of fish in a similar condition sent to other districts, regard being had to the number of their respective populations, it follows that every year 40 tons of an important article of the food of the humbler classes is sent out from Billingsgate-market altogether unfit for human consumption. But this, the medical officer says, by no means constitutes all the fish sold at the market, which is equally unfit to be eaten, a vast quantity of it being daily sold on the street barrows and in small shops in poor neighbourhoods, so stale and unsound that although its condition may not be immediately detected, it is not the less pernicious or dangerous to those who eat it. Among the destitute poor of that parish diarrhœa is more or less prevalent at all seasons of the year, and he could imagine nothing more calculated to produce it than the eating of unsound fish. On the motion of Mr. Pedler, the subject was referred to the markets committee and the commissioners of sewers, for consideration and report.

It is right that the public should be aware that there is something more in the selling of putrid fish than the fraud on the consumer, who buys it as fresh, a system which, we presume, Mr. Bright would say, comes under the same category as adulteration, and is, therefore, perfectly compatible with his ideas of free trade. In putrid flesh, and especially in shell-fish and sausages, an undefined poison is often generated of the most dangerous character of irritant poisons. Many persons have been killed by it, and hundreds suffer serious illness; and in point of fact the wares of the hawker of stall fish may be, and are not unusually, as deleterious as if a certain proportion of his stock were stuffed with an irritant poison.

Via Medica.

THE best, indeed the only reliable, authority on the purchase and sale of medical practices, with which Mr. J. B. Langley has furnished the profession, has just appeared for the third time in response to the requirements of the profession. Less than eighteen months have sufficed to circulate two large editions of the book, and we shall be surprised if the third be more tardy in its sale. The present edition embraces all the new points of law and custom in the general law of master and servant, and in the professional *mos pro lege* in relation to medical assistants. The alterations of the Act of 1867 are embodied in it; and reference is made to the New Pharmacy Act, the provisions of which of themselves would have given rise to the necessity for a new issue of the book. The portions referring to the microscope and books of reference have also followed the progress of medical literature.

The book displays throughout a commendable absence of the self-recommendation, a feature which some medical authors might judiciously plagiarise; and we believe that the straightforward frankness of the information it contains is in the highest degree calculated to enable the profession who may consult its pages to think for themselves, and by putting purchasers and sellers in the position of "looking before they leap," to put such bargains on the safest and most satisfactory footing.

Rigollot's Mustard Leaves.

THESE new and convenient sinapisms, which have recently been introduced into England by a French manufacturer, will, we anticipate, be accepted by the profession as a much-wanted convenience, especially in private practice. There are, without doubt, disadvantages in the ordinary mustard poultice which should bring any efficient substitute into favour. A sinapism is ordered to the chest, say for a heavy cold, and the physician leaves its application with the servant or nurse. First, there is a delay while the mustard is sent for; then the poultice is made, perhaps with so much water that the sinapism trickles down inside the patient's clothing, perhaps with too little, and the poultice is a doughy lump; then the mustard may be fiery, and raises a great blister, or it may have been doing duty in the grocer's window for six months, and be little better than flour and turmeric.

All these contingencies, with all the failures consequent on them, have been long since felt, and have brought into use tissues made with oil of mustard, which, however, were found to be uncertain in their action, in some cases violent, in others comparatively inert.

Rigollot's mustard leaves are apparently nothing else than strong mustard powder spread on paper. They are sold in tight tin cases, such as may be carried in the pocket, and their application consists simply in dipping them in water and applying them to the skin. The experiments which we have made with it indicate that it is much more vigorous and effective than the mustard poultice. In every case the plaster began to give pain in, at most, one minute, causing active determination of blood to the part in from three to eight minutes. In one of the cases, a man whose skin had never been affected in the slightest degree either by mustard poultices or cantharides, it acted energetically in eight minutes. On economic grounds these sinapisms also recommend themselves, for they will act almost as well a second time as when quite fresh.

As far as our experience goes, they give promise of supplanting the old mustard poultice on all the grounds of efficiency, cleanliness, and convenience.

The Neil Arnott Exhibition in Physical Science.

Dr. Neil Arnott having offered to the University of London the sum of £2,000, with the view of encouraging the promotion of the study of physical science through the examinations of the University, the senate at its last meeting adopted the following resolution :—"That the sum of £2,000, presented by Dr. Arnott to the Vice-Chancellor for the University of London, be accepted by the senate; and that the annual interest thereof be applied to the purpose approved by him, viz., to the institution of an exhibition and medal for proficiency in experimental physics, entitled the Neil Arnott Exhibition and Medal, at the Honours Examination for First B.Sc. and Preliminary Scientific M.B., the exhibition being of the amount of £40 per annum, tenable for two years." In accepting this munificent present, the senate desired to record their grateful sense of Dr. Arnott's enlightened liberality, as well as the satisfaction which they felt in associating their recompense in experimental physics with the name of a member of their body who has contributed so powerfully both to the lucid exposition of physical science in theory, and to the useful application of it in practice.

Paris Milk.

The *Constitutionel* informs us that the average consumption of milk in Paris is 500,000 litres, at the price of 25c. the litre, to which are added 50,000 litres of water, which places the fraud on the consumers at just 4,500,000f. a-year. This fraud is effected successively by the producer, who sells skimmed milk, and often the same with water. The milk merchant again dilutes the liquid, and lastly the "Cremier-laitier" completes the deluge. The price of 25c. is not sufficiently remunerative; therefore, a fraud is persisted in which even expert chemists are powerless to detect, because there exists no normal standard of quality. Nor can such exist, because the density of the milk varies from many causes, which depend on the animal that gives it, its feeding, its locality, and the period of its milking.

The Dialectical Remedy for Pauperism.

It is hardly necessary for us to disclaim any intention of identifying the Dialectical Society or Lord Amberley with the horrible proposals of Marcus, which are unveiled by Dr. Whittle in a communication which we publish to-day. We should indeed have hesitated in reproducing such abominable suggestions in our pages, but that we hold that when it is deliberately stated in a society of "progressive Liberals" that the restriction of population is altogether a question of medical possibility, the hour has passed for moral modesty.

It may be too much to ask the Dialectics by what means they propose to restrict families, but when the Society declares the natural remedy of abstinence to be impossible, and perhaps undesirable, we are at a loss to select from the only remaining alternatives—prostitution, abortion, or infanticide.

Sir Patrick Dun's Hospital, Dublin.

The memorial to the Provost, Vice-Provost, and Senior Fellows of the University of Dublin, with regard to the partial monopoly now enjoyed by Sir Patrick Dun's Hospital of the hospital attendance of candidates for the medical degrees of the University has, we understand, received the signatures already of five-sixths of the physicians and surgeons of clinical hospitals in Dublin. It has been endorsed almost unanimously by the medical officers of the Meath, Adelaide, City of Dublin, Jervis Street, St. Vincent's, and Steevens' Hospitals, and it is anticipated that the clinical staff of other hospitals, whose replies have not yet been received, will join the great majority of their brethren in the effort to bring the matter forcibly under the notice of the authorities of Trinity College.

It was found impossible to complete the signatures to the memorial in time for presentation to the Board on last Saturday.

We should imagine that, even on the part of those interested in Sir Patrick Dun's Hospital and the School of Physic, an opposition to the prayer of the memorial would be considered short-sighted and injudicious. Even from so restricted a point of view it would appear desirable to remove the hindrance which now exists to the great majority of the medical students of Dublin in seeking their qualification for the University.

The "Lancet" and the Prospect of Reforming the Council.

We noticed a little while ago the strange fact that the reticence of the *Lancet* on the subject of reforming the Council had been broken in an unusual manner. It will be remembered that last summer, when the election for the Scotch Universities was on hand, and one candidate had risked all on this one question, our scrupulous contemporary, having fully committed itself to the support of a non-medical candidate, not only ignored the question, but burked the simple facts of the contest. Electioneering zeal of this kind is comprehensible if not excusable, but the end is not yet. After Dr. P. James had retired from the contest in favour of Prof. Playfair, who had accepted his plan of medical reform, we might have imagined that the *Lancet* would no longer ignore the question. What of the facts? Only after Dr. James's health failed, and in accordance with the advice of his friends, who recommended a winter on the Nile or in Rome, he had left the country, did the *Lancet* think it time to bring forward the subject. Then it adopts almost the plan matured so long ago, and which the profession has unequivocally approved, and brings it forward as if evolved out of its own consciousness, instead of having been stolen from the invalided reformer and *quondam* candidate.

We have no doubt at all that that gentleman will be glad to hear of any support, whatever the motive and however ungraciously given, since it is clear he only cares to establish the principle. We are also equally convinced that the profession will be more willing than the staff of the *Lancet* to render the honour to the reformer who has fought the fight. The very plan which the *Lancet* has asked Dr. Morris to try in the case of the College of Surgeons of England has already been tried in reference to other bodies. We are enabled to state that Dr. James had spent a considerable sum in this matter when his impaired health put a stop to further proceedings. It is not unlikely he may be able to furnish valuable assistance, and we are sure the profession will echo our wish that he may soon return home with renewed health, and be able to take part in the next campaign for medical reform.

It is said that her Majesty has become patroness of the Booksellers' Provident Institution, and testified her sympathy with its objects by a substantial donation to its funds.

We are informed that the Branch of the Medical Council for England will meet to-day, in preparation for the meeting of the General Council.

The office of Physician in King's College will still be held by Dr. Lionel Beale, though he has resigned the Professorship of Physiology in the College.

As a sufficient sum was not realized at the Leeds Art Exhibition to clear off the debt on the Infirmary, a meeting was lately held, at which the mayor presided, when £10,000 was subscribed for that object.

The Bill for the promotion of medical science, legalizing the study of anatomy, by allowing physicians to legitimately obtain subjects for dissection, was passed in the Maine Senate, Feb. 24 by a vote of 14 to 10.

Her Majesty, who takes great interest in the National Cottage Hospital for Consumption and Diseases of the Chest, at Ventnor, has, we learn, consented to depute a member of the Royal Family to lay the foundation stone of the second pair of buildings in July next.

The *Daily News* informs us that Her Royal Highness the Princess Louise honoured Miss Garrett, L.S.A., of Upper Berkeley street, with a visit a few days since. Her Royal Highness made some inquiries respecting the prospects of medical education for women in this country, and expressed much sympathy with Miss Garrett's wish to see the medical profession completely opened to women.

The Premier has expressed a wish that the money recently collected in Liverpool and the district, for the "Gladstone Testimonial," should be expended upon a Convalescent Hospital. Mrs. Gladstone is expected to lay the foundation stone, and in the evening it is believed that Mr. Gladstone will address a meeting of working men in Hengler's Circus.

On Tuesday, the 23rd inst., a meeting of the City Commissioners of Sewers was held at the Guildhall, when a report from the Sanitary Committee was presented condemning a number of houses in Sun court, Golden lane, as unfit for human habitation. A discussion of some length followed as to the authority of the Commissioners, and what was meant by a house being "unfit for habitation." The report was finally adopted, and the houses will accordingly be demolished.

Mr. Thomas Crowley, of Birmingham, who died at the commencement of the present month, gave in January last the sum of £10,000 for the foundation of an orphan asylum for girls in that town; and at his death, besides various other liberal bequests, he has given £1,000 each to the Queen's Hospital and the Deaf and Dumb Institution, and £500 each to the Birmingham General Hospital, the Blind Asylum, and the Eye Hospital.

A General Session of the St. Andrew's Medical Graduates' Association will be held in the rooms of the Medical Society of London, 32a, George street, Hanover Square, on Thursday, 8th April. C. Eckhard, M.D., Professor of Physiology in the University of Giessen, will read a paper on "Hydruria" after the ordinary business has been transacted.

The Senate of the University of London have passed the following ordinance in reference to their degrees in medicine and surgery:—"That candidates for the M.D. and M.S. degrees be admitted to the examinations for those degrees in logic and moral philosophy alone, in any year after having obtained the degree of M.B.; and that after passing this examination, they may present themselves for examination in medicine alone or in surgery alone (as the case may be) at any M.D. or M.S. examination at which they are admissible under the existing regulations."

BRITISH MEDICAL ASSOCIATION.—MEETING OF THE METROPOLITAN COUNTIES' BRANCH.

THE QUESTION OF SPECIAL HOSPITALS.

At the adjourned meeting of the Metropolitan Counties Branch of the British Medical Association, the discussion on Hospital Administration was resumed. The first portion of the evening was taken up by the views of members on the system of Governors' letters. While a few upheld them, the preponderance of opinion and of evidence was decidedly adverse to their issue. In their place some members recommended the free system, and others either district bureaux or one central bureau, after the Parisian model. But it is much too soon to propose any substitute for Governors' letters. The basis on which our hospitals are in future to rest must first be decided. Is it to remain, as at present, of a voluntary character without State interference, or is there to be a national system of medical relief, and a subordination of the voluntary institutions to central control, wisely and discreetly exercised? Until the answer is rendered to this question the suitable remedial substitute for Governors' letters cannot be applied.

The debate on Special Departments and Special Hospitals was of a more lively and interesting character.

Dr. **Beigel**, who was the first to rise, made "a hit—a hit, a very palpable hit." Amid general laughter and applause he said that in Paris, when a man was well acquainted with a particular subject he became naturally a teacher of that subject; but in England, if a physician had become a distinguished authority on diseases of the throat, he was fortunate if after a time he received the Chair of Botany, and subsequently was promoted to the Chair of Physiology.

He was followed by Mr. WALTER COULSON, who replied very fairly and temperately to some of the stock arguments against special hospitals, and was fortunate enough nearly to make a convert of Dr. Down, who appeared to have been previously in a middle state, something like Mahomet's coffin suspended between earth and heaven.

Dr. DOWN, however, still retained a few doubts as to the need for special hospitals, which he put before the meeting in the way of interrogation. Both Dr. Down's and Mr. Coulson's remarks were of a most peaceful character, but Dr. Forbes Winslow, who spoke before Dr. Down, had introduced a warlike element into the discussion, by expressing a most decided opinion against the Hospital for Diseases of the Throat. This opinion, which was reiterated to make it more emphatic, was unsupported by any argument, and subsequently refuted, to all intents and purposes, by the speaker himself, to the dismay of one or two gentlemen who had cheered the assertion that there was no need of the hospital.

Naturally enough, Dr. MORELL MACKENZIE rose up in arms against Dr. Winslow, and requested to be informed how the ground on which the Throat Hospital rested differed from that which supported the Orthopædic and the Ophthalmic Hospitals. No one ventured to reply to the pointed and puzzling inquiry, and until it is answered the opponents of the hospital must continue on the losing side.

The remaining and principal portion of Dr. Mackenzie's speech was a very able exposition of the merits of special hospitals, and the disadvantages of cutting up the general hospitals into too many special departments. He showed clearly that, on the basis of the statistics published in the *Times*, the cost of each patient at the special hospitals was one pound less than at the general hospitals, and the effect of this unexpected announcement was not obliterated by the attempts of Mr. Heath and Mr. Hart to throw discredit on the statistics. Unless those who dispute them can produce more accurate statistics which clearly prove that the cost of patients is less at the general than the special hospitals, what right have opponents of special hospitals to go on asserting, as they continually do, a proposition in support of which actual figures are never adduced, because they are not forthcoming? Dr. Mackenzie concluded his eloquent speech by upholding the principle of demand and supply, and expressing his readiness to appeal unto Cæsar.

Mr. DRYSDALE thought that the great desideratum was to have a central school connected with the Academy of Medicine which was now in contemplation. In the meantime, special hospitals were most useful institutions.

Mr. HEATH said that the expenses of general hospitals could not be compared with special hospitals, because the cases in special hospitals were not so severe as those in general hospitals. He complained of special hospitals treating cases beyond their province, and he made some amusing comments on the division of the human body amongst the specialists, and the sanction given to each portion by placing it under the patronage of a saint. He criticised Dr. Mackenzie's financial statements.

Mr. TEEVAN took pains to show that St. Peter's Hospital was not antagonistic to the general practitioner, and argued that special hospitals might be built close to general hospitals.

Dr. STEWART laid down two principles for the establishment of special hospitals—the refusal of cases at the general hospitals, and the deficiency of the necessary apparatus for treating certain classes of disease.

The last speaker before Mr. HART replied was Mr. RIVINGTON. Keeping close to the two points of the question before the meeting, he showed how the special departments required by the general hospitals for elementary education could only be rendered efficient by the officers of the departments having the requisite leisure to throw their energies into them, and the time for teaching, by being supported by a subordinate staff of advanced students or clinical assistants, and by the departments being as nearly as possible copies of the best special hospitals. With regard to special hospitals, he was convinced that under any system a certain number would be required. The question to be solved was, how to prevent their over-multiplication as independent institutions unconnected with education of students. He would like to see some of the ophthalmic hospitals and orthopædic hospitals amalgamated, and all objections to special hospitals would be removed by their being national institutions, freely opening their appointments, having the best men attached to them, being made accurate models of scientific practice and higher schools for students of special diseases, useful alike to the general practitioner and the foreigner desirous of comparing English with Continental methods. He was not in favour of leaving hospitals to the laws of demand and supply, and looked forward to a time when there would be organisation, without undue interference with voluntary efforts; and State control, without abrogation of the independent autonomy of individual institutions.

Mr. HART made a brief reply. He disputed the soundness of Dr. Mackenzie's views of demand and supply, facetiously remarking that a constant demand for money was not always a constant supply.

Finally, a Committee was appointed to take all the questions introduced by Mr. Hart into consideration.

◆

Correspondence.

THE COMPANY OF APOTHECARIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,— In a late issue, an unjust attack was made upon the Company of Apothecaries. They doubtless esteem it not an honour to be attacked through the medium of the *Pharmaceutical* or any other journal.

I have not as yet seen the *Pharmaceutical Journal*, and therefore excepting the quotation you animadverted upon, know nothing of what it says on the subject. That quotation most decidely leaves a totally wrong impression on the mind, as regards the intentions of the Company.

The Apothecaries Company is endeavouring to obtain power to found a School of Pharmacy and grant licenses in the same, similar in every respect to those at present granted by the Pharmaceutical Society of Great Britain, the latter Society offering no opposition.

The Apothecaries Company have done nothing that would lead any sane minded person to believe they intended abrogating "their legitimate function of controlling the practice of pharmacy in Ireland." Whether such is their legitimate function, opens a new phase of the matter altogether. They may be looked on as medical practitioners to whom, in 1815, practical pharmacy was entrusted by the legislature. As such they possess a perfect right to say to the legislature: "In our opinion, pharmacy has grown into an art so great that it would be for the good of all if it were entrusted to a class of individuals who should make it their sole care."

The licence of the Company is not, and never was represented to be, a surgical one. It professes to empower the possessor to practice medicine and pharmacy in any part of Her Majesty's dominions, and most justly so. Its examinations are every whit as severe, if not more so, than those of a goodly number of its neighbours. It is very lamentable indeed that apothecaries cannot make incompatibles combine when ordered to do so by some very clever doctor, who, when at college always found them mixed. An apothecary must have served an apprenticeship of at least three years, and is practical pharmacy so vast a subject as not to be throughly mastered in that time? In "Via Medica," Mr. Langley says that he is receiving constant applications from gentlemen of the Sister Isle for situations, where they will have no club or dispensary practice, no midwifery, &c. He adds that they, on being asked who is to do the shop work and keep the accounts, look puzzled, and are not unfrequently indignant at the idea of what they consider degrading work, spurning which, they enter the army or navy.

It is extremely probable that such gentlemen would make very good assistants, "as soon as they had acquired a little knowledge of the apothecary's art." But these applications do not come from, and these observations do not apply to, the ex-apprentices of an Irish apothecary.

M. D. CROFTON.

HISTORY OF THE LICENSING SYSTEM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Parliament is again asked to revise the Licensing System; the present time is therefore suitable for resuming the sketch of English liquor laws.

In the reign of Charles I. (1635), Lord Coventry, in addressing the Judges, said :—"I account ale-houses and tippling-houses the greatest pests in the kingdom. Public-houses are the public stages of drunkenness and disorder." Corrective measures were tried, but they were partial and powerless.

The Puritans and the Long Parliament did not mend matters when, in 1643, they enforced the Act of James I., requiring a quart of strong ale to be sold for a penny. The State became further compromised by levying excise duties upon intoxicants.

During the Restoration (1660) the drinking dens were the scenes of shameless profligacy ; yet Parliament did nothing. One member (Mr. Stevens) advocated a law "against drinking of healths ;" but he found no supporter.

Times of war and an embarrassed exchequer are unfavourable to social reform and the reduction of taxation. In the reigns of William and Mary, then of William alone, and afterwards of Anne, the making and selling of ardent spirits was stimulated in order to increase the revenue. Distillers were permitted to sell spirits without a license, if they did not permit "tippling" on their premises. Vendors increased at an alarming rate. Maitland, in 1725, estimated that gin was sold at every sixth house in London. The consumption of this fiery drink increased in forty years (1684 to 1724) from 524,000 gallons to 3,520,000 gallons. Horrible debauchery resulted, and higher duties were then imposed, with further restrictive legislation.

Hogarth, in his "Gin lane," and "Beer street," taught that fermented liquors were comparatively harmless, and this popular delusion led to that important alteration of the Licensing System, the Beer Act, which was passed in the supposed interests of sobriety, but has flooded England and Wales with intemperance. This Act was passed in 1830, and for more than a generation it has been an ubiquitous temptation to excess. The Beer Act is now universally condemned, and is certain to be soon repealed or modified. Lord Brougham, one of its promoters, introduced a bill to stop drinking "on the premises," but the measure did not reach the House of Commons.

Mr. Gladstone's Wine Licence Act of 1860 was intended as another improvement of the Licensing System ; it is believed, however, to have caused mischief ; so have the "occasional licences." The Night Closing Act of 1864-5 has worked well.

The chief sufferers from the present Licensing System are the working classes ; and consequently they are largely in favour of Sir Wilfrid Lawson's Permissive Prohibitory Liquor Bill, the second reading of which is fixed for May 12. This measure is applicable to the whole of the United Kingdom, and it would operate by empowering a majority of two-thirds of the inhabitants of any parish or district to stop the issue of licences for the sale of intoxicating drinks ; in short, it embodies Mr. Gladstone's idea of "local option."

Manchester. HENRY PITMAN.

◆

THE TRUTH ABOUT NICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have had nearly as lengthy an experience of the winter climate of Nice as "G. P.," whose letter appears in your journal of the 3rd inst., and I can corroborate what he says, as well as bear testimony to the justice of the indignant protests of Dr. Hawkins, and your "Occasional Correspondent," respecting the sanitary condition of that health resort. The state of the drainage, so truthfully set forth in your columns, is enough to bring a fearful pestilence on the town ; and Dr. Hawkins' prophecy of it getting worse as the season advanced has come true. Since the date of his letter, the nuisance has gone on increasing, and I, as well as some families of my acquaintance, have been driven away to other resorts by the filth and the stench that those who have the welfare of the town at heart ought to remove. I, and others, would have braved the March winds—bad as they are—but for the additional burden of danger from the drains. Who could put up with both evils ! You may shelter yourself to some degree from wind, by remaining indoors ; but at your peril ! for then the untrapped, or imperfectly trapped, water-closets and sinks, which all end in a cesspool under the house, have you under their dominion so many hours more. Whether you are in hotel, boarding-house, or a lodging, or have a villa, the same sword of Damocles hangs over you. No other mode of drainage exists, and a really good and simple trap was unknown until four years ago I brought some from England and presented to my landlord. Few others have adopted them, and all their contrivances are rendered nugatory by the carelessness of servants. You cannot keep your windows all open during the March winds, and therefore it is best to leave for some other resort—particularly as in nine cases out of ten March is a bad time for any invalid at Nice.

I am, &c.,

Paris, March 14. J. C.

◆

HOSPITAL ADMINISTRATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The writer of the excellent and sensible article on the above-named subject in your paper of March 17, has words to the effect that it seems absurd that none of the proceeds of such a charity as a hospital should go towards paying those medical officers without whose aid the charity could no longer maintain its operations.

I believe, in the first place, that a very large proportion of the British public, reading these remarks, would express unfeigned amazement when they learned how highly educated physicians and surgeons were content to give two or more afternoons per week to the laborious work of seeing hospital out-patients without any payment for time and energy thus spent.

Some would say, "Well, there are plenty of good doctors ready enough to come and work for nothing, so why should our funds, poor enough already, be further strained to pay the doctors ?"

It is undoubtedly one of the privileges of the medical profession to do invaluable good without desiring or expecting any payment ; but because doctors are thus ready to work for nothing is no reason why arduous public services should be expected at their hands, under the superintendence of a board or committee, for no remuneration. It was all very well for some distinguished man to say he would undertake to officer her Majesty's army with gentlemen who would gladly do the work for nothing. Officers in the army are usually men of independent fortune, and pay is hardly a necessity, though what an army might be when dependent on "gratis service," can better be imagined than described.

Doctors commencing practice are fairly presumed to be men seeking a living, with house rent to pay and families to keep and feed, and £50 or £100 a-year to a young physician or surgeon is no small help and encouragement to him when setting forth on the uncertain path of London practice.

The great question is—Where is the money to came from ? And here is the difficulty, for in these days, when hospitals are so numerous, the demands upon their resources so pressing, and the competition for public patronage and support so active, it is in most instances as much as ever the unendowed hospitals can do to pay their way, and to burden them further with a demand for salaries for their medical officers, seems hard.

Would it, however, be absolutely uncharitable to require the small payment of one penny from out-patients on every occasion of their receiving a fresh bottle of medicine ? I am acquainted with an old dispensary of good repute in London where this plan of penny payments has been long pursued, and the effect has been to add about £100 a-year to the annual income of the dispensary directly, and indirectly to prevent the patients from wasting their medicine, thus saving again in the drug bill.

From what I have seen of the poor and their habits, is that they would think all the more highly of advice and medicine for which they paid something. I need not remind my readers of that learned physician who, whenever he looked at his own tongue and took physic, always took a guinea from one pocket and put into another, to confer some value on the dose administered.

The small payment would tend to choke off idlers and malingerers from obstructing the real work of the out-patient room, and so tend to bring the duties of the medical officer down to within the powers of a mortal man really anxious to do his very best for his patients, instead of having to scramble through a herd of cases as fast as possible, and then leave off utterly unfit for anything but to lie and rest on the sofa all the evening.

The direct increase of income which hospitals and dispensaries would acquire by the adoption of something like a self-supporting method, I would have to be divided among the assistant medical officers. Thus, these hard-working men would be encouraged; the posts they fill would rise in the estimation of the public, the patients, and the profession; the doctors would feel that they had no right to hurry over the work, for their time was fairly paid for; and the patients would feel that they were contributing their mite to the welfare of an institution which was ever ready with substantial succour for them in their hour of need.

I am, Sir,
Obediently yours,
J. C. T.

◆

THE VALUE OF PANCREATIC EMULSION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It is obvious that the true value of a remedy cannot efficiently be laid before the profession by one or two papers appearing from time to time, and at, perhaps, long intervals in the pages of a periodical. Again, those men who write and publish their experience are only a few out of very many practising physicians, and so we only get in this way a limited amount of evidence with regard to the beneficial action, or the reverse, of any remedy. Again, it would be impracticable for any medical journal to publish the reports of all the medical men who have used any given medicinal, supposing them all to be willing to record their experience.

Now, Sir, wishing to obviate these difficulties with regard to a remedy of which I have had some experience, and for which there has arisen a very large and increasing demand, as the manufacturers, Messrs. Savory and Moore, have informed me, I have undertaken the task of collecting the results of the experiences of medical men in Ireland who have used pancreatic emulsion of fat in the treatment of pulmonary consumption.

To obtain the opinions as to its value from the Irish medical men who have used the emulsion I only see two ways—either to send a schedule of questions to every registered medical practitioner in Ireland, which would entail an immensity of labour and expense, or to adopt the plan which I am now putting into execution, of requesting, through the medium of the Medical Press and Circular, those gentlemen who have any experience in the use of the emulsion to send me their names and addresses. I will then send them a schedule of questions, and on receipt of a sufficient number of answers I will fairly and impartially tabulate and publish the same with as little delay as possible.

I am, Sir, yours, &c.,
Richard Kinkead, A.B.T.C.D., &c.

◆

SUPERANNUATION ALLOWANCES TO MEDICAL OFFICERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I should feel obliged if you would permit me, through your journal, to make an appeal to members of the English Poor-law Medical Officers' Association especially, and Poor-law medical officers generally, under the following circumstances:

In December, 1868, I was deputed by the Council of the Association to write to the secretary of the Irish Medical Association, and tender an interchange of good offices in furtherance of the objects of the respective Associations. This offer was gladly accepted by the Council of the Irish Association.

The time has now arrived when English Poor-law medical officers can afford a practical demonstration of sympathy with their Irish brethren. On the 7th of April the Bill to provide for Superannuation Allowances to Medical Officers of Poor-law Unions and of Dispensary Districts of such Unions in Ireland, introduced by Dr. Brady, will be read a second time. The object of the Bill is fully described in its title, but, in order to make it more plain, I may state that it is intended thereby to provide, "with the concurrence of boards of guardians and the Irish Poor-law Commissioners, superannuation allowances to any medical officer or officers of a union or dispensary district who shall at any time after his or their appointment become incapable of discharging the duty of his or their office with efficiency, by reason of infirmity of mind or body, or old age, upon his or their resigning or ceasing to hold office, such annual allowance for his or their lives not exceeding in any case two-thirds of the income derived by such office or offices," &c.

Having communicated with Dr. Brady and others, they agreed with me in considering that great assistance might be afforded at the second reading if English and Welsh Poor-law medical officers would at once write to such Members of the House of Commons as they may be personally acquainted with, and urge them to vote for the Bill. With a view to afford in a ready form the material of such letter, I would suggest the adoption of part of the speech of Mr. B. Baker at the last quarterly meeting of our Association, on moving a resolution upon this subject: "Our education costs us much; we devote much time and thought in our department; our work is most difficult and most ungrateful, and fraught with much personal risk to ourselves and families. We work seven days a week, ofttimes at night, all the year round. There is no provision made for a vacation. The parish doctor is never supposed to be idle—never to be tired—never to want a change from the monotonous duties of his office; if he leaves his appointment, it must be at his own risk and cost."

The argument used against superannuation of Poor-law medical officers is that they do not give the whole of their time. To this it may be replied that the salaries paid are wholly insufficient to enable them to do so; but they are expected to be ready at all times, even at the sacrifice too frequently of other more remunerative interests.

I may further state that a direct appeal will be made, through the Council of the Association, to those English and Welsh members who, to the number of ninety, replied favourably to our circular letter at the late election. But I must urge upon gentlemen the desirability of supporting our application by immediate oral or written request to those they can influence.

In conclusion, let me remind Poor-law medical officers that our Irish *confrères* are not likely to be wanting in grateful recognition of our services; and if they are afforded on this occasion, we shall have the right to ask and be sure to obtain a similar service from them when the time arrives to make that parliamentary appeal for the redress of grievances which it is the object of the Poor-law Medical Officers' Association to secure.

I am, Sir, yours obediently,
J. Rogers.

Dean street, London, W.C., March, 1869.

◆

Literature.

METRITIS AND PARAMETRITIS.*

The works of Duncan on Obstetrics and on Fecundity and Sterility have excited much attention from the medical and also from the general press, and this is the less to be wondered at, because the author has a very agreeble way of expressing himself, an art perhaps too little cultivated by members of the profession of medicine. The diseases of which the author speaks in this work are the occasion of much controversy among writers on the diseases of women; and thus there is not as yet much known about them. With regard to nomenclature. Dr. Duncan rejects the name *pelvic abscess*, because the diseases he speaks of do not often end in abscess, and often extend beyond the pelvis. *Pelvic cellulitis* also he rejects, because the diseases he describes are not in the cellular tissue. *Peri-uterine* he thinks is a bad compound. He follows Virchow in using the word *peri* for inflammations of serous membranes, and *para* for inflammations of cellular or connective tissue. Thus "perimetritis" will mean inflammation of the uterine peritoneum, and "parametritis", inflammation of the cellular tissue, in connection with the womb.

There are only, our author truly remarks, a few cases in which we can assert, during life at least, that the pelvic peritonitis is perimetritis, or some other inflammation, and he therefore uses the one term to include all forms whether connected with the womb or its appendages. The work before us, then, is a treatise on inflammation and abscess in connection with uterine, tubal, and ovarian disease. One of the earliest works in the English language which deserves to be mentioned in reference to this subject, is the communication of Dr. Doherty to the *Dublin Journal of Medical Science* of 1843. He there describes the hard tumour felt at the roof of the vagina after parturition, and the fixed condition of the uterus. In a list of 16 autopsies given by Marchal (de Calvi) in 1844, of which 12 are given among 50 observations, we find 5 examples of abscess in the subperitoneal cellular tissue, 3 of subaponeurotic abscess, 1 of multiple intraperitoneal abscess, 2 of simple intraperitoneal abscess, 2 of ovarian abscess, and 3 of mixed abscess. The condition of parametric induration or abscess, especially as the broad ligament is very far from being common. The inflammations of the uterus and its appendages are all secondary, and Dr. Duncan thinks that of all prolific causes, inflammation of the mucous membrane of the womb is the most common, whether in the puerperal, or non-puerperal condition, *i. c.* of endometritis. Vilpeau thinks that diseases of the uterus may bring on abscess in the iliac region. Aran says the cause of peri-uterine inflammation are those of inflammation of the tube and ovary, which is almost constantly its starting point, and he says, "It is by inflammation of the internal membrane of the uterus, and by the propagation of this inflammation to the tube, that I explain the peri-uterine inflammations which come on in some cases, in consequence of superficial or deep cauterizations of the lips and cavity of the cervix, after the introduction of a sound, or of a replacing instrument into the cavity of the uterus, in consequence of an intra-uterine injection, of the placing of a pessary or even of a bladder of caoutchouc in the vagina, and, in some women, in consequence of sexual connection too often repeated in a given time."

---

* Metritis and Parametritis: a Practical Treatise on. By J. Matthews Duncan, Clinical Lecturer on the Diseases of Women in the Royal Infirmary, Edinburgh. Adam and Charles Black, 1869. Pp. 249.

Dr. Duncan mentions that, in many cases where intra-uterine pessaries, dilatation of the cervix by tents, and other operative procedures, have been used, he has observed distinctly ovarian swelling and tenderness precede the fixation of organ and abscess. The painful influence of endometritis is peculiarly well seen in puerperal cases and in gonorrhœal cases. In the latter cases, he has never seen pelvic inflammation come on without the presence of ovaritis in addition, and as the ovaritis follows the endometritis, so the latter is itself a consequence of the original vaginitis. West thinks that delivery, abortion, and the inflammation which follow them, stand in the etiology of periuterine inflammations for 77 in 100: and Bernutz reduces this influence to 45 in 100. Primiparæ are most subject to the complaint. In perimetritis and parametritis, of whatever kind, the affected parts almost invariably feel hard and become immovable, unless physically examined. Our author observes, the case may be regarded essentially as disease of the bladder, rectum, or nerves, many physicians being disposed to rely on symptoms, because not familiar with the results of physical diagnosis in this case. There are sometimes scarcely any symptoms, as, for example, he adduces cases of gonorrhœal ovaritis in healthy young girls, which ended in the fusion of all the parts in the pelvis into a solid immovable mass, without the patient losing any of her gaiety or complaining in any way. The papers of Bernutz, originally published in the *Archives Générales de Medecine*, will form to the future medical historian one of the chief landmarks in the history of these complaints. That author holds that perimetritis is the rule, and that parametritis is the exception in cases of tumours, around the womb. Aran, again, asserts that he has frequently witnessed cellulitis of the cellular tissue of the broad ligament. According to that observer, phlegmonous periuterine tumours present great varieties of form and volume. Some are rounded, and more or less spherical; others are oblong and flattened, but they are never large; whenever such tumours are large, the peritoneum is involved. Speaking of pelvic peritonitis of blenorrhagic or gonorrhœal origin, Bernutz says that it has never occured before the eighth day of the gonorrhœal attack, and that it is rare before the fourteenth; it has always seemed to him to be propagated by contiguity. But Aran thinks differently:

When a pelvic abscess opens externally, it generally does so in the groin, and most frequently between the internal and external inguinal openings; when it opens internally, it most frequently discharges itself through the rectum, or vagina, and more rarely through the bladder.

These abscesses not unfrequently degenerate into fistulæ. In page 164, our author mentions that, not long ago, he was called to attend a very alarming case of parametric abscess, which was the consequence of a recently performed operation for enlarging the cervical canal by metronomy. It appears to him that the fixation of the uterus which is so common a continued though not permanent result of peritoneal adhesions, can only be explained by the existence of peritoneal adhesions. We are also of the same opinion. Both medicine and surgery are unavailing in the treatment of merely adherent and fixed uterus and its appendages. Mercury and codine are not indicated, Madame Boivin is quoted as an authority by Dr. Duncan, and we hope that ere long some of our lady doctors in England or America may became equally famous. Aran mentions that of 53 autopsies of women dying in his wards, there were 29 cases in which adhesion was discovered. In page 183 an interesting case is mentioned of retroversion, complicated by adhesions, in which the lady shortly afterwards bore a child. These adhesions fortunately appear frequently to disappear rapidly, *i.c.*, in a few months.

On the head of diagnosis, our author appears to agree with Marchal that "between utro-peritoneal abscess the consequence of partial peritonitis, circumscribed abscess of the subperitoneal cellular tissue, as it ordinarily presents itself, the distinction is difficult." It is not only difficult, it is often impossible. With respect to treatment, our author does not seem to have the least faith in doses of either mercury or iodine in treating the diseases about which he writes in the work before us. He is sure they have no power to remove adhesions. Yet he sometimes uses blue pill, as an experiment, and objects to calomel and opium, because it purges, which action is injurious in perimetritis. He adds, and in this he carries us along with him, "that the use of iodine salts needs no nice clinical discrimination as that of mercury, for the drug is not in any sense a dangerous weapon, if used with the most ordinary care." This is our own view as to these two drugs as well in inflammation as in specific cases. Poultices over the whole of the lower belly are recommended. Bleeding from the os uteri by means of a *spiculum*, not a tube, is spoken well of. Four leeches are sufficient. Blistering is praised in the latter or chronic period, taking care to avoid strangury. As to opening of abscesses, when the abscess is opened internally, our author performs the operation per vaginam, by means of a common bistoury, guarded by lint rolled round it. The opening is most frequently made in the median line, just behind the cervix uteri. In operating, the right index finger follows the cutting instrument, which last is withdrawn as soon as the finger gains admission into the sac. In only one case was there much hæmorrhage, which was controlled by plugging. The abscess should be let alone as long as possibles until it is quite ripe. We recommmend all students of diseases of women to read this admirable work.

◆

THE ELEMENTS OF HEAT AND OF NON-METALLIC CHEMISTRY.

By Frederick Guthrie. J. Van Voorst, 1868.

This work is like a great number of the chemical books which have lately seen the light—written for a certain purpose. The purpose seems to be, in this instance, to provide a handbook for the Matriculation Pass Examination of the University of London. It appears to be carefully prepared, and shows considerable originality in its construction. Seventy pages, or nearly one-half of the work, is taken up with the physics appertaining to heat. This fact will no doubt militate against it as a general introductory book to the study of chemistry. It must not, however, be supposed that the author, although perhaps too diffuse for such a work on the subject of heat, has skipped over the "non-metallic chemistry" of the important elements with which he has to deal. The other 130 pages contain *multum in parvo*.

◆

LECTURES ON THE PRESERVATION OF HEALTH.

By Charles A. Cameron. London: Cassell, Petter, and Galpin. 1869.

The above twelve lectures contain an excellent popular summary of our knowledge of hygiene, somewhat in the style of Lankester's popular lectures on food. Dr. Cameron is evidently accustomed to lecture to the public, and can do so with no mean ability; but from his opening address he himself felt the incongruity of addressing ladies and gentlemen on town, who must be amused, medical students, and members of his own profession, who require something more—seeing the difficulty he evidently met it by addressing himself to the uninitiated. But, as Professor of Hygiene to the College of Surgeons, we question if this policy, looking at the end for which the chair was originated, is the best. In the second series of lectures, if they be published, we would rather see them addressed to the students; although we doubt if such a work would make as "readable" a book as that before us. The author passes in review the sanitary conditions of Jews and medicinal epidemics. The second, third, and fourth lectures are devoted to water and air. The subject of ventilation is most carefully examined. Food, ablutions, clothing, &c., are extended through two or three lectures. The author concludes by one on vital statistics and sanitary organization, and, although perhaps not the most interesting to the general reader, is certainly not the most unimportant of these lectures.

◆

Obituary.

DEATH OF MR. MAURICE COLLIS, M.B., &c.

It is with feelings of unfeigned sorrow that we have to announce to our readers the death of this distinguished surgeon, which sad and unexpected event took place on Sunday morning last, at his residence in Dublin, under circumstances of a peculiarly painful character. Upon the previous Monday morning he was performing one of those operations for which he had obtained special reputation in consequence of a brilliantly successful operation which he had performed some few years back upon the person of an esteemed fellow-citizen, whom he relieved of much deformity by excision of a huge exostosis implicating the upper jaw. Upon the present occasion the upper jaw was removed in consequence of the presence of malignant disease, and during its removal his finger was slightly abraded by a spicula of bone—so very slightly, indeed, that he did not notice the circumstance at the time. Early on Wednesday morning, however, he was seized with rigors of a most severe character, which were followed by excessive prostration. Symptoms of pyæmic poisoning then presented themselves, and, as already stated, death took place at an early hour on Sunday morning, within four days from the time he first took ill.

Mr. Collis's death has cast a profound gloom over our professional circles, and, indeed, over the public at large. In the full vigour of his manhood, forcing his way into the foremost ranks of his profession by the dint of earnest work and pure ability, his death, under any circumstances, would have to be deplored; but, occurring as it did, in the discharge of his professional duties, almost at a moment's notice, it comes upon us with a ten-fold increased shock, and we find difficulty in inducing ourselves to believe that it has pleased Divine Providence to visit his family with so great a calamity. The melancholy fact, however, is but too true, and all that is left for us to do is to bow our heads and say, "Thy will be done." Writing, as we do, under the first influence of the shock, we can scarcely bring ourselves to pen what is usually known as an Obituary Notice. We shall, therefore, content ourselves upon the present occasion with but mentioning a few of the leading facts in the life of one whose loss we so deeply deplore.

Mr. Maurice Collis was the son of a clergyman of the Church of England, and nephew to the late Mr. Maurice Collis, formerly Surgeon to the Meath Hospital, whose apprentice he became, and served his time within the walls of that institution at the time it could boast of such a staff as Stokes, Graves, Crampton, Wm. Henry Porter, Josiah Smyly, &c. Whilst studying for the medical profession, he also kept his term in Trinity College, where he took out his M.D. degree; and upon obtaining the license of the College of Surgeons he repaired to the Continent to visit there the most celebrated of their Schools of Medicine. Shortly after his return to Dublin he was elected one of the Surgeons to the Meath Hospital in the room of his uncle, who retired in his favour. This event occurred in 1851, and since then, up to that fatal Monday morning, no man could have discharged the duties that devolved upon him with greater earnestness and efficiency than did the subject of our memoir. Taking a deep interest in the prosperity of the Institution, most, if not all, the recent improvements which have been effected in that Hospital are due to his untiring advocacy and exertions; whilst the prestige of the Institution as a place of clinical instruction was in no small measure enhanced by his operations and lectures. With the Pathology and Treatment of Cancer his name is honourably associated by his valuable and well-known treatise upon that subject; and within the last year he had been placed upon the Court of Examiners at the Royal College of Surgeons, having previously filled the post of Examiner on Surgery in the Queen's University. An able surgeon, an educated gentleman, fast rising in the confidence of the public, it has pleased Providence that he should rest from his labours at the early age of forty-five years. His premature death leaves a gap in our professional ranks that will not be easily filled up.

◆

Medical News.

"In Vino Veritas." We might emulate the brevity of the old writer on the Natural History of the North, who headed a chapter of the "rats of Iceland," and added simply, "there are no rats in Iceland." Truly there seems to be no truth in wine, and apparently as little relish in the British palate for unsophisticated honesty in wine as in politics. It will no doubt occupy the inevitable half century for proof positive, to drive out ingrained prejudice from the British mind, but some shall, nevertheless, live to see the present generation, the subject of universal ridicule for its obstinacy and unreason in wine drinking, as the admirers of stages coaches or tenpenny postage stamps would be to our progressive selves. Every man's stomach and liver is his own, and if he stands upon his right to irritate and injure them, we do not challenge his privilege to make for himself a substantial and lasting dyspepsia, but for those who profess freedom from conventionality, it is somewhat inconsistent to insist on what they know well to be a tonic mixture of more than doubtful efficacy, instead of real wine. Doctors, journalists, excise officers, chemists and wine merchants, have been, and may yet be for years' teaching the Brition the exact relative proportions of logwood, lime, whiskey, and fusil oil, in tonic mixture, and yet, without doubting their truth, he continues his infallible mixture: four tablespoonfuls three times a day. We console ourselves with the consideration that in the end, Greek wines, Dr. Druitt, Mr. Denman, and the wine analysts of the medical journals must win the day, perhaps with a grievous slaughter of stomachs, but they will win it in the end. The pure, grateful, digestive Greek wines, rich in grape, alcohol, and in the grape salts, are already the recognised drink of invalids, and must, sooner or later, be the favourite beverage of the diner out. The public is not yet educated up to Mr. Bright's principle of free trade in adulteration, and when wine-bibbers come at last to know what they are drinking, they will cease to swallow concoctions even for the sake of their gusto. Mr. Denman, of Piccadilly, has endeavoured to teach them to know real wine for themselves, and we co-operate in his object by publishing from a recent pamphlet on "Pure wine and how to know it" his aphorisms on the subject. 1. That pure *sweet* wine is of low alcoholic strength. 2. That all perfectly fermented wine is dry, and of high alcoholic strength (rarely exceeding 26 degrees of proof spirit), and is not sweet, as all the sugar of the grape has been converted into alcohol. 3. That the addition of alcohol to wine, either before or after fermentation, renders it unwholesome, and conduces to gout and similar disorders. 4. That the greater the amount of *natural* alcohol produced in wine, the greater is the amount of body in it, as the other constituents of wine must have been produced *pari passu*, and have been existent in the grape to yield the amount of alcohol; whereas added spirit does not give body. 5. That the greatest amount of natural alcohol in wine is produced in those climates in which the grape attains the greatest perfection, and consequently contains the largest amount of sugar combined with the other ordinary constituents of the fruit. 6. That as all Port, Sherry, Maderia, Marsala, Catalonian, and Roussillon contain from 36 to 42 per cent. of spirits, they have been either checked in the fermentation by the addition of alcohol to retain the sweetness; or, after the fermentation was completed, the wine must have been sweetened and spirited to bring it up to the regulation standard. 7. That the addition of alcohol to wine renders it of less pecuniary value, as spirit costs but about 1s. 8d. per proof gallon without the duty, which is much less than the cost of wine; it therefore follows that if it was not for the excise and customs duty, spirit, the strength of ordinary port or sherry, could be sold for 2d. a bottle. Furthermore, added spirit prevents fermentation, covers defects, enables all sorts of mixtures to be made up and sold as wine, and thereby gives a fictitious character to the wine that the grape whereever grown can never produce. 8. That all natural wines, if any improvement is to be effected by age, must throw down a deposit, and thereby they become *sweeter in bottle by the elimination of their tannin, tartrates, &c.* From red wine the deposit contains tannin, which, uniting with the albuminous matter contained in the wine, forms a crust, that year by year becomes less and less, until at length it becomes so thin that it acquires the name of "beeswing." The deposit also takes the form of crystals, which will both adhere to the cork and fall to the bottom of the bottle like powdered glass. All natural wines that have been any length of time in bottle should therefore be decanted with care.

UNIVERSITY OF EDINBURGH — PROFESSORSHIP OF CHEMISTRY.

In addition to those already mentioned as candidates for this valuable chair, we understand Dr. Maxwell Simpson, of Dublin, has entered the field. Dr. Simpson was educated for the medical profession, and took the degrees of A.B. and M.B. in the University of Dublin, but instead of practising medicine he devoted himself entirely to chemistry. For some years he lectured in the Park street, and afterwards in the Ledwich School of Medicine, Dublin, and proved a most able and attractive teacher, but, finding the school work interfere with his original researches, he gave up teaching, and visited the various Continental schools of repute, where he prosecuted his work so vigorously as to obtain for himself a most distinguished position as a scientific chemist. He has embodied his researches in papers, which have been copied into the principal chemical journals, and adopted in the best systematic treatises on chemistry. The University of Dublin have given him an honorary degree of M.D. in recognition of his services to science, and the College of Physicians have elected him an Honorary Fellow, while the Royal Society have conferred on him the much esteemed F.R S.

THE VOLUNTEER REVIEW AT DOVER.

There are but two casualties reported, which, considering the number of men under arms—about 20,000—is eminently satisfactory. An Artilleyman had his arm dislocated by a fall, and a private of the 94th (regulars), is said to have fallen dead in the field from exhaustion. Of this latter we have very grave, and we trust, well founded doubts. The ambulances and the surgical staff were, we are happy to state but little required.

NOTICES TO CORRESPONDENTS.

NITROUS OXIDE IN DENTAL SURGERY.

Dear Sir,—I thank you for your notice of my inquiries as to the "nitrous oxide. The following cases may prove interesting to some of your readers:—

Some few years since a patient, one of the Coldstream Guards, was sent to me from the dispensary for the removal of a tooth. He had lost the *left* arm during the Crimean War. I extracted an upper molar (*left*). Immediately the operation was over he complained of violent pain "in his *lost* arm *down to the fingers' ends.*" I use his own parlance. The agency was very distressing to witness, and for more than two hours he remained in my room, suffering very considerably. There was no difficulty attending the removal of the tooth.

Last year I was in attendance at a charitable institution and was requested to extract an upper *left* molar for the deputy matron of the house. Some years since this person was at Croydon Station, talking to a friend, having hold of the brass handle attached to the carriage door, when suddenly, and without notice, the train was propelled, and her *left* "arm was torn out of the socket." Again I use the patient's own parlance. On removing the tooth the same result followed as in the soldier's case, *but with much more pain in the* LOST *arm*. This patient was very ill from the effects for some days after. I have since removed another tooth from this patient, with the same result immediately after the operation, but she recovered in a few hours.

I have had several cases of the nitrous oxide since I last addressed you without pain, but in most cases very alarming symptoms. One woman kicked and screamed most lustily, and all described most dreadful dreams. One case I know of in this town, where the patient is still ill from the effects of the inhalation some two weeks since. It is the practice here to administer the gas without a surgeon's presence! and in some cases by practitioners whose antecedents will not warrant their so doing.

Yours, &c.,
W. S. Whatford.

Brighton.

Mr. Eames.—Locomotor ataxy in our next.

On Cutaneous Angioneuroses, by Dr. W. D. Moore, Dub. et Cantab., received.

Dr. Alexander Lane, Bishop's Castle, is thanked for his kind note.

Inebriate Asylums.—In accordance with our promise, the second article upon this important subject will appear in our next number. Having placed ourselves in communication with the heads of several of the largest establishments in New York and elsewhere, we hope to lay before our readers some very interesting facts and statistics relative thereto.

Dr. Kidd, on Polypi of the Rectum, received with thanks. We cannot, however, comply with the author's request for insertion in our *next* number. Proof shall be forwarded to him as early as possible.

On Diseases of the Anus and Rectum, by Holmes Coote, F.R.C.S., shall appear as soon as space permits.

Dr. B. W. Richardson.—Sorry to have held over your communication so long. Unusual press of matter must be our excuse for the delay. We cannot *now* promise the insertion of any paper in a particular issue, owing to the increasing number our friends favour us with, and for which we thank them. Each contribution appears as nearly as possible in the order received. We hope to have space for yours in our next.

Dr. Thomas More-Madden.—See previous reply.

On the Treatment of Jaundice, by Prof. Thos. Hayden, received.

J. L.—The subject, selected for the Annual Prize of Five Guineas, to be competed for by Apothecaries' Apprentices, upon the First Monday and Tuesday in May, 1869, is "The Vegetables included in the British Pharmacopœia—their Natural History, Botany, Pharmaceutical Preparations, Chemical Tests, and Medicinal Doses." The examination will be held in the hall, at the hour of Two o'clock, p.m. Candidates must give one month's previous notice of their intention, by letter, to the Secretary, and bring their indentures on the day of examination.

Dr. Kelly.—Your communication, "The Influence of Constitution in Syphilitic Disease," shall receive early attention.

Street Accidents and Police Responsibilities.—A correspondent writing to us upon this subject is of opinion that some definite instructions should be given to the police how to act in cases of illness and street accidents. At the present time much uncertainty exists, and the police, being left to act upon their discretion—which, by the way, is ofttimes very faulty—delays occur, and, through delays, death frequently ensues, when immediate application to the nearest resident surgeon might save the life of the sufferer. Our correspondent ridicules the idea expressed by a juryman in a recent case, that such instructions to the police would interfere with the liberty of the subject.

Communications, enclosures, &c., received from—Mr. Barwell, London; Trimmer, Royal College of Surgeons; Mr. Sargeant, B.A., London: Mr. Pulvermacher; Mr. J. H. Steward; Mr. Black, Edinburgh; Mr. J. B. Laugley, London; Mr. G. Gibson, Broughton-in-Furness; Mr. Savory, London; Mr. Holmes Coote, London; Dr. Limington Ash, Holsworthy; Dr. Henry, London; Dr. Wallace, Kingsbridge; Mr. Dean, Llaithwaite: Dr. Thompson Dickson, London; Dr. J. O'Connell, Woolwich; Mr. J. Doughty; Dr. A. Kidd, Ballymena; Mr. Squire, London; Dr. Syson, Salford; Mr. Barker, London; Mrs. Baines, London; Mr. Cutcliffe, London; the Secretary, Manchester General Hospital; Mr. R. Latten, St. Osyth; Dr. Davies, Carmarthen; Mr. Tichborne, Dublin; Dr. Eames, Dublin; Dr. Calvert, Manchester; Dr. Nottingham, Liverpool; Dr. W. D. Moore, Dublin; Mr. Whittingham, London; Dr. Lane, Bishop's Castle; Mr. A. P. Hamilton, Poole; Mr. Hodson, St. John's Wood; Mr. Adams, London; Mr. Dunn, London; Mr. W. Sloane, Forest row; Dr. Mitchell, London; Mr. Street; Mr. J. Luce, Glastonbury; Professor Paine, Philadelphia; Dr. Day, New York; Dr. Mapother, Dublin; Justitia; Prof. Hayden, Dublin; Dr. Kelly, Dublin; Dr. Limrick, Union Hall; Dr. Cardiff, Ballinaboola; Dr. Griffiths, Glanmire; Dr. Stuart, Carrigallen; Dr. Gillespie, Clones; Dr. Dysart, Portglenone: Dr. Irwine, Monaghan; Dr. Alcock, Portsmouth; Dr. Brice, Armagh; Dr. Mollory, Castlepollard; Dr. Carroll, Sydney, South Australia; James Haughton, Esq., Dublin, &c.

VACANCIES.

Assistant-Surgeoncy, Dowlais Iron Works, Merthyr Tydvil. Salary, £140, with apartments.

General Hospital for Sick Children, Manchester—Assistant Medical Officers. Salary, £170.

Lunatic Asylum, Chester—Resident Medical Superintendent. Salary, £350, with apartments, &c.

Hospital for Sick Children, Brighton—Honorary Surgeon.

Lunatic Asylum, Nottingham—Assistant-Surgeon. Salary, £75, with board, apartments, &c.

BIRTH.

Hayes. — On the 19th inst., at Shanagolden, the wife of Thomas Hayes, Esq., M.D., of a daughter.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 7, 1869.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE
On Diseases of the Anus and Rectum. By Holmes Coote, F.R.C.S., Surgeon to St. Bartholomew's Hospital 285
Obstetric Memoranda. By J. Waring-Curran, L.K. & Q.C.P.I., L.R.C.S.I., &c. 286
On Infanticide and Abortion as Suggested Institutions. By Ewing Whittle, M.D., M.R.I.A., Lecturer on Medical Jurisprudence and Toxicology to the Liverpool Royal Infirmary School of Medicine 287

HOSPITAL REPORTS.

METROPOLITAN FREE HOSPITAL AND FARRINGDON DISPENSARY.—
Cases of Syphilis treated without Mercury. By Charles R. Drysdale, M.D., M.R.C.P., F.R.C.S., and Robert W. Dunn, Esq., M.R.C.S. 289
MERCER'S HOSPITAL.—
Locomotor Ataxy. Under the care of Dr. Eames 290

TRANSACTIONS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.—Mr. S. Watson on Interstitial Keratis, or Parenchymaton Inflammation of the Cornea.. 291
PAGE
DUBLIN OBSTETRICAL SOCIETY.—Dr. E. Kennedy on Metria, or Puerperal Fever. 291
DUBLIN PATHOLOGICAL SOCIETY.—Mr. Stokes on Ilio-Femoral Aneurism of Enormous Size 292
Cold Water Treatment of Typhus Fever .. 293
Quinia as an Antiphlogistic 293

LEADING ARTICLES.

FOOD AND DWELLINGS FOR THE PEOPLE.. 294

SCOTLAND.

Edinburgh.—Royal Maternity Hospital .. 295
The Deaf and Dumb Institution 295
Lord Stanley at Glasgow 295

FRANCE.

Special Correspondence.................. 205

NOTES ON CURRENT TOPICS.

Free Trade in Frand 295
A New and Compact Galvanic Battery.... 296
Acorns as Food 296
Medical Society of London 297
Sir Patrick Dun's Hospital, Dublin 297
The Vacant Examinership of the Royal College of Surgeons in Ireland 297
Small-Pox in Melbourne 297
The Irish Poor-law Medical Superannuation Bill 298
The late Mr. Maurice Collis.............. 298
The late Mr. J. H. James................ 298
PAGE

LITERATURE.

On the Parasitic Affections of the Skin. By Dr. M'Call Anderson 299

CORRESPONDENCE.

W. H. C. Nourse on Suggested Infanticide and Abortion 300
Monsieur Perrève on Forcible Dilatation of Stricture of the Urethra 300
T. J. Monaghan on the Apothecaries' Hall of Ireland 301
SUMMARY OF SCIENCE 301

GLEANINGS IN MEDICINE, SURGERY, AND THE ALLIED SCIENCES.

A New Method of Arresting Hæmorrhage. 302
Spontaneous Popliteal Aneurism occurring in a Diabetic Subject 303
The Importance of Certainty in the Operation of Vesico-Vaginal Fistula.......... 303
Atrophy of the Heart 303
Modern Homœopathy 303
Kristeller's Method...................... 304
Early Treatment of the Insane 304
Intestinal Puncture in Tympanitis 304
Weight of the Brain 304
Medical News, Notices to Correspondents, &c.................................. 304

Original Communications.

ON DISEASES OF THE ANUS AND RECTUM.

By HOLMES COOTE, F.R.C.S.,
Surgeon to St. Bartholomew's Hospital.

I HAVE met with several cases of "coccydymi" in females, mostly in the better classes of life. The patient complains of intolerable pain at the end of coccyx, and extending thence to the anus, vagina, and along the thighs. Although, from want of clearer pathological knowledge in diseases of the nervous system, we call this an "hysterical" pain, it is nevertheless a source of positive suffering to the patient, preventing her sitting down for many minutes consecutively in comfort, and leading to a dull numb sensation down the thighs and legs after a few steps in walking. A lady, in all other respects in good health, was under my care some months ago, to whom the recumbent position was the only one which gave her rest and ease. The necessity of being constantly upright wearies the patient, and leads to œdema of the ankles and pain under the arch of the foot.

Mr. Hilton has done good service by directing attention to some of these cases of pain extending along the perineum and organs of generation, and by investigating more precisely their causes. Thus, a gentleman, soon after the death of Mr. Key, consulted him, complaining of pain extending from the ascending ramus of the ischium to one side of the penis. On examination, Mr. Hilton found a considerable thickening of soft parts, and a "cord-like" mass, rather bigger than whip-cord, near the ischium. It turned out that this gentleman was in the habit of sitting many hours of the day on a hard and somewhat uneven seat. Mr. Hilton applied some strong nitric acid to the part, so as to prevent the patient sitting on the diseased spot for some time, and directed him to have a hole cut in the stool so as to prevent pressure on the part altogether. Immediate relief ensued, and the patient got quite well. —("Influence of Rest," p. 234).

Another case occurred to him in 1860. A lady, aged sixty, had been aware for some considerable time of some unusual numbness and painful sensation near the left tuber-ischii and neighbouring vaginal labium. This was more especially the case when riding in her carriage or sitting in her study. Some time after she discovered, a marked enlargement on the "seat." On examination, Mr. Hilton detected an enlarged bursa on the tuberosity of the ischium. Now, he had known this lady some time, and she explained how she was accustomed to sit on a hard chair with a little table on her left hand, and she said, "As I read I am obliged to sit sideways on my left side in order to make my notes without getting up." Nitric acid was applied over the bursa; the eschar separated on the sixth day; but the habit of sitting on the thickened parts being removed, the bursa was cured by rest, and the pain, both perineal and vaginal, subsided.

In this case, however, we fail to discover any local causes whatever; the pain is more distinctly referred to the extremity of the coccyx, extending thence to the skin of the adjacent regions. All the patients whom I have seen have previously consulted an obstetrical practitioner, by whom a careful and accurate investigation of the vagina and uterus had been made, but without result; various local applications had been ordered the state of the rectum investigated; the bowels had been purged; iron, quinine, and other remedies has been given internally; yet the evil remained.

I determined to try the effects of the hypodermic injection of morphine, and on the following grounds—that after this long continuance of pain in the spot, "pain seems to beget pain." The patient's mind is ever directed to that one spot of suffering, and the idea, when once thus fixed, is difficult of removal. Accordingly, I tried the injection of one minim, wishing merely to allay pain without producing drowsiness. The effect was very marked. The pain for a time seemed banished, as if by magic, and the patient found herself able to sit and walk as formerly, when in perfect health. After a time the pain began slowly to return, when the injection was repeated, and with the same effect.

After a time, patients have provided themselves with the apparatus for injecting, and have carried it with them; but several have informed me that after the space of a few months, the pain seemed altogether to have left them, and that the use of the morphine was discontinued.

It must never be forgotten that the coccyx may be the seat of positive disease; ulceration may take place in the articulations, uniting the smaller pieces. I never met with such a case in life, but pathological specimens illustrating the fact are to be found in many museums.

◆

OBSTETRIC MEMORANDA.

By J. Waring-Curran, L.K. & Q.C.P.I., L.R.C.S.I., &c., Manchester.

The following cases, copied from hurriedly-written clinical notes, are not, I conceive, uninteresting, although they aim at nothing remarkable or unusual, nevertheless they are not devoid of practical importance.

Case I.—*Gastritis occurring at the Fifth Month of Pregnancy.*—Mrs. M., aged thirty-four years, the subject of chronic emphysema, pregnant with her third child, sought advice on January 2nd for constant vomiting and sickness.

She has been ill for three days, and complains of incessant pain over the region of the stomach, which rejects every article of food taken. She considered herself five months pregnant. Prescribed an effervescing mixture, with dilute hydrocyanic acid, and ordered her ice *ad libitum.*

The following day there appeared an aggravation of the symptoms. Pulse, 120 per minute, continuous vomiting, with a sense of sinking. Directed a blister to be applied over epigastrium, small quantities of brandy and *iced* soda water to be taken, and the medicines to be repeated.

January 4.—Pulse 140, breathing rapid, coated tongue, no sleep, and the burning sensation along œsophagus and over stomach increased. Gave directions that no food should be given by the mouth, and that an enema consisting of beef-tea, port wine, cream, and twenty drops of the liquid extract of opium should be thrown up the rectum every four hours.

January 5.—Retained the first enema twenty minutes. The second, third, and fifth came directly away, whilst the fourth remained three hours. Vomiting continues, which is chiefly acid bile. Pulse, 140. Prescribed naphtha, which the patient objected to take.

January 7.—Pulse 140. Incessant vomiting. Movements of the fœtus disturb the patient and create nausea. Has slept two hours.

January 9.—Continue the enema. No improvement. Proposed the induction of premature labour by the douche, which the patient refused to consent to, as well as her immediate relatives.

January 8, 9, and 10.—Condition of patient the same. Sustained or kept alive solely by beef-tea and port wine injections, to which I added ten drops of veratrum viride with the twenty minims of liquid ext. of opium (B. P.) each enema.

January 11.—Pulse 120. Vomiting continues, but retains the injection an hour at a time.

January 12.—Has taken a little wine and water by the mouth, which the stomach retained two hours. Has slept comfortably and quietly during the night. The veratrum controls the action of the heart and reduces the frequency of the pulse without increasing the sickness.

January 13, 14, and 15.—Vomiting induced if any fluid be taken. The injections of beef-tea, cream, and port wine continued, with the liquid ext. of opium (B. P.) increased to thirty minims, and that of the veratrum viride to fifteen.

January 16.—Condition of patient decidedly better. More hopeful. Pulse down to 112. Has slept four hours. Still afraid to chance any food by the mouth.

January 17, 18, and 19.—Patient progresses, and is now able to take and retain on the stomach some arrowroot and a little weak essence of beef, followed by pancreatine. Directed that half a dose of Dr. Dobell's pancreatine be exhibited thrice daily.

February 12.—Patient convalescent. The child is perceptible, and its movements stronger.

This is a case which lucidly demonstrates the necessity of patiently watching, and not being over-zealous in bringing on premature labour. At one stage of the case it was necessary to propose that interference, which although refused, the adoption of it would have been absolutely essential to perform, had not the more pressing symptoms yielded to the measures adopted, and a case wherein I have indisputably proven the therapeutic efficacy of veratrum and opium in the enemata in controlling the circulatory organs.

Case II.—*Puerperal Convulsions with Albuminuria—Adherent Placenta, &c.*—Pauper G., primipara, under treatment for renal dropsy, with albuminous urine, at full time, commenced labour on February 5th. Had been in labour four hours when the convulsive seizures began. The head presented naturally, but the os was rigid and unyielding. I immediately sent for the forceps and delivered her. The convulsions subsided as soon as the child was born. The placenta was adherent, and required care and patience in its removal. My friend, Dr. Pultney, took charge of the patient. In the course of the evening there was a slight return of the convulsions, which rapidly yielded to a whiff of chloroform and a mustard application to the nape of the neck, Dr. P. informed me.

A week after her confinement the uterine discharges became offensive and increased in quantity. We immediately washed out the passages by means of carbolic acid injections, which had a most salutary effect; indeed, my sole object in the recital of this case is to record the great benefit to be derived—which I have invariably found result—from the free use of carbolic acid in all cases of offensive uterine discharges, after parturition and otherwise, and its great superiority and more reliable effect in cases of leucorrhœa. The case also establishes the fact that, in puerperal convulsions, the sooner labour is produced, if it has not actually commenced, and delivery effected, the better, for the usual advocated remedies have in my hands proven futile and worthless.

February 27.—The woman is now well.

Case III.—*Puerperal Convulsions.*—On the 28th of February I was requested to attend an Irish woman who had been in labour sixteen hours, and suffering from convulsive seizures.

Upon examination, I found the head of the child at the brim, the membranes ruptured, and the os dilated to the extent of about half-a-crown. The convulsions were of a severe character and regular in their occurrence. I applied cold to the spine, as advised by my distinguished friend, Dr. Chapman, of London, and had recourse to the other ordinary methods to arrest them, but without success. Having waited for a little time I found the advance of the labour to be slow—yet Sir J. Simpson advises, when any progress is being made, interference is to be avoided, nevertheless, acting on the golden rule that the urgency and similarity of no two cases are alike, I was guided by the symptoms, and on consulting with Dr. Clegg, applied and delivered by the forceps.

The child I brought into the world living, there was one faint return of the seizures, but the woman rapidly recovered, without a bad symptom.

This is a case which demonstrates the necessity of interference, when the practitioner desires to save the lives of both mother and child, and not to be bound to any rule or opinion, however eminent the source from which it originates or emanates. This I say with all respect to the eminent authority whose name I have taken the liberty to associate with what I conceive to be a fallacious rule, which I understand Sir J. Simpson to be author of.

Case IV. — *Funis Presentation.* — Pauper Bamford, twenty-four years of age, had been under treatment for condylomata and snail track ulceration of throat at the seventh month of her pregnancy.

On February 7th labour began, the funis presented, and was followed by the placenta. Delivery was hastened and completed, the child of course being dead. There were most fœtid and highly offensive discharges from the commencement. Carbolic acid injections were immediately prescribed. Under their use recovery was effected in a much shorter space of time than I have ever before experienced in a similar class of patients; indeed, I am actuated in stating that carbolic acid injections, in cases of discharges from the uterus or vaginal tube, set up healthy action, not only more quickly, but more agreeably to the patient than any other form of injection hitherto employed by me in practice, or witnessed in the practice of our obstetric institutions by the distinguished attendants attached to them.

◆

ON INFANTICIDE AND ABORTION AS *SUGGESTED* INSTITUTIONS.

By Ewing Whittle, M.D., M.R.I.A.,

Lecturer on Medical Jurisprudence and Toxicology to the Liverpool Royal Infirmary School of Medicine.

(Continued from page 265.)

Several sections are then devoted to the working out of the proposed details of the system. Then follows another chapter, which is marked as "Printed for private circulation."

Here Marcus says—"Let us now contemplate the stifling of a just born infant, and let us separate the various elements which concur to arouse within us a sense of horror and reluctance. They are these: the parent regrets a loss; he shrinks from the infliction of a pang. Of these two feelings we may nullify the one, we may compensate the other. After disposing of the compensation Marcus proceeds to the nullifying. "Next, for the feelings of compassion we will provide by making the infant to be happy, if he live; if not, to be unpained in the act of dying. This the great and difficult problem to remove altogether the idea of pain inflicted, an idea which makes the principal difference between the killed and to die." Quite as much tender sentiment as if the gentleman was discussing the drowning of a litter of puppies or kittens. Again:—

"Beyond these two considerations, there is another which goes to make up the complex idea of criminally killing. It is that of the right of prosperity in life inherent in the living person himself."

"It can be clearly demonstrated that he never can have possessed the right, any more than he has felt the wish to live."

"He has not a real right to live, because it has never been given, bequeathed, or conferred in any legal way, or by any principle of natural justice equivalent to formal legality. The child's pretensions to any mundane existence, being thus summarily disposed of by such arguments for their apothesis as little innocent angels. Let their be a repository for the privileged remains of these infants not admitted into life. Let it have nothing funereal about it, but all that is cheerful and agreeable. Imagine a colonnade, closed and gently warmed in the winter, fresh in summer, verdant always, yet not expensive in exotics; not too distant for the daily disport of all classes, yet silencing vulgarity by an amiable and religious formality. Let this be the infant's paradise; every paturient female will be considered as enlarging or embellishing it. This field of fancy will amuse her confinement, and she will be pleased by the reflection that her labour will have been not in vain, and that even posterity are to be the better for it."

The final chapter is headed—

"*The Theory of Painless Extinction.*"

This chapter is devoted to teaching how infants can be put to death without pain, by gradual submersion in hot water, or by the use of carbonic acid gas, to this lesson in murder several pages are devoted, from this I cull a few passages. At any rate we need not fear that it is stifled in the usual sense of that word, for the external appearances are different, stifling is quick, sudden and violent; this quite the reverse, a difference alone sufficient; let us reascend to causes, and we shall find that the cause of the phenomenon understood by *asphyxy by stifling*, is no other than the urgent impatience of the appetite for air. Now that the appetite has not, in our new-born animal yet acquired the fully-formed sensibility, or become susceptible of impatience—no pang is felt, for no sensation is shocked—instead of growing quickly towards full formation, it decreases; instead of being awakened it is dulled. It and the uneasiness along with it slowly perish away and disappear. But enough of this vile and despicable trash which it would be a waste of time to call your attention to, if we did not find it again cropping up in high quarters after an interval of thirty years. Of recent authors of note who fully endorse Malthus' views, I may mention Nassau, Senior, Whately and Mill. I quote from Mill; "Little improvement can be expected in morality until the producing of large families is regarded with the same feelings as drunkenness or any other physical excess." "But while the aristocracy and clergy are foremost to set the example of this kind of incontinence, what can be expected from the poor?"

Does this philosopher, who would remodel the moral laws that govern mankind, reflect for a moment on what would be the inevitable result of a number of married couples attempting to live up to his idea of continence: I will venture to affirm that the number of births would in no respect diminish; and that in fact the fell expedient of Marcus rather recommends itself as having at least the merit of solving the difficulty with a vengeance. The practice of inducing abortion has not been openly recommended by any of these authors; Marcus hints at it approvingly. Lord Amberley compliments the American ladies on their keeping down their families, though faintly objecting to their practice of abortion. It is rather the business of the sound political economist, than of the medical man to pursue the line of argument, which would prove how greatly Malthus and his followers have been deceived, and how groundless are the premises on which they have based their deductions, and how very far the Creator was from intending that the progress of man should be governed by the infamous laws imputed to him by Malthus, in these words, "vice and misery are necessary agents in God's government of the universe, and without the agency of vice and misery, God's government could not go on."

The opponents of Malthus, with more or less success, endeavoured to show that his fear of over population was merely a bugbear of his own imagination, that the fruitful teaming earth was ever ready to pour into man's lap an over abundance, in return for his industry bestowed upon it; that, in those exceptional cases where want existed, the cause was due to the evils of monopoly, or injudicious legislation, which cramped the energy of the people; but no triumphant reply was given to the plausible theories of Malthus, until the subject was taken up by a man of genius, the late Thos. Doubleday, who, in his great work on Population, has refuted in a most able manner the Malthusian theories. His work was published in 1841, it is entitled "The True Theory of Population shown to be connected with the Food of the People."

He places appropriately on his title page a passage from Exodus, "But the more they afflicted them, the more they multiplied and grew." The principle which the author endeavours to establish is this : "that in nature a general law exists for the protection of species, whereby fecundity is stimulated by a condition of Depletion, and checked by a condition of Repletion ; that this law applies equally to the vegetable and the animal kingdom ; that as applied to man, this law produces the following results :—That in all societies a constant increase is going on amongst the worst fed, that is, the poorest part of the people ; that amongst the affluent, who are well supplied with food and luxuries, a constant decrease goes on ; amongst those in a medium state, who are tolerably well fed, not overworked, and yet not idle, population is stationary. In a nation where the affluence is sufficient to balance, by the decrease which it causes amongst the rich, the increase arising from the poor, population will be stationary. In a nation highly and generally affluent and luxurious, population will decrease and decay. In poor and ill-fed communities population will increase in the ratio of the poverty. This is the real and great law of human population."

The author then adduces a variety of facts referring to the vegetable kingdom ; then to the animal creation, and ending with the human world, the numbers composing which he shows to have ebbed and flowed as one or other of the different states he has described prevailed more or less : he then argues (and I think with great success) to show that his theory has not only a wonderful agreement with the state of the world as it is known to exist and to have existed, but also its admirable unison with the wisdom and goodness of that Divine Providence, which " saw all that He had made," and saw that all was *very good*, until marred by the wickedness or folly, the error or ignorance of man.

Doubleday takes his first illustrations from the vegetable kingdom : he cites the facts that are familiar to all horticulturists, that if trees or plants are over stimulated by manure they run, trees and shrubs to leaf and wood, and do not bear fruit, while flowers become double and cease to bear seed. Turning to animals he cites the experience of breeders, that over-fed animals never breed well ; and hens if over-fed will not lay well. To Doubleday's illustrations, I would add one from the natural history of the bee.

It was discovered by Huber that when bees are deprived of their queen, they take a common worker grub, treat it as they do the queen grub, feed the pupa with the food of the queen pupa, and the worker becomes developed into a queen, the workers or neuter bees, being all females, with imperfectly developed sexual organs, feeding with a particular food furthers the development of these organs, and the procreative power is established in the insect.

After these preliminary observations the greater part of the volume is devoted to the proof that the same law applies to the increase and decrease of the human species ; to prove this he makes reference to the statistics of many countries, to the statements in the writings of ancient authors, and to proofs derived from the extinction of families in limited societies. He first states the facts which are indisputable, that in the present day, in pastoral countries where the food of the people is principally animal, the population is invariably thin, *denser* where the food is partially vegetable ; *denser* still where it is vegetable only, but with plenty, and most dense where it is vegetable with scarcity superadded.

In Poland, France, Italy, and Belgium, where the diet is mixed but plentiful, population is moderately dense.

In India, Ireland, and China, where scarcely any animal food is eaten, where the vine and the olive are absent, the population is excessively dense, and constant pauperism and periodical famines form decided features in the history of these countries. Sismondi in his Political Economy observes, " The slowness in the increase of a population is most frequently an indication of great prosperity ;" he then mentions Geneva as an instance of this prosperity : " in that city the number of births to a marriage is rather less than three, two of whom replace the father and mother and the other one or *minus one* represents those who do not reach the age of marriage or who die in celiebacy." He adds, " There is no danger here of that subdivision of property with which we are constantly menaced by the English economists." Here we have the beau-deal of a limited population as sought to be arrived at by abortion and murder, by the philosophers of the Malthus and Marcus school. He then cites Ireland as the very opposite to Geneva, and contrasts the great increase of the poor Catholic as compared with the well-to-do Protestant population. I will now proceed to cite some instances of the working of this law among limited bodies of men.

1. The Peers and Baronets of Great Britain.—Of all the Peers nearly three-fourths are creations since the accession of George III. Since the first creation of Baronets in 1611, seven hundred and fifty-three Baronetcies have become extinct. Of all James I. creations only 39 remain.

2. Venice.—Addison says, of the Venetian nobility, Amelot reckoned in his time 2,500 nobles who had voices in the Council, but at present there are not more than 1,500, notwithstanding the addition of many new families since that time.

3. Berne.—Malthus gives this account of the bourgeoisie of this city. From the year 1583 to 1654, the Sovereign Council admitted into the Bourgeoisie 487 families, of which in 1783, two centuries after, only 108 remained.

4. Ancient Rome.—He quotes from Tacitus, " Iisdem diebus in numerum Patriciorum adscivit Cæsar vetustissimum quemque e Senatu, aut quibus clari parentes fuerant. Paucis jaum reliquis familiarum quas Romulus majorum, et Lucius Brutus minorum gentium appellaverat ; exhaustis etiam quas Dictators Cæsar, lege Cassia et Princeps Augustus lege Sænia sublegere."

5. The Free English Boroughs.—Mr. Doubleday shows that, notwithstanding the advantages enjoyed by free burgesses from the wealth of their corporations and their commercial monopolies, and the fact that the sons of freemen were always free, still their numbers were only kept up by the constant influx of apprentices. He maintains this proposition by carefully prepared statistics taken from many boroughs.

The opposite view that the deplethoric state stimulates population is illustrated by many examples :

1. Pitcairn Island.—The mutineers in about 40 years on this barren island increased in numbers nearly tenfold ; though their lives were a constant struggle to procure food, having hardly anything to live upon except yams and fish.

2. The Western Highlands.—Report by Sir John Macneill in 1851. He gives a most instructive comparison between twenty-seven poverty-stricken parishes in the West, and twenty-seven self-supporting prosperous parishes in the Eastern Highlands ; he shows that in the latter, during fifty years the population had decreased 29 per cent., while in the poverty-stricken parishes it had increased 126 per cent.

3. The constant increase of population in the little barren island of Malta.

4. The great increase of the Helots in ancient Laconia, while their Spartan masters so diminished that, according to Niebuhr, there were only about 700 left, 250 years B.C.

These are but a few of the arguments advanced by Doubleday in support of his theory, and I think I have set before you quite enough to satisfy you all that at least the question of the Law of Population is still *sub judice*, and that the Malthusians are bound to advance stronger arguments than they have hitherto done, in favour of their views, and to endeavour, if they can, to refute the mass of evidence which Doubleday has brought forward, evidence which goes far towards proving, if it does not absolutely decide, that the premises on which their theories are founded are utterly baseless ; that the theories themselves are mere bugbears conjured up in the imagination of superficial dreamers. But I will not detain you further on this part of the subject, which belongs more especially to the domain of the political economist. Having set before you the present aspect of this disputed point, I turn to consider it now in its relation to our art; feeling that we are more particularly called on to take up the subject as the false prophets have thrown down the gauntlet before us, insolently calling upon us to abet them in their wild crusade against nature. Let us not be slow to accept their challenge; let us proclaim loudly that medicine is not the science of the day that points out the way to infidelity and to vice; that she, with us her votaries attending, is ever the patient handmaid of nature, ever ready to further her efforts for the good of mankind, and always regarding with horror and disgust any unnatural attempts that are sometimes made to mar her purposes. We may cast in their teeth the words of the Pagan moralist, more virtuous than our philosophers of the nineteenth century: "*Naturam expellas furcâ, tamen usque recurret*," and fierce would be the reaction when nature reasserted herself, if even a partial success were permitted to these designing men in their infamous attempts to mar her fairest works, to arrest the progress of the human race, to exalt murder into an institution, and to substitute a scheme engendered in their obscene imaginations, for the moral government of the God of Nature. If I express myself sternly on this subject, I do so the rather that some medical men have been weak enough to give a degree of countenance to these theorists, therefore I think as a profession we are the more called upon, to declare our abhorrence at their unnatural projects, and turning with disdain from the mad schemes of Malthus and Marcus, upheld though they be by the genius of a Whateley, the intellect of a Mill, or the social influence of a Russell or an Amberley, to assure the whole host of false philosophers that as cultivators of the godlike art which we profess, we shall ever, as our predecessors have done from time immemorial, walk truthfully and reverently in the footsteps of nature, and that under no circumstances will we ever be parties to any attempt to limit the natural increase of our species, whether by taking the lives of those whom they assume to be born as a superfluous number, or by any prurient interference with the legitimate intercourse of the sexes, seek to keep the number of live births within a stated limit.

◆

Hospital Reports.

METROPOLITAN FREE HOSPITAL AND FARRINGDON DISPENSARY.

CASES OF SYPHILIS TREATED WITHOUT MERCURY.

By Charles R. Drysdale, M.D., M.R.C.P., F.R.C.S.,

AND

Robert W. Dunn, Esq., M.R.C.S.,

A part of which was read at the Harveian Society on March 18, 1869.

(Continued from page 268.)

Case 7.—John D., aged nineteen, seen December, 1866, by Mr. Dunn, with sore on the foreskin, slightly indurated. Lotio zinci sulphatis. Glands in groin indurated. January 22nd. Ulcerated sore throat, with large ulcer on left tonsil. Touched ulcer with nitrate of silver, and patient to take the chlorate of potash mixture t. d.; syphilitic roseola appearing. February 14, 1867. Throat still sore; rash fading. March 24th. Rash gone; *repete medicinam.* May 10th. Slight alopecia syphilitica. May 13th. Iritis. To take five grains of iodide of potassium t. d., and drop a solution of atropine (gr. ij., aq. ℥j.) into the eye twice daily. 30th. Iritis disappeared; continue. June 14th. Discharged well. No relapse in 1868.

In some cases the whole of the disease apparently consists almost entirely in a few mucous tubercles, and appears but slightly to affect the general health.

The following cases are examples of this kind:—

Case 8.—Eliza M., nineteen, was treated by Dr. Drysdale from 19th May to 10th June, 1864, for slight sore throat and mucous tubercles on the vulva, which latter, on being occasionally touched by strong nitric acid, soon disappeared. This patient was observed for many months subsequently, and no further symptom was noticed. In 1868 she was in good health.

Case 9.—This was an equally slight case. Catherine H., aged twenty, seen first November 7th, 1864, with mucous tubercles on the vulva and the same affection between the toes. On being touched with nitric acid these affections soon disappeared, and although the patient continued to attend for nearly a year afterwards, to report herself, no further symptoms were seen.

Syphilitic iritis requires no mercurial treatment. It almost invariably gets well in about three weeks, without injury to the eye.

The following cases will illustrate this remark:—

Case 10.—George W., aged eighteen, with iritis, roseola, and mucous tubercles on scrotum. The iritis subsided in about three weeks, and vision was entirely restored. The mucous tubercles, touched with nitric acid, soon disappeared. The patient was under treatment from March 27th until May 16th, 1865. No relapse in 1867.

Case 11.—Miss G., aged twenty-one. February 11th, 1868. During the past week her left eye has been inflamed, and there has been pain in left frontal region, with slight intolerance of light. There is muddy appearance of the iris, and triangular pupil. Syphilitic psoriasis on arms and thighs. Infection apparently about nine months previously. Treatment—To drop in a solution of sulphate of atropine (gr. ij. aq. ℥j.) twice a day into the eye affected. The iritis subsided in about three weeks, and shortly afterwards vision was excellent. No relapse in 1868.

Case 12.—Edward D., aged twenty-five, seen by Mr. Dunn March 8th, 1866, with gonorrhœa, swelling of penis, and inguinal glands on both sides enlarged. Connection February 25th, 1866. The foreskin could not be retracted. March 21st. Indurated lump on the foreskin. March 24th. Scaly syphilitic eruption with sore throat. To take chlorate of potash mixture and gargle with chlorate of potash. March 27th. Universal syphilitic eruption over the body. *Repete medicinam.* June 10th. Mucous tubercles on lips; psoriasis of tongue; rash faded. Repeat. August. Much better; rash gone. Sent to Harrogate. October. Well. No relapse since that date.

Case 13.—Henry M., aged twenty-two, seen by Mr. Dunn in May, 1866, with sore on the frænum, and inguinal glands on both sides much enlarged. To take chlorate of potash mixture. June 14th. Left, sore being healed. In July returned with syphilitic roseola and alopecia. To take ten drops of tincture of the perchloride of iron t. d. In August he was much better. The mucous tubercles on the lips still continued. September 24th. No symptoms. No relapse in 1868.

Certain syphilitic affections require the employment of iodide of potassium, and in such cases the use of large doses of the salt has in the author's experience proved most rapid in effecting a cure. For example, John J., aged thirty, was seen at the Metropolitan Free Hospital, 13th Mar., 1868, with deeply ulcerated sore-throat, extending far down on the left side of the pharynx. The patient on being questioned, remembered having had gonorrhœa nine years before, and some slight eruption and sore-throat about that time, and slight tendency to sore-throat ever since. The ulcer in the pharynx was very extensive, covered with a quantity of mucus, and extending down as far as the eye could see, on depressing the tongue. The patient's appetite was very bad, and he was rather emaciated; although evidently a strong labouring man. The throat was touched freely with nitric acid, and twenty grains of iodide of potassium were ordered in two fluid ounces of water t.d.

The very next note taken on March 20th, shows that the patient considered his throat as "quite well," "He could eat any mortal thing." The parts soon became quite cicatrised.

Syphilitic sarcocele, when occurring in patients not hitherto treated with mercury, yields very rapidly to large doses of the iodide of potassum. John W., æt. twenty-seven was seen March 6th, 1868, by Dr. Drysdale, at the Metropolitan Free Hospital. Two years previously he had suffered from a hard sore on the penis, alopecia, and slight eruptions on the skin; but did not appear to have been treated for these symptoms, which, indeed, were all rather slight and transient. When seen, the left testicle was found much enlarged, the size of a man's fist, and very hard. Patient was ordered to take twenty grains of iodide of potassium in a wine glassful of water thrice daily. In a month the testis was of natural size and consistence.

The same lesion occurring in the person of a young gentleman, a relation of Dr. Drysdales', who had taken no mercury for a slightly indurated sore, followed by spots of a rupial character, was rapidly relieved by large doses of iodide of potassium; in about fourteen days, the organ returned to its proper size and consistence.

Ozæna, also, with destruction of the bone, is in most cases rapidly stayed, and cured by the administration of twenty grain doses of iodide of potassium. For example, Amelia M., æt. fifty-two, was seen 12th May, 1868, with ozæna of the right nostril, and dead bone; and with ulcers of the right tonsil. Patient said that, nearly twenty years ago, she remembered to have experienced some symptoms during her married life. The husband had been dead sixteen years, and she had neither had any children, nor miscarriages. Under large doses of the iodide, the patient's health became greatly benefited, the ozæna stopped, and pieces of dead bone came away.

Iodide of potassium, however, has only the power to cure the existing symptoms, not to cure the disease. An example of this is seen in a case of a woman, who for six years has attended the dispensary with a large scar on the left thigh. This scar occasionally breaks down, and becomes an ulcer, which is at once cured by the iodide, again to relapse in a few months. The woman's health is good and she has healthy children. The affection named syphilitic psoriasis of the tongue appears not to be very amenable to treatment; but it is consoling to be aware that persons may retain this lesion for twenty years, and have no other symptom, and procreate healthy offspring.

For example, Mrs. M., aged fifty-five, was seen February 18, 1868, at the Metropolitan Free Hospital. Her tongue was covered with white patches, and the edges were indented by the marks of the lower incisors. Patient had been married once, thirty-four years before, and had had five children, only one of whom was alive at that time, aged twenty-eight. Before his birth she had one still-born child, twelve months after marriage. Her tongue had been affected in this fashion for many years. No amount of iodide of potassium did this case any good, and we presume our friends who employ mercury have like experiences, at least some of the most eminent among them have confessed as much to us.

Mary S., married in 1838; seen 1st March, 1868. Had two children, both of which died; the first was born seven years after marriage. When pregnant, she suffered from sore throat and eruption, and the child had eruption and was treated at Blackfriars Bridge Hospital with powders and died. A year subsequently another child was born, which had eruptions, took powders, and died in nine weeks. Her husband died in America. He and the patient were both treated by Mr. Paget at St. Bartholomew's Hospital, when she took a great deal of medicine, and was in-patient. At the date of first seeing her, patient had extensive psoriasis of the tongue, which, in spite of large doses of iodide, still remains, although the salt improves her appetite and "does her a great deal of good."

(*To be continued.*)

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. Thornley Stoker, M.D., L.R.C.S.,
Demonstrator of Anatomy in the Royal College of Surgeons in Ireland.

MERCER'S HOSPITAL.

Locomotor Ataxy.

(Under the care of Dr. Eames.)

Caromelo Giagoloni, an Italian sailor, aged thirty-one years, unmarried, was admitted into Mercer's Hospital February 28th. During his childhood he suffered from some affection of the lower extremities, of which he could not give a very clear account. Since that period he enjoyed perfect health till four years ago. His relations are all healthy, and have never exhibited any symptoms of neurotic disease. He has never had any venereal complaint. On a voyage to Constantinople, in the year 1864, he was much exposed to wet. He now became subject to severe flying pains in the lower extremities, which came and passed away with the rapidity of lightning. He suffered, too, at this period from occasional impairment of vision, diplopia, and amplyopia, also from deafness; these would last from twelve to twenty-four hours, and recurred about once a fortnight. His feet became numbed at this time, and he experienced some consequent difficulty in locomotion. The sexual powers were at this period exaggerated, being able to have connexion seven and eight times a night. He improved in general condition, and made a voyage to the Sea of Azov, where he suffered severely from cold, whilst wintering there. On his return he was admitted into an hospital at Marseilles, being unable to walk without reeling. He was there treated by tonics and electricity.

From the account which he gives of the examination made by the physician, there is no doubt locomotor ataxy was diagnosed. Having been under treatment for two months, he left hospital much improved. He next made a voyage to Dublin, and immediately, on his arrival in port, was sent to Mercer's Hospital. He complained, on admission, of pain in the abdomen. On inquiry it was found that his bowels had not been moved for five days, and that he had not passed water for twenty-four hours. The urine was drawn off and the bowels freed by a purgative enema. During the remainder of his stay in hospital he passed water freely, and his bowels were moved regularly. He now directed our attention to his troubles in locomotion. On being directed to leave his bed, he at once and without difficulty did so, but before commencing to walk he pressed his feet with his hands against the floor of the ward, for the purpose, as he said, of insuring perfect contact, as he had lost all sensation in his feet. On attempting to walk he reeled and staggered, and could not proceed unless clutching by the bedsteads or guided by some of those present. He was quite unable to support himself with his feet placed parallel to each other if directed to look upwards or to shut his eyes. He could stand in this position if allowed to fix his eyes upon his feet. The muscular force of the limbs was at the same time perfect, as the patient was able to carry on his back one of the pupils present, if held by the hands. On his returning to bed we proceeded to examine the limbs as regarded the anæsthesia of which he complained.

On tickling the soles of the feet there was no motion whatever of the limbs, nor was the tickling felt in the slightest degree. We next passed a pin more than a quarter of an inch in depth into various parts of both feet. Neither was this felt, the patient regarding our operations with a placid smile, and saying "pas de tout." The same is true as to the entire anterior aspect of the leg. But over the gastrocnemii on both sides sensation was perfect, nor had it ever been impaired in these situations. Above the knee sensation was perfect. He mentions that he suffers slightly from spermatorrhœa and also occasional incontinence of urine, He has lost all sexual power not having had an erection of the penis for two years. He also suffers from time to time from vertigo. Has never noticed squinting or dropping of the eyelid. He distinguishes perfectly between heat and cold applied to the feet.

The treatment adopted was syr. of the phosphate of iron in ʒj. doses three times a day, the passing of the interrupted magneto-electric current along the limbs, and full nourishing diet. Under the use of these his condition improved, and he was able to walk with greater confidence. As his ship returned to Italy in a fortnight he was obliged to leave hospital. He was then able to walk without actually reeling, but his gait was precipitant, whilst the trunk was bent forward. Sensation had returned below and in front of the internal maleolus on each foot, and he himself attributed the fact of his being able to walk more securely with his boots on than in his bare feet to the fact that he felt his steps when his boots were on, but not at other times. He had also lost to some extent the numbness in his knee-joints. His condition otherwise was unchanged.

This case is interesting as exhibiting in a marked degree the initiatory symptoms of the disease known as locomotor ataxy. The burning pains, flying like an electric spark through the limbs, the passing derangements of vision, the transitory deafness, and the increase of virile power, to be followed, by-and-by, by its total loss. It shows, too, to how large an extent the troubles of locomotion depend on the anæsthesia of the feet, and the temporary, but decided, improvement in the condition of the patient which follows upon even partial restoration of the cutaneous sensibility.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

MARCH 22ND, 1869.

PETER MARSHALL, ESQ., President, in the Chair.

Mr. **SPENCER WATSON** exhibited two cases of

INTERSTITIAL KERATITIS, OR PARENCHYMATON INFLAMMATION OF THE CORNEA—NO MALFORMATION OF THE TEETH WAS MANIFEST.

The first case seemed to Mr. Watson to be one of those generally associated with constitutional syphilis. The mother has had three children still-born, and discoloured at birth. The treatment consisted of hydri cretâ and iodide of iron; pain in the knee-joint came on after the administration of the mercury; which rheumatic pain sometimes throws light on these cases. In irritable constitutions, Mr. Watson recommends the tonic treatment, and cod-liver oil, the pupils to be kept well dilated by atropine.

Mr. **HOGG** said that these kind of cases are met with in large numbers, and as a rule are very difficult to treat. He considers them of the superficial kind of inflammation, and differing much from the cases related by Mr. Hutchinson, which are of a rarer kind. In the latter you frequently get synechia and obliteration of pupil as after consequences.

In reply, Mr. **WATSON** differed most completely from Mr. Hogg in his opinion of the two cases. He considered that in *both* the parenchyma was inflamed. He had omitted one fact, namely, that the urine was highly acid.

Mr. **DUNN** related a case where a patient of his had contracted syphilis within a month of pregnancy. On January 12th, she was confined; on March 14th, the baby began to snuffle; and a rash appeared on the nates, face, and skin; There were also mucous tubercles on the corner of the mouth. Most authors deny that syphilis contracted by the mother in the last month of pregnancy can be communicated to the offspring; this is the first case on record.

Mr. **WEEDEN** considered the evidence not quite sufficient to establish the case.

Mr. **DUNN** stated that the man and his wife had never before had syphilis, the first appearance of it in the man being in November.

Mr. **HOGG** explained the difficulty there was at arriving at conclusions in these cases.

Mr. **HAMILTON** also considered the transmission of the recent syphilitic attack from the mother to the child not already established.

In reply, Mr. **DUNN** said that secondary syphilis showed itself in the second and third months, and not in the first.

Dr. **THOMPSON DICKSON** then read an abstract of his paper on matter and force, considered in relation to mental and cerebral phenomena. Our ideas are vital phenomena; the resultants of motion conveyed through nerves from external objects. The immediate phenomena are chemical and physical changes in the brain cell, or cells with which these nerves are connected; agitation or vibration of that cell or cells which is communicated to other cells, evidenced by a succession of impressions related to the antecedents, and suggested by it. The evidence of the physical change is the permanence of the impression. We see a rose for instance, its image fades from mental view on removal, but its impression remains, a permanent change in a cell or cells which becomes prominent whenever the cell or cells are rendered active, and we appreciate the comparative difference from other cells. Music is an illustration; music is a modification of motion reaching our aural sense organs as waves, varying in rapidity, and known as hearing, one factor of which is the permanent impression of the musical sound. The evidence afforded by diseased condition is very characteristic, especially when compared with pathological changes as seen after death, we observe various forms of imperfection in mental phenomena, as loss of memory, incoherence, &c.; and we find associated therewith, atonic, atrophied, amyloid and fatty cells; and, as a current of electricity will not pass through a glass rod connecting two portions of copper-wire, those cells which are unhealthy, or have foreign matter in them, cut off the current which should otherwise pass between two portions of brain connected by them, the current on the other hand running in the course of the greatest vitality. Morbid speech is often strongly confirmatory, the current being unable to pass to the cell bearing the impression of the word which should follow in logical sequence, darts off to its antithesis. Many such cases are followed by epilepsy, or cerebral hæmorrhage. I shall only touch upon epilepsy, which appears in two forms; one in which the muscular phenomena are violent, while the mental are more or less slight; the other in which the mental phenomena are profound, while the muscular are more or less absent. Observation has led me to the conclusion, that in health there is a perfect balance between the controlling organs of the brain and the muscular system. In the latter form of epilepsy, the whole surface of the brain is more or less changed; while in the former, a part only has been injured, and that perhaps by coarse disease as tumour, in which case a portion of the seat of control over the motor centres is destroyed. In passive conditions we shall not have any manifestation till the potential energy (or specific power) will so overbalance that of the seat of control, that it will extend itself in violent contraction, till its potential energy again approximates the balance of that of the controlling seat.

DUBLIN OBSTETRICAL SOCIETY.

Dr. **EVORY KENNEDY** read a paper on

PUERPERAL FEVER,

in which he wished to direct the attention of the Society principally to the question of the preventibility of the disease; and for that purpose he commenced by accepting the doctrine that it is essentially a zymotic affection, and proceeded to show that, according to the statistics of London and other great English cities, the mortality from zymotic diseases alone is between one-fourth and one-fifth of the gross total of deaths. Further, that in nine out of ten cases death, in such instances, results from preventible causes; hence that the mortality may be reduced one-fourth, minus one-tenth.

Although the difficulties surrounding the actual detection of the miasm or germ which generates this class of diseases has yet to be overcome, still there can be no doubt of its existence as an entity; and we can investigate the laws which govern its development with much accuracy, and know and can handle many solids which may be said to contain, if not the poison, at least its habitat.

He thought that the view that a common principle, modified in its forms of manifestation by surrounding circumstances, was the root of various forms of zymotic disease, was indicated by the concurrent prevalence of different zymotic affections, and that it was strengthened by the possibility of tracing various manifestations of disease to a common germ. Thus, hospital physicians are well aware of the increased likelihood of the occurrence of metria during the prevalence of typhus, scarlatina, or erysipelas. This occurrence has now been so often observed that there can be no doubt that such phenomena stand in the relation of cause and effect. He had treated so fully of this subject in a paper read before the British Medical Association, that he would now abstain from going into it *in extenso*. Should the principle of isomerism—which of late had attracted so much attention amongst our chemists and professors of physical science—be adopted in disease, it would much simplify the difficulty which we now feel in accepting the theory of a common morbific poison; and in that case we might bestow on the polyatomic molecule or principle the name of *zymotocene*, and it would strictly fall within Dumas' definition of what he terms polymorphism. There is, therefore, nothing unreasonable in supposing that, as in the case of polymeric or polymorphous hydrocarbons, we may also have the germs of different disease produced by polymeric combinations in the same elements.

Puerperal fever appears epidemically, being most virulent in crowded maternities, but also visiting the chambers of the rich and the hovels of the poor; and of its contagious character now-a-days no doubt is entertained, although he (Dr. K.) stated that, twenty years ago, the advocate of contagion was regarded as worse than an infidel. If the views arrived at with regard to the true nature of the poisoning in these cases be correct, then the contagious and sporadic nature of the disease will be quite reconcilable. Its local cause approaches more nearly to a *constant* quantity in the wards of a lying-in hospital, whereas it is only an *occasional* quantity in the houses of the affluent; and the only influence exercised in its production by the atmosphere is, that in certain states of the atmosphere the *constant* and *occasional* quantities become more operative. The poison is more concentrated in the case of numbers, but can be fully generated by one parturient woman. The most striking parallels that we are acquainted with are—the gaol fever, erysipelas, cholera, and tuberculosis occurring amongst the crowded labourers in large cities.

In distinguishing between metria and its congeners, it would be unnecessary for him to dwell upon after-pains, Hysteralgia, or what he used to term Peritodynia, or Gastralgia; but peritonitis and metritis might require a passing notice. These affections, occurring apart from the puerperal state, are sometimes met with, but then they do not assume the zymotic form, but seem purely local inflammations. These are the class of cases in which he would advise the free use of the lancet and of leeches, where twelve or eighteen ounces of blood taken by the former, and followed by the application of eighteen or two dozen of the latter, would subdue inflammatory symptoms, and change the character of the previously incompressible pulse. He would distinguish between this form of disease and true zymotic metria by the symptoms of blood poisoning which occur in the latter—the shrunken features and the unmistakeable expression of countenance. In the zymotic puerperal fever the lancet could rarely be used, we must depend on local depletion; and the true secret of success is to reduce the pain by repetition of leeching, before reaction has time to establish itself. He has seen patients repeatedly lost owing to the hesitation of a physician in persisting in the use of leeches where he had found them to subdue pain. Another practical hint which he would wish to impress upon his hearers was the value of the use of mercury in these diseases, if its effects could be produced; but in bad cases there was no time to get the patient under its influence. Therefore, in his own practice, it was his custom, where he dreaded the advent of metria or peritonitis, to commence the use of small doses of grey powder as soon as the labour was completed; in some suspicious cases even using mercurial inunction. In this way he was enabled, if bad symptoms manifested themselves, to speedily mercurialise the woman. He had but on one or two occasions seen death occur where the mercury showed itself. In the treatment of metria there are two indications—the relief of local symptoms, and the support of the constitution by nourishing and easily assimilated food. We should remember that, although local depletion is necessary, yet that metria is a *poison fever*—a disease of debility—and that if we neglect to support the strength, the patient will sink from the collapse which must ensue. Stimulants must be used more guardedly, but, as a rule, they were not used soon enough; and in one instance in particular, in a class of cases which he had described many years ago, which were marked by sudden collapse, exhaustion, and tympanitis, and were allied to what Laennec had termed "Factitie Debile," it is surprising the quantity of stimulants which can be borne. It is in this class of cases that the turpentine treatment is so valuable, and it is remarkable the slight appearances of disease which a *post-mortem* examination will reveal in them.

Amongst the forms of metria he would speak of one which might be termed traumatic metria, or that which was the result of operations, injuries, or lesions of any kind occurring during the delivery. We know that, during the prevalence of zymotic metria, any accidental or operative departure from the natural course of labour is likely to be attended with the most serious results; in the same way, that during the prevalence of erysipelas or phagedena in surgical hospitals, all open wounds are liable to be attacked by the prevailing epidemic. He exhibited to the Society a number of drawings of cases of traumatic metria, and reminded it of the year 1838, when so great a mortality from these cases occurred in the Dublin Lying-in Hospital. Those who have seen cases of arthritic metria would, he said, remember that the joints are most generally secondarily affected at intervals of days or even weeks after the peritonitis or metritis has run its course; but that in several of the dreadful cases of 1838 the contrary was the case, and that the knee, elbow, ankle, wrist, or sacro-iliac sychondrosis were primarily attacked. The pain in these arthritic forms was most intolerable, particularly in the case of the sacro-iliac joint; opiates failed to give relief, and caustics or the actual cautery seemed to be the most effectual remedial agents, although many of the patients sank rapidly. In those cases where hospital gangrene attacked parts injured during labour, he had seen most advantage follow the use of caustics and mineral acids, with chloride of soda lotion and antiseptic poultices. He had, at the suggestion of Abraham Colles, tried free incisions in some of these cases, but with unsatisfactory results.

The last variation of type, observed as a genus of the general family of metria, to which he would direct the attention of the Society was that which, in a paper read before the British Medical Association, he had designated "Puerperal Purpuric Fever." He had described it as an endemic that appeared in the Lying-in Hospital during the year 1837, and which in some cases showed symptoms unlike any previously seen in metria. Those symptoms corresponded in their characteristics to what Dr. Marston described in the so-called "Black Death." They were, firstly, those of profound blood poisoning; and secondly, those of cerebro-spinal irritation.

Dr. Kennedy impressed on the Society the benefit to be derived from the study of the diseases of animals, for as there was to be observed a certain similarity existing between the nervous and circulatory systems of warm blooded creatures, so their diseases seemed related, and might be advantageously subjected to comparative observation.

DUBLIN PATHOLOGICAL SOCIETY.

FEBRUARY 14.

THE preparation which Mr. Stokes brought before the notice of the society, was a specimen of

ILIO-FEMORAL ANEURISM OF ENORMOUS SIZE,

which he had recently removed from a patient in the Richmond Hospital. He was a man of about 50 years of age, a messenger in one of the commercial establishments in this city, and was obliged occasionally to carry, not only very large, but very heavy weights. The patient, according to his own account, was of temperate habits, and never had rheumatism or any constitutional disease. Abut four months ago, he observed for the first time, the sudden appearance of a tumour in the right groin which gave him no inconvenience. About two months' afterwards, however, it became so large and painful that he was obliged to seek medical advice. He was under the care of Dr. John Kirkpatrick for some time, who afterwards transferred him to the care of Mr. Stokes, in the Richmond Hospital. The diagnosis of aneurism was not attended with any difficulty. A very large pulsating tumour occupied the lower part of the abdomen in the right side, and the upper portion of the femoral region divided by Poupart's ligaments into two unusual portions, the superior being the greater of the two. A loud bruit was heard in placing the stethoscope over the tumour, and there was distinct pulsation. There were no other symptoms of organic disease, no murmur to be heard in the heart, the only thing abnormal about which was, occasional intermission. The idea of pressure as a means of cure was at first entertained, but the patient could not bear it, pressure in any situation was attended with such severe pain. The other modes of treatment as the injection of fluids with the object of producing coagulation of the blood. The introduction of the other more novel modes of treatment was out of the question. The great size of the tumour precluded all such attempts. There remained, therefore, but two courses, one was not to attempt any surgical interference, which would be to leave the man to a certain and painful death, the other was to attempt to bring about consolidation of the tumour by occluding the vessel above the seat of the aneurism. After anxious consideration, Mr. Stokes determined to have recourse to the latter procedure, and, if possible, to apply either a permanent or a temporary ligature in the common iliac artery, or if he found that to be diseased to go higher and occlude the abdominal aorta immediately above its bifurcation. The artery was exposed in the usual manner, and in getting a view of the common iliac on the right side it was found, that it would not be safe to tie it, it was not healthy, and besides there was very little of it to be seen. The aneurismal tumour overlapped three-fourths of the lower part of the vessel and not only did it conceal the vessel from view but it flattened out the artery and gave it the appearance of being very much dilated. It would have been impossible to apply the clamps then for there were extensive adhesions between the anterior wall of the artery and the peritoneal sac, so much so, that the latter was dissected off with difficulty. On making the *post-mortem* examination, under these circumstances, Mr. Stokes applied Lüer's aneurism needle round the aorta, just before its bifurcation and attached to the ligature a piece of silver wire and then applied the clamps designed by Mr. Porter for the temporary occlusion of arteries. The immediate effect of the application of the clamps was to cause a complete cessation of pulsation in the tumour. The circulation was completely arrested, not only in the vessels of the right lower extremity, but in those of the left. The patient was removed and for some hours after the operation every thing progressed favourably. Mr. Stokes remarked one serious and, to him, unaccountable symptom, that the man complained of a burning pain which he referred to the sole of the right foot and the ball of the great toe, of that side. This was only relieved by pressure, and lasted only two or three minutes at a time, returning every few hours. He got opiates, and became tranquil, and had several hours' sleep, towards midday, he took brandy and beef tea and appeared to enjoy it. In the afternoon, about 3 or 4 o'clock, he got a semi-syncopal attack from which he was roused by the exhibition of small quantities of stimulants. The pulse at the wrist became in these attacks almost unaccountable. The heart's action very weak and the lips perfectly white. As the day wore on these attacks became more frequent and more prolonged, and at the close of the day at about 8 or 9 o'clock, it became quite obvious that his end was approaching. At 12 o'clock, thirteen hours after the operation, he expired. A remarkable thing occurred in the course of this case, to which Mr. Stokes stated he had omitted to direct attention before, and that was the rapid re-establishment of the collateral circulation. Five or six hours after the operation, pulsation was distinctly perceptible in the left femoral artery.

The *post-mortem* examination disclosed the great size of the tumour which engaged the termination of the common iliac, the entire of external iliac and a portion of the femoral artery. There was no fluid blood in the tumour, which was filled chiefly with a dark mass of coagulated blood, and a considerable quantity of recently coagulated fibrin. There was extensive adhesion of all the surrounding parts to the tumour, and a portion of the pelvis was eroded.

There was no other organic disease to be found, except in the heart which was extremely fatty, indicated not only by its great friability, pale colour, and softness, but also by its microscopical appearance, which was carefully noted by Dr. Purser, who has devoted special attention to this subject. There was no peritoneal inflammation, or even congestion to be found. It is probable that this case might have had a different termination but for the diseased condition of the heart, and that death was the result of shock occurring in a person with fatty heart. Mr. Stokes looked forward to the operation of deligation of the abdominal aorta being attended with success on some future occasion. Sir Astley Cooper was most sanguine of the operation being eventually successful. He says :—"My own conviction is that it can be done, and be done with success." These remarks applied to the application of ligatures, but Mr. Stokes was of opinion that the plan he adopted on the present occasion, and which he hoped would be always adopted, afforded a much greater chance of success. One of the most common causes of want of success after ligature of the large arteries is the secondary hæmorrhage, that occurs consequent in the ulceration produced by the ligature, but, by adopting this plan of Mr. Porter's the artery can be perfectly occluded, and rapid consolidation of the contents of the tumour may be produced as this case shows, and although he had not examined the interior of the artery it was well known that the application of this instrument does not cause any injury to the internal coats of arteries. He therefore came to the conclusion that this mode of dealing with arteries in what are called surgical aneurisms is destined to play a most important *rôle* in the treatment of these affections.

◆

COLD WATER TREATMENT OF TYPHUS FEVER.

E. Brand, in a work recently published at Berlin, confirms the observations of Jürgenssen as to the efficacy of cold water applied externally, in the treatment of typhus. The propriety of a repetition of the cold water he would decide by its effects in the reduction of the temperature of the patient's skin He directs the application of the cold water to be resorted to and persisted in whenever the temperature at the armpits rises to, and continues at, 39·50° Cent. Jürgenssen directs this whenever the temperature within the anus is at 40° Cent., and to prevent a rise in the temperature subsequently to the use of the cold bath, that the patient, without being wiped dry, should be put to bed and have his breast and abdomen covered with cloths wet with cold water. By this treatment Dr. B. maintains that, in cases of abdominal typhus the occurrence of intestinal ulceration may be prevented, the only inconvenience in any case being the occurrence of a slight catarrhal affection. By this method of treating typhus only from four to six cold baths were required in the course of the twenty-four hours. Dr. B. claims for the treatment of typhus by applications of cold water to the surface, when employed from the commencement of the attack, the promptitude and efficacy of almost a specific : by it, he asserts typhus (including the exanthematic form) may be materially shortened in duration, and its mortality very much reduced.—*Centralblatt f. d. Medicinisch. Wissenschaften.*

QUINIA AS AN ANTIPHLOGISTIC.

A. Martin, in an Inaugural Dissertation, published at Giessen, in 1868, states that he has tested the conclusions drawn from their experiments, in reference to the action of quinia upon the blood by Binz and Scharrenbroich. Twelve experiments were performed by him. In two of these, repeated with every care and precaution on dogs, it was clearly shown that when the system was put under the influence of quinia, the formation or augmentation of the white corpuscles of the blood as well as the effort for their expulsion by the intervention of an inflammatory process was restrained. The experiment presented by the author to prove the curative influence of quinia upon inflammation seated in the parenchymatous viscera are new. He adduces to this intent experiments made upon frogs by laying bare the liver, in which condition, with great care, the animals may be kept alive for three days. The proper hepatic corpuscles in the frog, it is true, resemble very closely the white corpuscles of the blood, but from these they may be distinguished by their size and composition. It was shown by these experiments that the action of the quinia caused the inflammatory process to become as fully arrested in the liver as in the exposed mesentery. To test the antiphlogistic power of quinia, in four frogs the liver during fourteen days was allowed to remain exposed for twelve hours each day. Into two of these frogs, during the intervals of exposure, ·0025 grm. of quinia was injected. In the twenty preparations which accompanied the thesis of Mr. Martin, he thinks also the fact of the antiphlogistic action of quinia was fully established. It is very certain that the development of white corpuscles in the blood is far less than occurs in other cases of inflammation treated without quinia.—*Centralblatt f. d. Medicinisch. Wissenschaften.*

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price 5d. Stamped 6d.*

By Post to Annual Subscribers, £1 2 6
„ *If paid in advance,* 1 1 8

⁂ Post-Office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William-street, Strand, London,
„ 8, Lincoln-place, Dublin,
MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.
MESSRS. KELLY and PIET, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 7, 1869.

FOOD AND DWELLINGS FOR THE PEOPLE.

Two subjects of grave importance to the community at large, and in an especial manner to that class of it unburthened and unblessed by worldly opulence, demand a far larger share of public attention than has lately been bestowed upon them. The subjects are—the peoples' food, and the peoples' dwellings.

Viewing the former as of vital importance, and the adulteration of it a crime of a very high order indeed, we are once more compelled to inquire, for what time longer is adulterated human food to be permitted for exposure and for sale by dishonest London traders? Have short measures and light weights become "acknowledged institutions" amongst us? Is avoirdupois weight to continue six drachms to the ounce and thirteen ounces to the pound? Are thieves—washed, bland, and insinuating—to retain the privilege to mix dust in our tea, add sand and lead to our sugar, chalk and plaster to our flour, rice and alum to our bread, and to ply turnips, pease, saffron, and "shot salt" *ad lib.* in the preparation of that amalgam yclept butter? In a word, are weights and measures of mercurial uncertainty, to be countenanced and to be recognised for the legitimate and standard ones of the period? And is adulteration of the peoples' food to be regarded as the very essence and life of trade? Undoubtedly the time has long since come for the application of the final screw in order to check the vicious career of the fraudulent trader. Is it to be applied? Will there be suitable machinery prepared so that it may be adopted with success, and for the advantage of the hard fisted mechanic, the toiling labouring hack, and, better still, to express even a particle of that "bitter aloes" with which the morals of trade now appear to be blended? These are grave and serious questions, questions for the present hour, questions that should be answered by the "Plot and Passion" of an outraged public opinion, with whose demand no "circumlocution office" dares to trifle.

Many, indeed, are the tricks of London traders, but one that we consider worthy the attention of our readers has lately been submitted to our notice. A purchaser, ere he left the establishment of a fraudulent trader, observed that the commodity purchased by him was in weight some ounces less than for what he had paid, and, as a consequence, demanded of the trader, in the presence of other purchasers, his full weight or his money returned to him. "I assure you its quite correct Sir, quite correct; bacon is up in the market, that's how it is; a trifle less weight, as you say, but our price is the same, just the same as formerly, for the article." The subterfuge told, for that time at all events, and the victim appeared to be satisfied with the explanation. Yet the purchaser sufficiently shrewd to question the correctness of weight or the fullness of measure he receives from the loquacious fraudulent trader, may pretend to "perfectly understand" the tenor of the words used to justify a fraud by the smooth-tongued hypocrite; but the language is generally so full, gushing, and apologetic—the thing is so well done, in fact—that he smiles, bows his head, apparently to note his appreciation of the sentiments expressed, in reality to cover a mantling blush that his stern manhood *won't* conceal; and leaves the mangling mart of slight-of-hand, of short measures or of light weights, tricked of a trifle, more or less—and he knows it!

In London at the present moment, and in the articles of human food more especially, fraudulent trading prevails to an extent scarcely to be believed. In every street, in every market, in every passage where the "staff of life" is exposed for sale, there dishonesty, in some shape or other, flourishes; and how it has happened that the conscientious traders—for there are such, be it observed—have not long since banded themselves together for characters' sake, and insisted on a thorough and a *practical* parochial or governmental supervision over articles of human consumption, appears really unaccountable.

It is simply an idle display of sound and fury, that ambulating, parochial, periodic shop and stall visiting, light weight and short measure hunting, so familiar to the ken of most of us. The parochial authorities know this; if they do not they are dolts—parochial dolts—a species of the genus not uncommon in our fortune-favoured latitude, and if the "supervisors" once in a time pounce on an "unprepared" delinquent, and haul him up before his worship, and that his worship "cautions" him firstly, and secondly fines him in the heaviest penalty the law permits, what follows? Why, this: the "delinquent" pays the fine. Is that all? O yes, there's something more. He gouges what he calls the "make-up" piece from each of his other set of light weights, clips his measure, or shortens his yard-stick (as the case may be), drives his trade at higher pressure, and "clears capital" ere the week's end, out of the indignity. In France they "post up" a dishonest trader. With us he is fined, if detected; but the crude mode employed to detect is, as we have said, an idle display—"sound and fury signifying nothing."

The application of the branding iron beneath the right malar might be adopted as a means to leave a lasting impression on the elastic conscience of a trading cheat. Would there be a possibility to form a borrow and lend arrangement between the Horse Guards and the Board of Trade? At the former there is now a "spare" branding iron; the latter wants one. Perhaps the Commander of the Forces might accommodate the President of the

Board of Trade by "lending him the loan" of —— —. "The gods don't truckle." Well, suppose they didn't heretofore; it is time they commence to do as other people do this truckling age. Lend the iron, your Highness; or, shall we apply to that man of heart, the Judge Advocate General? for, we are willing to pay full price for honest quality and full weight and measure, and wish to set a "trade mark" on the persons from whom we receive—neither.

◆

SCOTLAND.

EDINBURGH.

ROYAL MATERNITY HOSPITAL.

Last week the annual meeting of the governors and friends of this institution was held in the Council Chambers—the Lord Provost in the chair. From the report, it seemed that the income for the past year had been altogether inadequate for the requirements of the hospital, and that consequently at the end of the year the hospital stood considerably in debt. 602 patients had been provided with medical attendance during their confinement, and 236 of the most destitute of these received in addition shelter and maintenance within the hospital; and the monthly average number was about 20. From want of funds, the directors regret that many needful alterations could not be made upon the hospital. The Lord Provost regretted that such an institution should not be better supported, because it was of infinite benefit to poor people, as well as the Edinburgh school. He hoped that, wherever the new Infirmary might be placed, a portion of it would be devoted to the uses of a Maternity Hospital.

THE DEAF AND DUMB INSTITUTION.

The annual meeting of the subscribers to the Edinburgh Institution for the Education of the Deaf and Dumb was held on Tuesday, 30th ult., in the hall, George street. Sir Alexander Grant, Bart., Principal of the University, occupied the chair, and there was a large attendance of subscribers. There are at present in the institution 63 children, of whom 27 are girls and 36 boys. The pupils continue to be instructed in language as it is written, Scripture history, geography, arithmetic, writing, and drawing. In the industrial department, tailoring and shoemaking is carried on by the older boys; while the girls are instructed in household work and plain sewing. Arrangements have also been made by which exercise and amusement are afforded to the pupils. The directors acknowledged receipt of legacies to the amount of £3,164 13s. 10d., and concluded their report by exhorting the public to continue to support the institution.

LORD STANLEY AT GLASGOW.

The Rectorial address of Lord Stanley is the event of the week. It affords a great contrast to that of Mr. Froude, recently noticed. To analyse it is extremely difficult, his lordship having given full play to his powers of condensation. Still an extract or two may be culled. We hope they may induce our readers to study the address.

"We live in days of, perhaps, over-strained competition, and even those who, as far as their personal feelings are concerned, would probably be satisfied with moderate success and a tranquil career, have in most professions, hardly the choice. A rising lawyer cannot refuse briefs, a young surgeon or physician cannot decline practice. It is rarely, I fancy, in the power of any professional man to say, "Up to such a limit I will work, and no further." It may be, for my own part I think it is, a misfortune that such should be the case—that, from the tendency of mankind to run after well-known names, one competitor in a profession should have more labour cast upon him than it is physically possible that he should attend to properly, while others, hardly, if at all, less capable, are standing by unemployed. But that is a result—I suppose an inevitable result—of open competition in a fair field, and we can only accept the laws of the game as we find them. Every man, therefore, who works with his brain must be prepared, in an open profession, to find, in the event of obtaining the success which he hopes for, that his bodily as well as mental powers will be taxed to the utmost."

. . . .

"As a general rule, I think that the aim of a liberal education ought to be not to fit men for this or that special profession exclusively, but to apply such acquirements and to sharpen such faculties as shall be equally useful in any. It is not good, I am sure, for anybody to be too early and exclusively buried in his own special pursuit. If from circumstances it is necessary that he should be so, let him accept the necessity for that as for other privation without complaining. But do not let him assert or think that it is in itself a good. Law, medicine, architecture, engineering, practical art—all these are pursuits of the highest usefulness and even necessity; but no man can even dabble in them all, nor has the architect any particular use for law, nor the lawyer for architecture."

◆

FRANCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, March 30, 1869.

For the information of your readers I may mention the appointment of Milne-Edwards—who is a doctor of medicine as well as of natural sciences, and whose name is so familiar to every student of zoology—to the Directorship of the Laboratory of Comparative Anatomy and Physiology at the *Ecole Pratique*. He retains his Chair at the Museum of Natural History.

Some Englishmen, I believe, have used bromide of potassium on a large scale. If they have really studied its action with attention, and can write French, here is a chance for them. One of the Paris medical societies offers a prize of 300 francs for the best essay on the physiological and therapeutical action of this drug. True, the amount is not much, only £12 of English money, but it sounds more in francs, is as solid as a gold medal, and think of the credit of an Englishman carrying off a French prize. All essays to be sent, before the end of December next, to M. Léon Duchesne, 91 Rue de Seine, Paris.

The remarks I have made about the post-office annoyances have caused some surprise and, perhaps, vexation. I can only repeat they are true. Since they were published the same irregularities have again occurred. It is to be hoped that the exposure will lead to reformation.

On Friday, the 12th March, Professor Piorry, the illustrious consulting physician to the *Hotel Dieu*, gave one of those public lectures for which the French exhibit such a taste. It was an able discourse on the progress of practical medicine during the year. The learned doctor gave most prominence to the physical diagnosis of internal lesions. He spoke of percussion, including the use of the pleximeter, of auscultation, of the laryngoscope, the sphygmograph, the uterine speculum, and of the use to be made of measurements, and the deductions to be obtained by weighing patients from time to time.

◆

Notes on Current Topics.

Free Trade in Fraud.

There has, perhaps, never been a more extraordinary confession of faith, or one more fragrant of bureaucracy, put forward by a Minister of the Crown than that which fell from the lips of the champion of "Progressive Liberalism," Mr. Bright, in reply to Lord E. Cecil's petition or legislation against trade frauds. Great must have been the lack of argument when a senator of Mr. Bright's logical acumen was compelled to so absurd a defence of the do-nothing policy of the circumlocution office. The Government decline to protect the consumer or punish the fraudulent trader, not because the cheating is difficult of detection, nor because the evil is insignificant, nor because the remedy would be expensive. Not at all! The detection is easy, the grievance is universal and oppressive, and its suppression would be almost costless. Mr. Bright constitutes his Government the protectors of trade fraud because "adulteration arises from the great and perhaps inevitable competition in business;" and, more ludicrous still, because, "as the ignorance of customers is generally diminishing, we may hope that before long the adulteration of food may also diminish." Mr. Bright, indeed, takes the trouble to add that, not only does he side with such tradesmen, but that if they were to "be tracked by Government officers, life to them would not in this country be worth having, and he would recommend them to remove to some other, where they could carry on their business without being subject to such annoyance."

We hope Lord E. Cecil will be encouraged to repeat his question in another form, for we cannot think that Mr. Bright would have the boldness to commit himself to such puerile nonsense a second time. Surely it is exactly because adulteration must be expected to thrive in the great competition of business that ordinary remedies should be thrown aside, and the Legislature should step in to help. Surely the ignorance of customers has nothing to say to the matter, for the most highly educated have neither the time nor the means to save themselves from trade frauds. Surely it is a contemptible come-off to say that thievery is to be sheltered because some time hence people will be too smart for the thieves.

If Mr. Bright does not care to put himself in the position of Mr. Hughes or Mr. Roebuck, who lost their seats by fearless denunciation of the very acts which Mr. Bright palliates, he would at least not incur the additional penalty of being laughed at if he would frame some better excuse for his reticence.

A New and Compact Galvanic Battery.

For some time Mr. Smyly, of the Meath Hospital, Dublin, has been using electrolysis for the obliteration of nævi moles and small granules with very satisfactory results. The battery employed was that recommended by Dr. Althaus, and consists of sixteen cells in a large case, packed with sawdust in order to make it portable. The great difficulty of carrying so large and heavy a box about induced Mr. Smyly to apply to Mr. Yeates, of Grafton street, Dublin, to make him a battery more suitable for medical purposes. He has produced the most satisfactory results. The box containing the cells is five and a half inches long, two and a half inches high, and two and a quarter inches broad. It contains twenty-one cells, the couples being fused, chloride of silver and zinc, and the fluid is salt and water, which is prevented spilling by sponges which are loosely packed between the metals. Mr. Smyly has tested it with a galvanometer, and it is considerably stronger than the battery recommended by Dr. Althaus, which is eighteen and a half inches long, twelve and a half inches broad, and seven inches high. It contains all the elements for successful electrolysis. The current is strong, and can be diminished at will. The twenty-one cells being in sets of seven, the positive can be connected with either seven, fourteen, or twenty-one. The negative pole is at the opposite end of the box, so that there can be no mistake as to which is connected with the needle.

The operation is very simple. The positive pole is connected with an ordinary sponge electrode, while the negative is armed with a gilt needle or needles; the needle is introduced under the skin, and the electrode with the sponge wet is applied in the neighbourhood, taking care to move it about, as it is likely to blister the skin. Hydrogen, &c., are evolved at the negative pole, and the striatum are destroyed in contact with the needle without any appreciable loss of skin. We are promised a number of cases, which we hope in a short time to publish.

Acorns as Food.

A writer in the *Philadelphia Medical Reporter* gives some interesting particulars of the preparation of this article as food. He says:—

"The Indians collect the acorns when fully ripe, and store them in cribs, which are made in circular form, the framework being simply the pliable branches of trees fastened securely at the top. While wandering about, they carry as many acorns with them as they can, and when the supply is exhausted, the squaws make long journeys, sometimes several days' travel, to these magazines, which are generally placed at the most accessible points, to procure fresh supplies.

"Their manner of grinding the acorns and preparing the flour therefrom, so as to render it edible, is as follows: They select a large flat rock, containing on its surface holes, either naturally or artificially made. These holes are usually about six inches deep, from six to eight inches wide at the top, narrowing gradually to the bottom. The acorns, divested of the shell, are placed in them and pounded fine by heavy stones of a conical shape by the Indian women, which, with their rude appliances, is hard and slow work. The fine flour is then separated by scooping out the flour with one hand, and dashing it against a grass mat held in the other; the fine flour adheres to the mat, and is brushed off into a basket, while the coarse rolls off into the hole, to be again pounded. When the flour is ready, a large basin is made on the ground, like a mortar bed, about three or four feet in diameter, a little narrower at the bottom, and the sides are eighteen inches in height. The inside is then made smooth by the hands. This basin is filled with water heated to boiling by putting into it hot stones, heated almost to redness over a fire near by.

"The acorn flour is then added and stirred for several hours, and then left to settle. The water is then drawn off, and the flour, of a jelly-like consistence, is found adhering to the sides and bottom of this earthen basin, and is carefully scraped off by the hand. It is now sweet, nutritious, and palatable, the bitter principle of the acorn having been driven off by the heat. It may be eaten in this state, or rolled out in small loaves, and baked into bread.

"Upon this food these poor Indians rely almost entirely for their subsistence during the greater portion of the year, necessity having taught them how to make it palatable; and thus they are enabled to live where the *white* man, with similar resources, would be very apt to consider starvation inevitable."

The Brighton Hospital for Sick Children.

It is but right to direct particular attention to this institution. Its supporters are inaugurating a movement for getting rid of some of the abuses that prevail at other charities, and they deserve encouragement. We may instance one or two points that strike us in the rules and prospectus.

First of all, they require the signature of two respectable householders, certifying that the applicant for relief is a deserving object. The reason for such a rule is obvious; and, in a town like Brighton, not so difficult to carry out as it might be in London.

Secondly, the offices are to be held for a term instead of for life.

Thirdly, no proxy voting is allowed.

Fourthly, the degrading process of canvassing is prohibited.

Fifthly, no two gentlemen in partnership can be on the acting staff at the same time.

It seems to us that such rules as these have been devised with a singleness of purpose that ought not to be forgotten.

Medical Society of London.

The ninety-sixth anniversary oration was delivered by Sir D. Gibb. We regret not having been able at present to issue our usual abstract. That regret is, however, considerably diminished by the fact that the orator has published it in the form of a pamphlet, entitled "Discoveries in Science by the Medical Philosopher."

He traces with evident pleasure the part played by the long roll of distinguished Fellows of the Society, and the impetus their labours have given to the cause of science. A noble theme this, and though often told before—at least, in fragments—well worth telling again as a whole.

Sir Patrick Dun's Hospital, Dublin.

The memorial from the Physicians and Surgeons of Clinical Hospitals in Dublin to the Provost, Vice-Provost, and Senior Fellows of the University of Dublin, which, last week, we announced to be in preparation, was, we understand, presented on Saturday last to the Board. It is as follows :

To the Provost, Vice-Provost, and Senior Fellows of Trinity College.

We, the undersigned Physicians and Surgeons of Clinical Hospitals in Dublin, considering that while every guarantee should exist for the full and sufficient clinical instruction of students in medicine and surgery yet being of opinion that any unnecessary restriction on the free choice of students as to where they may obtain that instruction is inadvisable, request the earnest attention of the Board to the regulation of the University, which requires that nine months' clinical instruction shall be obtained at Sir Patrick Dun's Hospital.

We find that the attendance of students on any individual hospital is not required by the regulations of any other University in the United Kingdom; and inasmuch as we have no reason to believe that the other hospitals now recognised by the University are less capable of affording clinical instruction than Sir Patrick Dun's, we feel that the obligation to attend that Hospital in preference to others is an injustice alike to students and to the medical officers of similar institutions.

We consider that inasmuch as the obligation to attend all lectures in the School of Physic has long since been removed, and certificates are now received from all recognised medical schools, it is contrary to the spirit of the regulations as they now exist and unjust to candidates for the degrees of the University that a restriction of a portion of the requisite clinical instruction to any one hospital should remain unaltered.

We therefore respectfully submit that your Board would consult the best interests of the University, of the Hospital itself, and of medical education, by altering the regulation so as to remove the restriction which necessarily tends to hinder students seeking their qualifications in your University, and in obtaining the full advantage of clinical instruction in other hospitals.

The signatures attached to this memorial represented a thoroughly unanimous expression of concurrence in its prayer by the Hospital Medical Officers of Dublin. Of the sixty-seven Medical Officers of Dublin Hospitals, exclusive of Consulting Physicians and Surgeons, and not directly connected with Sir Patrick Dun's itself, fifty-eight or about six out of seven signed the memorial, and several of those whose names do not appear on it have expressed their approval of its prayer, although prevented by official position or other causes from recording their concurrence in its object.

We most heartily join in the suggestions which it conveys to the authorities of the University, and we are entirely convinced that neither Sir Patrick Dun's nor the School of Physic does itself justice in maintaining a protective restriction which is behind the age, and cannot fail in the long run to be prejudicial to their efficiency.

The Vacant Examinership of the Royal College of Surgeons in Ireland.

The election of an Examiner in the room of the late Mr. Collis has been, in consequence of the near approach of the quarterly examinations, fixed at the earliest possible period, the 10th of April. Mr. Collis occupied a Surgical Chair in the Court, and, unless some change shall take place before the election, the new Examiner will also take Surgery for his subject.

Amongst other names, that of Mr. Philip Crampton Smyly, Surgeon to the Meath Hospital, and son of the late Mr. Smyly, himself a long-remembered member of the Court, is authoritatively mentioned as a candidate for the Chair. The selection is made by seven members of Council chosen by lot in the presence of the assembled College, and sworn in the following very stringent form :

"I,   do solemnly and sincerely promise and declare, that I will to the best of my knowledge, skill, and judgment, without hatred, evil-will, partiality, affection, favour, or fear, justly, equally, and faithfully discharge the trust now reposed in me to elect the most fit and proper person to fill the situation of Examiner or Professor of

And further, that I consider myself bound to elect the candidate who affords the most unquestionable proofs of good character and of ability, acquirements, industy, and perseverance applied to the branch for which I am now called upon to elect a Professor or Examiner; and that I do not consider previous services in the College, in this or any other department as establishing a peculiar claim to a preference. And also, that I have not, directly or indirectly, promised to vote for, or favour, any particular candidate."

Small-Pox in Melbourne.

Considerable alarm had been occasioned at last advices by the occurrence of some cases of small-pox in this city. On the 22nd of November there arrived here the ship *Avonvale* from Foo-chow-foo. Among the crew who came ashore was the chief officer, William Webster, who had become ill on the 20th. On the 27th the case was reported to the chief medical officer's department as one of small-pox. Active and rigorous measures were at once taken. The rest of the crew proved healthy in quarantine; they were vaccinated, and in the cases in which the vaccination proved unsuccessful, the operation was performed over again. Similar steps were taken in respect of the people with whom Mr. Webster lived before he was carried to the Melbourne Hospital, and also those who were in attendance on him subsequently, including the medical attendants.

On making inquiry it was found that two of the crew of the *Avonvale* had died during the voyage, and that the disease broke out shortly after the vessel left her port of departure.

A searching inquiry will be necessary to ascertain where the blame lies, in that the *Avonvale* was allowed to pass the health officer at the Heads, and thus to place in risk the inhabitants of Melbourne. Up to this period small-pox has been virtually an unknown disease in this colony, thanks to the precautions taken to exclude it.

The Irish Poor-Law Medical Superannuation Bill.

The second reading of this measure is fixed for the 7th of April, and should it come before the House on that night, it may be expected to pass through its most important stage. As, however, the House does not sit on that evening beyond six o'clock, we can hardly expect that much progress will be made. We are strong in the hope that before the end of the session it may achieve the dignity of an Act. The views of the profession have been forcibly pressed upon the legislature both by the Irish Medical Association and the Poor Law Medical Officers Association of England, and its justice has received recognition by many Boards of Guardians throughout Ireland.

The Council of the Royal College of Surgeons in Ireland, in anticipation of the second reading, has petitioned in favour of the bill, and the Fellows of the King and Queen's College of Physicians have followed their example. At their last meeting the Council of the College of Surgeons appointed a deputation to proceed to London in company with Dr. Quinan, the secretary of the Irish Medical Association, to represent the views of the profession in Ireland to individual members, and should the measure come under discussion, we have every hope that these combined influences may carry it out to a favourable issue.

The late Mr. Maurice Collis.

The obsequies of this much-regretted member of the profession took place on Wednesday last, and the occasion evoked a most marked and unanimous expression of regret and sympathy on the part of his professional brethren. The peculiarly melancholy circumstances under which his death took place enhanced the general desire to pay a last respect to him, and the funeral was accordingly the greatest concourse of the profession which has taken place in Dublin within some years. The Fellows of the Royal College of Surgeons were invited by the Council to attend, and every rank of the profession was largely represented.

The late Mr. J. H. James.

The name of James, of Exeter, has been prominent as a surgeon for a long time. He became a Member of the London College of Surgeons in 1811, and entered the army, in the service of which he took part during the memorable period that closed at Waterloo. In 1816 he left the army, was elected on the staff of the Devon and Exeter Hospital, and began a career of success that has only just ended. Mr. James was a contributor of great importance to medical literature. Of his works, that on inflammation should perhaps be named as his most laboured one; but his minor productions alone would suffice to show that in him a great master has passed from among us.

It is said that Mr. Trevelyan is preparing a Bill intended to remodel the Greenwich Hospital funds.

The Pharmacy Act (1868) Amendment Bill is before the House of Commons as we are at press, a report of which we hope to give in our next.

Fifty aged persons of each sex—the number representing the years of the Queen's age—received the Queen's Maundy Thursday charities. The ceremony was performed in the Chapel Royal, Whitehall, by the Bishop of Oxford, as Lord High Almoner, assisted by Dr. Jelf.

At the annual meeting of the governors of the Royal Albert Orphan Asylum, it was stated in the report that Her Majesty had consented to become the patron of the institution, and the Duke of Edinburgh its president. A growing interest seems to be felt towards its objects, and the funds appear to be in a satisfactory condition.

Mr. Hall, Professor of Mathematics at King's College, has given intimation of his resignation of that chair in July next. It is intended to present him with a testimonial of the kindly feeling and respect of his friends when he leaves. Lord Stanley, Dr. Barry, Professor Goodacre, and other distinguished men have contributed.

By the efforts of the Sailors' Home Society, aided especially by its chairman, Admiral Sir William Hall, K.C.B., a home was opened at Rotherhithe, close by the banks of the river, where sailors may be lodged and fed when on shore. Such an institution was urgently wanted where the men on landing are exposed to imposition and temptation, injurious alike to their comfort and character. There is accommodation for thirty men, and a convalescent room, where men who are sick, and left behind by their ships, may be properly attended to.

Dr. Torry, we are informed, is about leaving Lincoln, and the influential inhabitants of the city intend presenting him with a testimonial on that occasion as a mark of the esteem in which he is held, and an acknowledgment of his gratuitous services in connection with the County Hospital and Dispensary. A working man requests that a subscription may be opened for the humbler classes, who appreciate Dr. Torry's services, and equally regret his removal from amongst them.

THE memorial stone of a new suburban village was laid on the 30th ult. by Lord Shaftesbury, at Loughborough Park, Brixton. The plan originated by the Suburban Village and General Dwellings Company (Limited) is intended to supply good and cheap dwellings for the working classes, to enable anyone to purchase his house at once, or by payments in the form of rent spread over seven, fourteen, or twenty years. This is, undoubtedly, a most desirable object, considering the wants of this class occasioned by the destruction of house property in the metropolis.

AT the Queen's Levee, held by Prince Arthur on Saturday last, the names of but four members of the profession were left at the office of the Lord Chamberlain for presentation. Had her Majesty held the Levee in person, doubtless the numbers of all grades of society seeking the honour would have increased ten-fold. It does, however, seem somewhat ludicrous that "presentations to H.R.H. Prince Arthur (a boy of eighteen years of age) are by the Queen's pleasure equivalent to presentations to her Majesty." This opinion appears to be best shown by the absence from Court—when the duties for the Sovereign are relegated, as on Saturday—of most personages of distinction both in and out of the profession of medicine.

WE copy from *L'International* the following details of the life of Sir Joseph Oliffe, the esteemed Physician to the English Embassy at Paris, whose death we recently announced. His career commenced in the humblest station, for when he arrived in Paris he was obliged to run of messages to earn his living. Afterwards he engaged with ardour in the study of medicine, and in 1840 passed a brilliant examination at the Faculty. He might have experienced a long struggle still, if an event had not occurred to change the current of his life. A young and beautiful Englishwoman, daughter of Alderman Cubitt, the millionaire, walking one day on the Boulevards, made a false step and dislocated her ancle. Dr. Oliffe was passing and offered his assistance, and some days afterwards the young lady declared to her father her affection for her youthful attendant. After prolonged resistance on the part of her parents, the lady carried her point, and the marriage took place. All was changed with the young doctor. Clients flocked to him, he was appointed Physician to the English Embassy, and soon afterwards received the dignity of knighthood.

◆

Literature.

PARASITIC SKIN DISEASES.*

IT cannot be charged upon the English School that skin diseases have been of late years neglected, if either the number or the value of the books issued on this subject be considered; or if the attempts to pursue the study in special institutions or to systematize it in general hospitals be taken into account. There is no department that has more completely vindicated its claim to be considered as a speciality, so that both in these islands and throughout Europe special hospitals for skin diseases exist and dermatologists are amongst the most prominent scientific specialists. We need not say that in Scotland, Dr. M'Call Anderson stands prominently forward amongst scientific physicians. He has taken up the specialty, and he has proved in his own person that Scotland may *vie* with England, France, and Germany. He has for years pursued this specialty with interest, patience and tact. His position as a lecturer on the practice of medicine and his experience at the Glasgow Dispensary for Skin Diseases have been turned to account to promote dermatology, and while we are glad to see so safe a teacher instructing a large number of future practitioners, we also rejoice that his published works enable those in practice to make themselves acquainted with his views. Unfortunately, we fear, that dermatology does not excite the interest of the masses of the profession, so much as we should like to see it do. There are too many who still grope in the dark in their skin practice, when they might enjoy full light. Too many who suffer such cases to pass away from them to specialists, when they might obtain great credit by rapid cures, too many who fall into constant errors for want of the most elementary instruction. We are speaking out plainly, and shall not be misunderstood. It is not desirable that such a state of things should exist, but we fear it is too true, and the explanation is not difficult. We have had no such teaching as is to be seen on the continent. Our special hospitals have been called into existence to meet the necessity of the diseased, but they have not been utilised for clinical instruction. We are not denying that attempts have been made. We are maintaining only that up to the present time no adequate clinical teaching of this important branch of practice has been carried out. The consequence of this neglect is, that too many of the present race of medical men have had no opportunity of learning cutaneous medicine before being launched on the responsibilities of practice. The advocates of specialism have here a strong argument, though it must be confessed that all its force is destroyed by the fact that their opponents may fairly charge them with having neglected to establish a clinical worthy of their speciality. Hospitals have been carried on, but those attached to them have not supplied the tuition wanted, and the general hospitals in undertaking to do so are only doing at great pains what the special institutions might long ago have accomplished. We should be glad to see London secure a reputation for its clinical dermatological instruction worthy of that it holds on other subjects.

If any excuse be required for these reflections, it is to be found in the exquisite defence of the specialty with which Dr. Anderson's agreeably written volume opens. He shows how specialism exists as a necessity, and illustrates how each person who hates specialism excepts one or more, till like the hog in the fable, all is devoured by good Mussulmen, who all are shocked at some portion of the animal. The story is *apropos* and we command it to those who so fiercely fight over the specialties that may, and those that may not, be recognised. But we must pass to the book before us. It is a second edition of a work that has received not only our approbation, but that of the whole profession. Dr. Anderson's reputation is now made, he writes with authority, and it is pleasant to see he is conscious of the responsibility, and that while doing justice to all he states with clearness and precision the views upon which he acts in practice. The book is devoted exclusively to Parasitic Diseases. These are divided into two classes. 1. Diseases due to the presence of a *vegetable* parasite. 2. Those due to an *animal* parasite. The first division is divided again into four, according to the parasite present. These are those mostly recognized by the writers, who have of late years laid so much stress on vegetable parasites as the cause of cutaneous diseases. It will be seen, therefore, that Dr. Anderson does not take his stand against the extension of the parasite theory, about which so much has been said, and which has been called into question so strongly in the *Journal of Cutaneous Medicine*. He accepts the recent views without reservation, and gives, as it seems to us, an unexceptionable account of the diseases from this point of view. We have no intention whatever, of entering into the controversy. Those already embroiled in it can take care of themselves. If we pass then to the second portion of the book, that devoted to animal parasites, we have to note that Dr. Anderson, unlike many writers, has finished this work with the same care. We have often been vexed at seeing this part of the subject either scamped or made a mere lengthy trash. We have read Dr. Anderson's chapters with interest. Like all he writes they are terse and well knit. He does not dish up all the anecdotes of his predecessors; nor does he disgust us with the pedantry that strings together long words and rings the changes on latin names. He sketches the habits of the *acarus scabia* in a few brief paragraphs that will not fail to impress the reader, and describes the course and treatment of scabies as distinctly and as instructively. In this last respect we may take the opportunity to remark on the too constantly followed routine in this disease. Is it not time that sulphur ointment was deposed from the place it has so long occupied as the one cure for itch? This is perhaps but an illustration of the neglect of the study on which we have commented, and one of importance too. In hospital and dispensary practice, sulphur will long hold its ground, but there must be with private cases, numerous instances when the practitioner is glad to do without that drug. It can scarcely be too frequently repeated that we may cure scabies easily enough and more pleasantly without sulphur. That agent will accomplish the *cito*. In most instances it will include the *tuto*. But in only a few can it comprise the *jucunde*. Why should we be satisfied with two out of three indications of the old writers, when all may be as easily carried out?

---

* On the Parasitic Affections of the Skin, By Dr. M'CALL ANDERSON. Second Edition. London: J. Churchill, and Sons.

Dr. Anderson's book is a sound, safe guide to practitioner and student. It is written as we have said, in a clear and terse style, in which the meaning is never obscured. We should add that the author's excellencies are enshrined in the best possible setting. Type, paper, printing, engravings are all of the best, and the edges are considerately cut; so that the volume may remain on the shelf without the injury that accrues from ragged edges, and is one of the handsomest that Messrs. Churchill have this year issued. It is but right we should add that the author thanks his friend Dr. John Wilson, for executing a number of accurate drawings from which the illustrations have been taken. These, both wood-cuts and lithographs, are all that can be desired, are no less than 33 in number, and we may add are embellishments worthy of the text.

◆

Correspondence.

SUGGESTED INFANTICIDE AND ABORTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In discussions on Malthusian doctrines and "remedies" for "over-population," it ought to be distinctly understood on all sides, that the medical profession absolutely refuses to have any hand in, or to countenance, any kind of infanticide, abortion, or means for rendering intercourse unfruitful (excepting, of course, those cases in which craniotomy or artificial abortion, may be necessaay to save the mother's life, proceedings which should always be sanctioned by a second opinion). I do not find that any such distinct understanding has been put forth; nothing has been said; and people have been left to form their own conclusions. Our opinion ought to be clearly expressed; it is time to speak out on this subject; and he is not true to his profession, but is a very unworthy member of it, who does not firmly refuse to countenance any such acts as those alluded to. Let this, the only sound and honest position, be openly taken up, and then, with this basis, no one need fear being misunderstood in whatever part he thinks proper to take in discussions upon this question. What conclusion may be come to, if any ever is, matters much less than that the character of the medical profession should stand firm and pure.

I am, Sir, your obedient servant,

W. E. C. NOURSE, F.R.C.S.

Brighton, April 2nd, 1889.

MONSIEUR PERREVE ON FORCIBLE DILATATION OF STRICTURE OF THE URETHRA.

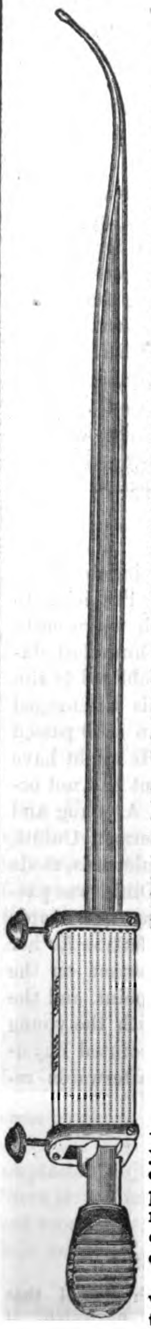
TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having been anxious to ascertain the experience of my friend, Monsieur Perrève, upon the dilator treatment of stricture of the urethra since the publication of his "Traité des Rétrécissements Organiques de L'Urètre," in 1847, I communicated with him upon the subject, and received the courteous and important reply which I now append.

It will be perceived, from his letter, that he still follows the mode of using the dilator, described in his treatise, and has been so eminently successful as not to have lost a single patient.

M. Perrève, you may remember, did not, with scarcely an exception, complete the dilatation at one *séance*, in any of the one hundred and fifty to two hundred cases, either fully, or partially, reported in his book. To this practice some would probably attribute his great success.

I have recently followed the method of not fully dilating the stricture by a single use of the forcer* at *one séance*, in the case of a man beyond middle age. The result has been most satisfactory. At the first operation I dilated the stricture with my double-bladed dovetailed dilator (Fig.) and one forcer, equal to No 11 of Weiss' catheter gauge. After the expiration of a few days a larger forcer was used, equal to No. 14½ of the same gauge.



The double-bladed dove-tailed Dilator.†

The first of these sizes (No. 11) produces enlargement to an extent to which, I am well aware, M. Perrève would not probably dilate at a first *séance*; nevertheless, according to my experience, I considered it might be permitted with safety. The employment of the second size (No. 14½) was produced by a moderately rapid action of the forcer, and with scarcely any pain.

The method usually adopted by M. Perrève, of not producing the full amount of dilatation upon the same day, appears to me to be well worthy of an impartial trial. Unfortunately, however, the sympathetic connection between the constitution and the urethra is so capricious (the most careful use of ordinary bougies and catheters occasionally leading to severe, if not fatal, results), that it is difficult to draw perfectly safe conclusions regarding some of the mechanical modes of treating stricture of that canal. One point is peculiarly worthy of reflection with respect to the treatment by means of dilators, namely, that although this mode of dealing with stricture has now been prominently before the profession for several years, and, like many other surgical procedures, has had, and, indeed, continues to have, its detractors, pathology has not yet *unmistakeably* solved the following question:—What is the probable state of the urethra in the majority of persons whose strictures have been submitted to this treatment? Such a *necroscopic silence* appears to me to be a powerful argument in favour of mechanical dilators.

Apprehensive lest I may be misunderstood, let me, in conclusion, remark that whether we complete the enlargement either *at one*, or in *two or more séances*, my observation has convinced me that, in dealing with the urethræ of these countries, the action of the dilator must be most extensive and complete, particularly in bad cases, or it will be of little service.

Your obedient servant,

March, 1869. B. WILLS RICHARDSON.

M. Perrève's Letter.

Paris, Feb. 9, 1869.

"MONSIEUR AND VERY HONORED CONFRERE,—In your kind letter of the 28th of January, you ask me for some observations upon cases of stricture taken, during my practice, since the publication of my "Traité sur les Rétrécissements de L'Urétre," in 1847; and you have obligingly added that you would record these observations in a medical journal.

"Had I foreseen such a friendly request, I would have taken notes of the patients I have treated; but, since my work was published, I have thought that cases were no longer required, and I have altogether ceased to take them.

---

* The wedge which divaricates the two blades of the dilator.

† For a description of M. Perrève's instrument, see the numbers of this Journal for December January, and February, 1866 and 1867.

"Therefore, it is only from memory that I must consign to you notes of a few patients whose treatment presented difficulties; and I shall commence with:—

"1. Monsieur Goirin, by birth a Spaniard. This patient had entered the Hospital Beaujon, which he left after five or six days, without the surgeon having been able to pass the stricture with the finest bougies.

"Immediately on leaving the hospital he sought me; but, as after several weeks he had been in a state of almost unspeakable suffering, I treated him at his own house.

"The first *séance* was prolonged and difficult; nevertheless, without departing from the rules of prudence, I was able, on this occasion, to dilate the urethra two lines in diameter, which allowed the patient to micturate freely. The rest of the treatment, which was completed in three more *séances*, presented absolutely nothing abnormal.

"2. Monsieur Génin wrote to me from his bed, that, being confined by a complete retention, he begged I would repair to his house. (It was the physician of his family who persuaded him to take this step.)

"Three years previously, on the occasion of an attack of complete retention, a false passage had been made at the seat of the stricture; much blood escaped without in any manner changing the position of the patient. This circumstance, joined to the pains M. Génin experienced, rendered my first *séance* useless; the patient, however, micturated a little. The second *séance* was, I believe, also without result. It was otherwise with the third, for, on this occasion, I succeeded in clearing the stricture, and in carrying the dilatation to more than two lines in diameter.

"The remainder of the treatment did not present anything unusual. I think I performed four or five *séances*.

"3. Monsieur X. (a Spaniard, whose name I must forbear to mention). This patient was treated, for more than a month, by one of the most celebrated surgeons of Spain, and as the treatment by this honorable *confrère*, in place of diminishing the disease, seemed, on the contrary, to increase it, he recommended him to come to Paris and submit himself to my treatment. The patient came. The treatment presented great difficulties; yet, after the expiration of three weeks, I had carried the dilatation to three lines, or three lines and a half in diameter.

"I could give the cases of many other patients whose treatment presented difficulties more or less; but to what purpose, since, with a little time and much prudence, I have always triumphed over these difficulties?

"Before bringing my letter to a close, I must observe that we should never employ force against the obstacle, and that we should cease all dilatation as soon as we experience the sensation of a resistance overcome while we are pushing the wedge between the blades of the instrument. It is from having religiously observed these two precepts that I have never had the pain of losing a patient.

"Receive, my dear *confrère*, the renewed assurance of my friendship and of my obligations.

"Vr. Perreve,
"No. 69 Rue St. Honoré.

"Monsieur le Docteur Richardson."

THE APOTHECARIES' HALL OF IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Inasmuch as it was I that announced in the *Pharmaceutical Journal* that "the Company have given their consent to a Bill, having for its object the qualification of a class of Pharmaceutical Chemists in Ireland," I may be excused trespassing on your valuable space for a few words in reply to Mr. M. D. Crofton's letter, which appears in your impression of this date.

I think your correspondent has taken a very one-sided view of the case altogether. The leading article which he so unmercifully condemns must have produced a very peculiar impression on his mind. The remarks therein contained are perfectly consistent, provided that the Pharmaceutical Society of Great Britain can extend its influence to this country after the contemplated "Bill" has become law; and even should not such a beneficial change in the practice of Irish Pharmacy be effected—which is extremely improbable—you are only endorsing the opinion of such learned medical gentlemen as Sir Dominic Corrigan, Dr. Aquila Smith, and Dr. Acland, whose views on the subject are well known.

I perfectly agree with Mr. Crofton as regards the superior knowledge of practitioners who have served an apprenticeship to an Apothecary over those who deem three months' hospital dispensing quite sufficient for all future responsibility. I learn that the present state of medical education does not necessarily compel a qualified medical man to be able to know jalap from rhubarb, and if this be true a few years' manipulation with the pestle and mortar, under the guidance of an experienced pharmacist, is absolutely necessary to fit a physician or surgeon for the safe practice of his arduous profession. By the way, the words that I made use of in the *Pharmaceutical Journal* are not mine, but Dr. Leet's; and of course he is in a position to explain any ambiguity they convey.

I beg to state, for Mr. Crofton's information, that my sole object in writing this letter is to hasten the day when monopoly shall be swept away from the field of Pharmacy. Hoping you will give this letter an early insertion, I beg to subscribe myself

Your faithful servant,
T. J. Monaghan.

March 31, 1869.

◆

Summary of Science.

[The Editor of this Summary wishes it to be understood that he not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

(*Specially Edited and Compiled for the Medical Press and Circular.*)

By C. R. C. Tichborne, F.C.S., Mem. Coun. R.G.S.I., &c.

Drs. Carpenter and Wyville Thomson's Report on Deep Sea Dredging.

The survey-ship "Lightning," having been assigned to the above service, was supplied with the most approved sounding apparatus and thermometers. Dr. Carpenter has forwarded a Preliminary Report to the Royal Society, which contains some important observations. As stated in Professor Thomson's original letter to Dr. Carpenter, the objects of the investigation were as follows:—

All recent observations tend to negative Professor Forbes' opinion, that a zero of animal life was to be reached at a depth of a few hundred fathoms. Animal forms had been proved to be abundant at a depth of 300 fathoms. Many of these are new to science. These forms differ greatly from those met with in ordinary dredging; and in some cases they seem closely allied to, and would seem to be directly descended from, the faunæ of the tertiaries.

One of the questions to be solved, is the effects of pressure upon animal life at great depths. "Probably," said Professor Thomson, "a perfectly equal pressure to any amount would have little or no effect. Air being highly compressible, and water compressible only to a very slight degree, it is probable that, under a pressure of 200 atmospheres, water may be even more aërated, and in that respect more capable of supporting life, than at the surface."

These points have been in a great measure determined by the late expedition:—

It was found that a pressure of 100 atmospheres is not incompatible with animal life of numerous and varied forms.

The distribution of the animal life of the seas beyond the Littoral zone is more closely related to the temperatures of the water than to its depth.

This brings us to a very curious part of the Report—Dr. Carpenter's remarks upon the minimum temperature; which he says is as low as 30° (0°6) over a considerable area. They say there is no physical improbability in the existence of a stratum of sea-water at a temperature of 30°, or even 28° underlying a stratum at 39°, for sea-water, in virtue of its saline impregnation, contracts continuously down to its ordinary freezing point, which is below 28° Faht. M. Despretz says that the results of experiment prove that the maximum density of sea-water, cooled down continuously, without agitation, is 25·4 Faht.; when agitated, 27·4. "The cold waters doubtless come down from the North to replace the warm waters sent through the Gulf Stream to moderate the cold of Spitzbergen." Says Lieut. Maury, in recording the temperature of the Gulf Stream, "Its surface temperature was 80°." The deep-sea thermometer of the Coast Survey has recorded a temperature as low as 35°. The actinic rays seem to penetrate the sea-water to a great depth, for bright colours were not wanting—orange, red.

Astropecten, and small annelides from 650 fathoms were distinguished by the vividness of their red and green colourations.

Further Remarks on Occluded Hydrogen.

Graham has assumed that hydrogen may be viewed as a hypothetical metal, which he has called "hydrogenium," and that palladium, with its occluded hydrogen, is merely an alloy of that metal. The density of palladium, when charged with hydrogen, could not be determined by the ordinary manner, because when immersed in water a continuous evolution of minute hydrogen bubbles are determined by contact with the liquid. However, the linear dimensions of the charged palladium wire are altered so considerably, that the difference admits of easy measurement, and furnishes the required density by calculation.

Supposing that the two metals (hydrogenium and palladium) united without any change of volume; the alloy would be a compound of—

Palladium	100	or 95·32
Hydrogenium . . .	4·908	or 4·68
	104·908	100·

The expansion of the palladium, from 100 to 104·9, appears enormous, if viewed as a change of bulk in the metal, due to any physical force, amounting, as it does, to eighteen times the dilatation of palladium when heated from 0° to 100 C. The density of the charged wire is reduced by calculation from 12·3 to 11·79. Again, as 100 is to 4·91, so the volume of the palladium 0·1358 C.C. is to the volume of the hydrogenium, 0·006714 C.C. Finally, dividing the weight of the hydrogenium, 0·01147 grms., by its volume in the alloy, 0·006714 C.C., we find density of hydrogenium 1·708. The density of hydrogenium then appears to approach that of magnesium 1·743 by this first experiment. On the further expulsion of the hydrogen from the wire, the latter contracts, and is after the experiment almost as much shorter as it was previously lengthened. The wire is permanently shortened; but the contraction is in length only. This is, however, partially due to the effects of wire-drawing in leaving the particles of the metal in a state of unequal tension. This tension is excessive in the direction of the length of the wire. The metallic particles seems to become mobile, and to right themselves as the hydrogen escapes. A wire so charged with hydrogen, if rubbed with a powder of magnesia, to make the flame luminous, burns like a wax thread when ignited in the flame of a lamp.

When the occluded hydrogen is expelled by heat the metal loses much of its power to take up hydrogen.

The tenacity of palladium-wire being 100, the tenacity of the palladium and hydrogen is 81·29. The tenacity of palladium is therefore reduced, but not to any great extent.

The addition of hydrogen adds manifestly to the small natural magnetism of the palladium. It appears, therefore, that the hypothetical metal hydrogenium is magnetic. This magnetism is not perceptible in hydrogen gas, which was placed, both by Faraday and Becquerel, at the bottom of the list of dia-magnetic substances. Hydrogen, associated with palladium, unites with chlorine and iodine in the dark, reduces a persalt of iron to the state of protosalt, converts red prussiate of potash into yellow prussiate, and has considerable deoxidizing powers. It appears to be the active form of hydrogen, as ozone is of oxygen.

On the Method of Assaying Silver Compounds in the Wet Way.

M. Stas proposes to substitute bromides for chlorides in estimating silver solutions, by Gay Lussac's process. This modification is introduced for the purpose of remedying the solubility of the chloride of silver in the solution in which it is formed. The solution of the silver salt is not obtained by using a bromide.

Test for Nitrates and Chlorates.

Dr. Brawn puts into a porcelain capsule 1 C.C. pure concentrated sulphuric acid, and then, drop by drop, ½ C.C. solution of sulphate of aniline; the whole is then slowly stirred with a glass rod, the stuff to be tested having been previously added.

The presence of a very minute quantity of nitrate will produce zones of a beautiful red colour, caused by the formation of fuchsine. A chlorate will produce a splendid blue colour; nitrates produce a red colouration.

Sugar and Dextrine in Glycerine.

The following test is given:—Five drops of the glycerine to be tested is added to 100 or 120 drops of water, three to four centigrammes of molybdate of ammonium, one drop of pure nitric acid (25 per cent.); the whole boiled for about a minute and a half. If any sugar and dextrine are present, the mixture assumes a deep blue colour.

Hydrofluoric Acid.

Mr. G. Gore describes the anhydrous acid in a paper read at the Royal Society. It was obtained by heating dry double fluoride of hydrogen and potassium to redness in a platinum apparatus. The lutings were of paraffin, sulphur, and lampblack. Nearly all the operations were effected while the vessels containing it were immersed in a freezing mixture.

The anhydrous acid is a most dangerous substance, and requires great care in its manipulation. It is colourless and transparent at 60° Faht., very thin and mobile, extremely volatile, and densely fuming in the air; it absorbs water very greedily from the air. It is perfectly retained in platinum bottles, the bottle having a clamp-screw mouth and paraffin washer.

The molecular volume was determined. One volume of hydrogen in uniting with fluorine produces not simply one volume of gaseous product, as it does when united with oxygen, but two volumes, as in the case of its union with chlorine. The specific gravity was ·9879 at 55° Faht. The anhydrous acid is much more volatile than ether; its boiling point was found to be 67° Faht. Not the slightest sign of freezing occurred on cooling the acid to 30° Faht. On loosening the lid of a bottle of this acid at 60° Faht., it is expelled in a jet-like steam, as from a boiler. The acid had scarcely any effect upon any of the metalloids, or noble metals, and even the base metals, in a state of powder, did not cause any evolution of hydrogen. Sodium and potassium behave in the same manner.

The Relation of Chemistry to Physiology.

MM. Pelissard and A. Cahours have presented a memoir to the Academy on the physiological action of conia and its compounds. Ethylconia, and iodide of ethylconia, are like conia in this respect: that they lead to poisoning of the pneumogastric nerves, differing, at the same time, in possessing a less energetic and more passing action on the voluntary nerves. In *equal conditions* conia is more poisonous than ethylconia; and is again even less poisonous than the iodide of ethylconia. The introduction of the radical ethyl with conia abolishes the period of convulsions which precedes the paralysis. This is particularly seen in poisoning by iodide of diethylconia. The animal falls incapable of making any voluntary movement.

Adulteration of Opium.

Mr. J. King, in the *American Journal of Pharmacy*, notes the adulteration of this important and expensive drug. Samples were examined containing 14 per cent. of starch. The starch granules differed from any of the common starches, being larger than those of wheat and corn, and smaller than those from the potato; it approached more nearly the starch from the bean, both in size and form.

Dichloro-Acetic Acid as a Cauterizer.

This acid has been prepared by Dr. F. Urner for this purpose. It does not produce a strong inflammation upon the surrounding parts, and is accompanied by less pain than other cauterizers—stronger as well as weaker ones.

◆

Gleanings in Medicine, Surgery, and the Allied Sciences.

A NEW METHOD OF ARRESTING HÆMORRHAGE.

On the 21st of November, 1868, Dr. Frank H. Hamilton removed a schirrous breast, when he adopted the following method for controlling hæmorrhage during the operation: Dr. Hamilton says (*New York Medical Gazette*) in order to restrain the bleeding until the vessel could be secured by ligatures, I adopted the following procedure which I have never used before nor seen suggested by others: After the patient was fully under the influence of ether, I encircled the chest with two long strips of adhesive plaster, each of which was about two inches in width and long enough to surround the chest completely and allow the ends to overlap each other. They were drawn tight, but not so tight as to interfere with respiration. One of them passed under the breast at a point about one inch from the line I had indicated to myself as the probable line of incision; the other passed above the breast, between it and the axilla, at about the same distance from the projected upper line of incision; the two strips of plaister forming an ellipse completely enclosing the breast. Within this ellipse the incisions were made, and it was apparent that by the pressure of the plaisters the bleeding from all the tegumentary and superficial muscular vessels was completely, or almost completely controlled; so that the amount of blood lost in the operation was comparatively trifling. On closing the wound I did not remove these strips. This was an error which on another occasion I should avoid, since they prevented the complete and accurate coaptation of the tegumentary flaps and allowed the margins of the wound to become everted.

SPONTANEOUS POPLITEAL ANEURISM OCCURRING IN A DIABETIC SUBJECT; FAILURE OF MECHANICAL COMPRESSION; CURED BY FORCED FLEXION.

M. **Verneuil** communicated a case of this to the Academy of Medicine of Paris, the interest of which consists in the coincidence of the diabetes, and in the fact of compression, which is usually so efficacious and so innocent, having failed and even produced local lesions of some importance. M. Verneuil terminated his narration with these propositions. 1. The coincidence of spontaneous aneurisms with diabetes, although it has not before been remarked upon, demands serious attention, as it exerts great influence in the choice of the procedure, and raises new questions on the etiology of aneurisms, and the composition and properties of the blood in diabetic subjects. 2. It almost absolutely contra indicates the employment of the ligature, and renders the application of compression very difficult, in consequence of the ease with which eschars are formed under the pads of the apparatus. 3. In spite of the presence of glucose, the blood appears to preserve its plastic properties, or, in other words, its aptitude to deposit fibrinous layers in the sac or active coagula. 4. The anti-diabetic regimen, so different from that ordinarily prescribed during the mechanical treatment of aneurism, does not destroy this aptitude. It would seem, then, prudent to institute such treatment when the general condition calls for it, and to persist in it even after the real or apparent disappearance of the glucose. 5. In popliteal aneurism, the forced flexion of the leg on the thigh is a very important procedure calling for renewed trials. It is harmless, of easy application, and little onerous, inasmuch as it requires neither costly apparatus nor numerous assistants. It demands on the part of the patient a little intelligence and perseverance, and on that of the surgeon a surveillance easy of execution. 6. In some cases it has been attended with very rapid success in the hands of the English surgeons; but in those in which its first trials prove fruitless, it may eventually succeed by employing short *séances* at long intervals. 7. Its efficacy doubtless depends upon certain conditions, which have as yet been little studied, such as the position and dimensions of the vascular fissure, the relations, dimensions, and consistency of the sac, &c. In the present case it has probably operated as indirect compression. 8. The prolonged, unnatural direction imparted to the knee-joint has given rise to no serious inconvenience, the articular stiffness gradually disappearing and the limb recovering all the amplitude of its movements. 9. The cure, it must be admitted, required a very long time; but then it must be recollected that without flexion it might have been altogether impossible, and most certainly would have been more painful and dangerous. 10. It is true that attitude has been aided by other accessory means, such as direct and indirect compression, but it is to it that recovery is chiefly due. It confirms the conclusion that, in difficult surgical cases, the practitioner, far from obstinately confining himself to a single means, should assemble, combine, and concentrate all the resources which science has placed in his hands.

THE IMPORTANCE OF CERTAINTY IN THE OPERATION OF VESICO-VAGINAL FISTULA, AND THE BEST MEANS OF SECURING THE GREATEST SUCCESS.

Dr. Bozeman, in a communication to the Medical Society of the State of New York after stating that the maximum of success was 92 per cent. of all cases consecutively presented treatment, endeavoured to show from statistics the real difference in the results that had been secured with the usual forms of suture now in general use, including the double rows of interrupted silver suture and the button suture. He said, although the above limit of success had not heretofore been quite reached with his button suture, still he believed it would be with the valuable aid afforded by his late improvement, consisting of a self-retaining speculum and a supporting and confining apparatus. This he said did away with the necessity of assistants, and enabled him now to operate successfully upon a small class of cases previously unmanageable, The most obvious results from those improvements, however, he thought would be seen in the diminution of the number of operations actually required, and of the consequent suffering of the patient. In support of his statements, he then narrated five cases presenting seven fistulous openings, one a vesico uterine, all of which had been cured at six operations, since the adoption of the two improvements above made. The size of the fistula and the peculiar adaptation of his suture required in each of these cases, he illustrated with models made of buckskin and the same buttons that had been used, After summing up the results of these operations he called attention to the great value of the *linen list* which he had used a number of years as a means of diagnosis in cases presenting fistules so small as to escape the closest search with the probe, especially those opening into the cervical canal known as *vesico-uterine*. He also called attention to cases of fistule complicated with laceration of the anterior lip of the cervix uteri, and showed the importance of the procedure first adopted by him in their management. His classification of fistules, which is an extension of that of Velpeau, he still thinks is preferable to any other that has been proposed, it being considered more in harmony with the anatomical peculiarities of the parts involved and the modifications required in his suture apparatus to suit individual cases.

ATROPHY OF THE HEART.

The following general results are presented by Dr. N. **Finn**, of the Pathologico-Anatom. Institute of St. Petersburg, as having been derived from the examination of one hundred hearts. 1. Simple atrophy is never developed as the only morbid condition. It is unattended by a morbid condition of the cardiac blood vessels. 2. Neither the absolute or relative weight of the heart, thickness of its walls, nor their reduced circumference can be received as a certain indication of the presence of atrophy of the organ. 3. The brown atrophy of the heart, so-called from a morbid change in the colouring matter of the muscular tissue, is a common accompaniment of all diseases attended with great emaciation. 4. Fatty degeneration of the heart (fatty infiltration) occurs chiefly in persons who have a large development of the subcutaneous adipose tissue; the infiltration is often to such an extent as to prove troublesome. 5. Fatty degeneration of the heart occurs as an acute or a chronic affection. It is observed more frequently on the right than on the left side of the organ. In some cases the entire substance of the walls of the ventricle are affected, in others only a portion. In the chronic form there is always atheromatous degeneration of the cardiac blood vessels. The *arcus senilis* is never met with in cases of fatty degeneration of the heart.—*Centralblatt f. d. Medicinisch. Wissenschaften.*

MODERN HOMŒOPATHY.

From the *London Monthly Homœopathic Review* for June, 1868, we learn that Lord Ebury gave vent to a feeling of regret that the report of the London Homœopathic Hospital did not contain evidence of a greater development of the objects of the institution. The number of patients was not very large, and the clinical lectures had been given up, "owing to the attendance being so scanty as greatly to discourage the lecturers." In the London Homœopathic Hospital, in which the cases are not of so serious a character as one is accustomed to see under treatment in hospital, black wash is applied to syphilitic sores, and ½-grain doses of mercury given internally. Cases of glandular enlargement in the neck were treated with tincture of iodine painted on externally. For cases of continued sleeplessness 1·48 of a grain of acetate of morphia was given every fifteen minutes. The Hospital physicians repudiated, one and all, the fallacies and absurdities of Hahnemann about infinitesimal doses and dilutions. They frequently told inquiring physicians that "the doses were not a part of *their* system; that like cures like was all *their* creed; although it is not a matter of general or partial belief that morphia keeps people awake, that iodine produces enlargement of the gland, and black wash produces syphilis. These Hospital physicians, and many others, have at last returned to the use of the medicines of the rational school in appreciable quantities; and the editor says the treatment in the above cases "was far too like allopathy to be advisable in a homœopathic hospital," although "so long as the doses of mercury did not produce mercurialism, our opponents cannot (or rather should not) complain." He also said he would avoid painting a glandular enlargement in the neck with tincture of iodine publicly in a homœopathic hospital, although he might unhesitatingly do it in private practice. And formally admits:—"As regards the giving of morphia for sleeplessness, however necessary it may be considered by the medical attendants, it cannot be called homœopathic treatment." The homœopathic editor trusts his readers will thoroughly understand that he has no wish to object to those methods of treatment *per se*, although unsuitable for a hospital called homœopathic. We are hardly surprised to find that Dr. Yeldam, physician to the Homœopathic Hospital, in what is called an excellent speech, delivered at the annual meeting of the Institution, referred to the possible expediency of a middle school which would embrace both homœopathy and allopathy; and Dr. Reith said he knew many homœopathists who are prepared for the coalition. The editor of the *Homœopathic Review* "has not the slightest doubt that some such step, (or surrender) would be fraught with incalculable advantage to practical medicine," and it remains for us to see in what it should consist. If Hahnemann was so utterly mistaken about the efficacy of his infinitesimal doses; if every observation which he made upon the sick was an error; if every supposed cure was simply a recovery, it is not only not possible, but probable, that much of his reasoning and theorising about the *similia similibus curantur* is also false? If the frank and practical homœopathists must make such large concessions about the dose, will they not also be soon obliged to make equally large concessions about the theory? If we can judge from the following prescriptions, some of the homœopathists can make every required concession: Quin. sulph., gr. viij; ext. cannabis ind., gr. iv; ext. aconit. *rad.* gr. iv. Make 8 pills; 1 every three or 4 hours. F——r. Hydrarg. sub. mur., gr. iij; mass hydrarg., gr. iij; aloes, gr. iij; podophyllin gr. ⅛. Make 4 pills; to be taken at once. F. Magnesia sulphat., 3 oz.; tinct. cort. aurant., 16 oz.; acid. sulph. aromat., ½ oz. M.

KRISTELLER'S METHOD.

Herr Hilderbrandt referred (*Berliner Klin Wochenschirift*) to this method of expressing the fœtus, at a meeting of the Königsberg Med. Society, April 14th, 1868. He first resorted to it with great hesitation, and in a case favourable for the trial it succeeded so well as to astonish him. It was in the case of a second pain, in transverse position, head on left ilium, four extremities presenting. An assistant had failed in an attempt to turn by the feet. H. put back both feet, then the arms, caused the head to present, by means of pressure from without then made one or two strong compressures *a la* Kristeller, and saw, during the same, the rapid and happy birth of a living child. Since then he has tried the method in a number of cases, and recommends it.

EARLY TREATMENT OF THE INSANE.

In the province of Westphalia the directors of the Marsberg and Lengerich Insane Asylums have ordered that native patients shall be subsisted free of cost during the first year of their malady. This is done in order that cases may be placed under treatment while yet in the initial stage. They claim to cure 80—90 per cent. of all cases admitted during the first month of the disease, fewer with every additional month, and. assert that incurability is the rule ofter one year's duration. —*Berliner Klinische Wochenschrift.*

INTESTINAL PUNCTURE IN TYMPANITES.

Under the advice of Dr. Foussagrives, intestinal puncture, as a last resource, has been several times practised at Toulouse, on two patients suffering with tympanites. In the first case, the abdomen formed an immense mass; the patient was perfectly cyanosed and suffocating. An exploring trocar was inserted into the most distended part of the lower umbilical region. The gas escaped so violently as to extinguish a candle. The distension returning next day, two fresh puncture were made in different places, and gave so much relief that the life of the patient was prolonged four days. In another case six punctures were successively made until the gases were naturally evacuated, and the patient cured.—*L'Un. Med.*

WEIGHT OF THE BRAIN.

At a meeting of the Vienna Society for Psychiatria and Forensic Psychology. Prosector Dr. Meynert gave some statistics on the weight of the brain. His deductions from the weight of 351 brains, as well as those of Parchappe from 284, prove that the influence of psychoses is much greater than age on the weight of this organ. For example, during the physiologically blooming age of the brain's weight (30—40 years in males), a mean of only 1,317 grammes was given, because brains of the later stages of psychoses were mingled with the others weighed; on the other hand, in the primary stage of psychoses, without regard to age, a mean of 1,329 grammes was given for conditions of depression and 1,359 for mania. Furthermore, the reduction of weight was always equal to the duration of the disease. It was also found to depend upon the intensity of the latter, as paralytic idiocy was characterized by a great reduction of weight. Meynert also found that insane brains had more cerebellum, proportionally, than sane; and that insane females had more that insane males.

PERTUSSIS.

Oppolzer says (*Wiener Med. Presse*) narcotics and astringents appear to reduce the duration of the disease about one-half. Belladonna is probably the best, but simply because of its narcotic action. Tannin acts well in the third stage, or that of expectoration. In the case of children one or two years old, he began with pulv. rad. belladonna, gr. 1-12th morning and night, gradually increasing up to gr. 1-8th, or gr. 1-6th, taking the pupil as a guide. Emetics are only given when the bronchial tubes are filled with masses of mucus. To those who were arrived at years of discretion, he also gave soda bicarb. ʒss., in a tumbler of sweetened water, a mouthful to be swallowed just before an anticipated paroxysm, for diluting the phlegm. The following also acts well the same part:—

℞ Coccionella, gr. v.—viij.
Potassæ carbonatis, gr. x.
Aquæ f. dest., f. ℥j. M.

Sig. Give a tablespoonful every two hours.

Change of air is good, even if patient can be removed but a few miles. If this is not procurable, keep the patient in a room with an equable temperature. For the resulting anæmia use good diet. Dr. Link's extract of meat is good. Medicine may also be required.

In conclusion, it may be stated that of late many French physicians recommend the exhalations from lime which has been used in purifying burning gas, or, better still, gaséol. Oppolzer has had no experience with these remedies.

Medical News.

Poor-law Medical Relief.—From a return just issued it appears that the sum expended out of the poor rates for medical relief in England and Wales during the year 1868 was £272,341. The amount expended for vaccination in the same period was £50,987 against £41,256 in 1857. Poor-law medical officers received as remuneration for their services in 1868 £253,620; being an increase over the sum paid in 1857 of £39,964.

According to the latest reliable reports, the bodies of 33 men and boys engaged at the Highbrooks Colliery, Wigan, at which the fearful explosion of fire-damp occurred on Thursday last, have been recovered from the pit, and the necessary order given by the coroner for their interment. There are unfortunately several others so seriously burned, that little hope is entertained of their recovery.

Cod Fish skin, heretofore considered quite worthless, and given away to any one who would take the trouble to haul it, is now, after having been ground fine, to be used as a fertiliser. This new kind of guano is said to be free from the disagreeable odour of the ordinary fish manure.

Convalescent Home for Women and Children.—The Oxford University Amateur Musical Society have announced a concert for this evening at Willis's Rooms, in aid of the funds of the St. Mary Magdalene Convalescent Home for Women and Children leaving Queen Charlotte's Hospital.

Historical; 1100.—At Biddenden, in Kent, were born Elizabeth and Mary Chulkhurst, joined together by the hips and shoulders, and who lived in that state thirty-four years, at the expiration of which time one of them died; the survivor was advised to be separated from the corpse, but she absolutely refused, saying, "As we came together so we will also go together," and about six hours after her sister's decease she was taken ill and died also.—*A B C Advertiser.*

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 14, 1869.

CONTENTS.

LECTURE.

PAGE

On Fibrous Tumours of the Uterus. By James Palfrey, M.D., Assistant Obstetric Physician to the London Hospital; formerly Obstetric Physician to the Farringdon Lying-in Charity, and to the Metropolitan Free Hospital, and to the Surrey Dispensary, &c., &c 305

ORIGINAL COMMUNICATIONS.

On the Mode of Action of the Cholera Poison. By Arthur E. Sansom, M.D. Lond., M.R.C.P., Physician to the Royal Hospital for Diseases of the Chest...... 307

Pathological Observations. By Dr. R. Beveridge, Physician and Pathologist to the Royal Infirmary, Aberdeen 309

HOSPITAL REPORTS.

St. George's Hospital—

Mr. Henry Lee's Clinical Lecture 310

TRANSACTIONS OF SOCIETIES.

Surgical Society of Ireland. — Mr. Croly on Diseases of the Jaw; Mr. H. Stapleton on a History of a Case of Medullary Cancer 311

LEADING ARTICLES.

PAGE

Inebriate Asylums 312

SCOTLAND.

Professor Syme 313

Edinburgh University 314

Royal Hospital for Sick Children 314

Royal Society 314

The Poor of Edinburgh 314

Aberdeen Royal Infirmary 314

Sanitary Measures 314

Banquet to the Lord Advocate of Scotland 314

NOTES ON CURRENT TOPICS.

Filthy Treasure 315

Increase of Lunacy in France 315

London Institution........................ 315

Budleigh-Salterton 315

British Association 315

New French Books........................ 315

Faradization at the Polytechnic 316

Dr. Richardson's Summer Course of Lectures 316

Sussex County Hospital 316

Brighton Drainage 316

Small-pox and Vaccination 316

Brain Work in England and its Results .. 317

The Meath Hospital, Dublin 317

Regeneration of Organs in Animals 317

The Health of Ireland 317

Local Non-Government..................... 318

PAGE

Liebig's Extract of Meat Company 318

The Vice-Presidency and Council of the Royal College of Surgeons in Ireland .. 319

Election of an Examiner in the Royal College of Surgeons in Ireland 319

Death Registration in Ireland............ 319

Solvents for Croupal Membrane.......... 320

In Memoriam.—

Maurice Collis.—A Laurel Spray amid the Cypress 320

CORRESPONDENCE.

Toogood Downing on Suggestions in Medicine.—No. III........................ 321

James Haughton on Pauperism 322

A Physician on Professor Huxley's Theory of the Protoplasm, or Physical Basis of Life 323

A. F. Brain on Nitrous Oxide in Dental Surgery 323

MEDICO-PARLIAMENTARY INTELLIGENCE.

House of Commons.—Director-General of the Navy Medical Department 323

OBITUARY.

Death of Dr. Mackesy, of Waterford...... 324

Medical News, Notices to Correspondents, &c................................ 324

Lecture.

ON FIBROUS TUMOURS OF THE UTERUS.

By James Palfrey, M.D.,

Assistant Obstetric Physician to the London Hospital; formerly Obstetric Physician to the Farringdon Lying-in Charity, and to the Metropolitan Free Hospital, and to the Surrey Dispensary, &c., &c.

Lecture I.

Gentlemen,—I am sure that all those of you who have been associated with me in the examination of, and the prescribing for, the obstetric out-patients at this hospital must have been impressed with the frequency with which cases of fibrous tumour of the uterus, or, as they are more popularly called, "uterine fibroids," come before us. Now, this very frequency, combined with the facility in diagnosis which many of you, to my knowledge, have acquired, has led me to fear that you might (while having in yourselves confidence in diagnosing these conditions) come to overlook many very important matters relating to the pathology, progress, prognosis, and treatment of these growths. For I must remind you that, however important it is that you should be adepts in diagnosis, your duty to your patient does not cease when your opinion of her condition has been formed. In after life it will neither be satisfactory to yourselves that you are able completely to "make out" your case, nor beneficial to your patient if, having done so, fears and doubts as to the ultimate issue of the condition you are dealing with arise, or uncertainty as to the proper step to take at any period of the progress of your case harass and distress your mind, destroying the partial satisfaction you felt at your readiness in diagnosis, and leaving the patient but little the wiser and by no means the better for the visit you have paid her. This thought, I say, has induced me to ask you to follow me in the present, and probably in a subsequent, lecture while I endeavour to put before you very simply as much as we at present know concerning the nature, progress, and treatment of these fibrous tumours of the womb; and at starting let me assure you that it is not my intention to weary you with unnecessary details or statistics. Should it be the desire of any of you, however, to become minutely acquainted with the latter, I can refer you to the various authors on gynecology who have enriched the literature of our profession. Of our own countrymen I need only mention the names of Simpson, Lee, Ashwell, Clarke, Lever, Rigby, West, Hewitt, Churchill, Routh, and others. Ever of Continental obstetricians the name of Scanzoni will hold a very high position and command more than esteem. Should you then be unsatiated, I need but to mention the names of Meigs, Bedford, Sims, Hodges, and Emmet, of America, to insure for you a rich feast of figures bearing upon the subject before us. Notwithstanding my desire to avoid troubling you with unprofitable details and figures, yet, in the course of my remarks, it probably will happen that I may make some observations that may appear dull and uninteresting—if so, I ask you to bear with me, more especially as it must have been patent to all of you that the few minutes we are able to devote to each separate case, as it presents itself in the out-patients' room, suffices only to convey to your minds the *main* features of each individual example of uterine disease; *there* I am only able to guide you to the most important points of each case in relation to its diagnosis and therapeutics; *here* I shall ask you to join me in investigating the causes which have been at work in producing the physical conditions that have presented themselves, the symptoms we have observed, and the treatment we have adopted in the several instances that have from time to time occupied our attention.

One word more, gentlemen, will bring to a close the preliminary remarks I have thought it judicious to make to you before entering on the very interesting topics which will engage our minds. You will, I am confident, agree with me that is essential, in order rightly to appreciate the diseased conditions to which any organ of our body is obnoxious, that we should first make ourselves acquainted—nay, more, most thoroughly conversant—with the structure and functions of that organ while in a healthy state. Need I then ask, if you desire with success to study the diseases of the female sexual organs, first to master completely the anatomy and physiology of the pelvis and its contents; and if any of you should have in any degree neglected this important preliminary, I commend to your careful study that splendid article on the uterus and its appendages, written by Dr. Arthur Farre, in the "Cyclopædia of Anatomy and Physiology." You will find it in the fifth volume, at page 545, *et seq.* I can only for myself assure you that, although I have many times perused this monograph, on each successive occasion I have concluded its study with increased pleasure and profit.

Having now completed this brief introduction, let us at once pass to the consideration of these fibrous tumours of the uterus which have, by different authors, been also named "fibroids," "fibro-muscular tumours," hard fleshy tubercle of the uterus; muscular tumours (Dr. Wilks); and it will be well at the outset that I define exactly what I mean by a growth of this kind.

By a fibrous tumour of the uterus I understand "a growth" which is developed in some portion of the muscular wall of the uterus; "in consistence" it is dense and hard; "in size" it varies from a small hazel-nut to that of the pregnant uterus at term, or even larger; "its shape" is dependent mainly on its position in the uterine wall in which it is developed; it is invariably, at its circumference, surrounded by a layer of cellular tissue less dense than itself, and which, in the majority of instances, is easily detached from the denser portion which is beneath it. With this definition before you, let us for a few minutes consider the pathology of these growths. These fibrous tumours are developed in the wall of the womb itself; they are composed of the same tissue as that wall, that is to say, they are made up of fibres of cellular and some fibrous tissue—in fact, a fibrous body of the uterus is generally an excessive development of that portion of the muscular wall of the organ in which it is found. Hence has arisen the suggestion that these growths should be named "muscular tumours of the uterus," although, for my own part, I shall always prefer the term "fibrous," seeing that in the majority of instances in which I have examined these growths in the cadaver I have found them to consist of a tissue more resembling fibrous than true muscular substance. Generally the growth is diffused in texture, and presents to the eye an irregular "mammilated" surface. As a rule, I believe, you will find that these tumours are developed singly within the uterus, although the instances are not very rare in which I have seen several springing from the walls of the same organ; and one obstetrician has recorded a case in which as many as sixteen fibrous bodies were found after death protruding into the cavity of the uterus, and some of these were of considerable size. The nutrition of these growths appears to have a close relation to their density, for the harder masses are bloodless, and their injection is impossible; while in the softer varieties vessels of considerable size that are capable of injection are found penetrating the growth itself, as well as supplying branches to the layers of fibrous material which connect the lobules of the growth. And now, concerning the position in which these fibrous tumours are developed, I am able to put you in possession of some interesting and important facts. Although it is perfectly true that you may find them in any part of the tissue of the uterine wall, yet, practically, we find that some portion of the uterus is but little obnoxious to their formation; for instance, all authors are agreed that the development of one of these growths in the cervix uteri is a circumstance of great rarity, and my own experience most fully coincides with this statement—in fact, I have never seen a case in which that portion of the uterus can be said to have been the starting point of a fibrous body. Again, we find that in the majority of cases these growths occupy the superior position, and fundus of the uterus. Somewhat rarely they are found in the anterior wall, and my own observation has led me to the opinion that by far the larger number of cases in which these tumours appear singly, they will be found to occupy the posterior wall of the organ near the fundus, and at the bedside, gentlemen, this question of position is of great importance, as we shall presently see. Obstetricians have generally agreed to deduce from the accidental position in which fibrous tumours are found a classification of these growths, which conveys to our minds at once a correct idea, not only of the position in the uterine wall in which the neoplasm is situated; but also to a considerable degree, the impression to what extent such a growth is amenable to any form of treatment. Let me then describe to you the various positions in the uterine wall, from which these fibroids take their origin, and they are three in number—1st. The sub-peritoneal; 2nd. The interstitial; and 3rd. The sub-mucous. I will briefly describe these three varieties, and of the 1st, or "sub-peritoneal fibroid". In this form of growth or growths, we find one or more tumours generally of a round or ovoid shape, which springs out of that part of the uterine substance that is immediately beneath the peritoneal covering of the organ, and they possess a base of considerable breadth. As their name implies they are always invested by the peritoneal covering of the uterus, which, in the course of their development is carried forward with the growth, so that after a lapse of time, in conjunction with the base already mentioned a pedicle is formed, which in each instance varies in length, and at times is so long as to allow the tumour to hang more or less freely in the cavity of the abdomen or the pelvis, as the case may be. As a rule, these sub-peritoneal growths are remarkable for their intense hardness and their low vitality, they are seldom the cause of death in women who become the subjects of them. Finally, in connection with the first variety, I may mention that the pedicle of these growths becomes sometimes more and more fragile, until at length by accident being broken, the growth is found completely at liberty in the abdominal cavity, and can be moved hither and thither, at pleasure; such an example of this rare condition some of you have recently had an opportunity of witnessing among the out-patients, in a case which was sent to me by Dr. Alexander Fox, who sought my opinion concerning the patient. These growths generally attain a large size, and I have often seen them when they have weighed some pounds. The second variety, as its name implies, the "interstitial fibroid," is a growth contained wholly within the uterine wall, neither encroaching on the uterine cavity on the one hand, nor protruding externally on the other; as a rule, these growths do not attain to the large size which we find in the sub-peritoneal form just considered; there exists with these tumours a distinct boundary, formed by cellular tissue of a loose character, with which the growth is so lightly connected, that it may, without much difficulty, be detached and turned out of its investing capsule when the uterine wall, which covers it is incised, and their vascular relations to the uterus are not intimate. Now you will readily understand that very early in their progress growths of this sort interfere with the normal shape of the cavity of the womb, and if the tumour should attain to a considerable size, the whole organ rises out of the pelvis. Dr. Graily Hewitt has drawn attention to an interesting fact that now and then these interstitial growths are so shaped that their escape from the pelvic cavity is prevented; and then the functions of neighbouring organs are interfered with, and alarming symptoms present themselves. I can myself fully verify the truth of this observation of Dr. Hewitt's, for I have, on more than one occasion, seen an instance in which an interstitial fibroid developed in the posterior wall of the uterus of very moderate size; but prevented from its irregular form from rising out of the pelvis has produced by its pressure on the rectum such insuperable constipation, that the patient has succumbed to the symptoms which, as you know, are attendant on the complete obstruction of the large intestine at its lower portion. The third variety which is again named from the position in which it is developed, is termed the "sub-mucous fibroid;" in every respect it resembles the form I have just described to you; but, growing in the uterine wall immediately beneath the uterine cavity, it projects into that space and in exact proportion to its size it distends and enlarges the area of the cavity itself, as you will readily understand. Occasionally, beneath the mucus membrane covering the growths is found a thin layer of uterine tissue in a normal state. It is impossible for these sub-mucous growths to enlarge without a corresponding lengthening of the uterine cavity, and that portion of the tumour which impinges into the cavity usually being of a cresentic form, presses upon the opposite wall of the uterus, stretching and expanding it. The position of these sub-mucous growths is various; like the interstitial fibroids, they are "encapsuled," and, should the progress of their developement be sufficiently rapid they become pedunculated, when they form the growth called fibrous polypi, of which we shall have more to say hereafter; and now I will finish all I have to say to you upon the pathology of fibroids, by making one or two remarks upon the alterations which take place in the uterus, in any portion of the walls of which a growth of this character is located. As soon as a fibrous body which has been developed in the uterus acquires a certain size, for example, the size of a walnut; the parenchyma of the uterus, as also the mucous membrane, which lines the cavity undergo positive changes, which, with a little practice, you will readily recognize; although I must tell you that in the cases of sub-peritoneal growths these changes are not so well marked, nor so frequently observed: in fact, I have seen these growths of large size attached to the fundus of a womb which has become shrunken and atrophied; when, however, the growth is of the second variety, true hypertrophy of the whole of the muscular wall of the uterus results, the blood-vessels are actually enlarged, and the mucous membrane becomes congested and tumefied. As in pregnancy, so with these tumours, for after they have increased beyond a certain size they project, not only into the cavity, but also into the neck of the womb, and in the course of their developement the inferior segment of the body and then the cervix is encroached upon, so that the neck gets shorter and shorter and thinner until the os uteri often presents an appearance similar to that observed when about to open at the commencement of labour. With these changes, of course the cavity of the womb, as a whole, is lengthened. You have seen I am sure, instances in which we have been able with ease to pass the larger portion of the uterine sound into the uterus. And of this lengthening I shall have more to say when speaking of the diagnoisis of fibroids. Again, before I recal to your minds how often I have pointed out the fact, that a growth situated in the wall of the womb soon by its weight induces a displacement of the organ, and as a rule, the version resulting inclines towards that part of the pelvic cavity which corresponds to the seat of the tumour; thus, a fibroid of *moderate* size in the posterior wall causes a retroversion, and this condition remains until the pelvic wall opposes a barrier to the increase of the fibroid, in which case the development continuing, the growth is supported by the pelvic wall, and then the fundus uteri is pressed against the anterior boundary of the pelvis, so that you will not be astonished to find in those instances in which a retroversion has been observed early in a case, that this condition has been changed to one of anteversion some considerable time subsequently. Again, assuming the fibroid still progresses in size, the pelvis at length becomes too small to contain it, then it ascends, and slowly takes its position in the abdominal cavity; of course, dragging the uterus with it, and hence, when fibrous growths have attained a large size, we have difficulty in reaching the os tincæ when making a vaginal exploration. Not only are these changes of the uterus itself observed, but alterations in the position of the bladder and rectum ensue. The former viscus unable to dilate becomes first irritated, and this in turn goes on to a true catarrh; the rectum also from prolonged pressure in like manner becomes congested, and constantly we are called upon to treat one of the most painful complications of fibrous tumour, hæmorrhoids. These vesical and rectal troubles are often the cause of more pain and suffering than the neoplasm upon the presence of which they depend.

Lastly, do not forget when giving an opinion upon a case of fibroid disease, that now and then these neoplasms undergo certain changes which ultimately result in their destruction, or rather I should say, their degeneration, and in this way, the patient becomes cured of her malady. That fibroids are ever absorbed, I do not for one moment believe, but we have, in the *post-mortem* room, seen instances in which that kind of ossification known by the term, calcareous degeneration has taken place. True inflammation of a fibrous body I have never witnessed, although I have often seen active inflammation of the peritoneum covering a fibroid of large size in the wall of the uterus.

◆

Original Communications.

ON THE MODE OF ACTION OF THE CHOLERA POISON.

By Arthur Ernest Sansom, M.D. Lond., M.R.C.P.,
Physician to the Royal Hospital for Diseases of the Chest, City Road.

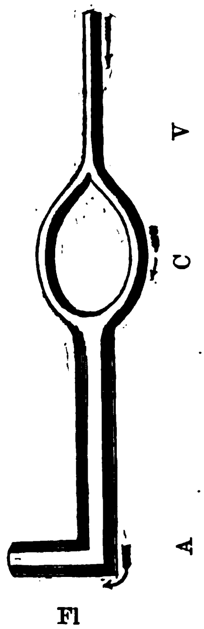
(Continued from page 265.)

Collapse and the other phenomena of cholera.—According to some observers, the lesions of the intestinal canal which I have sketched out are sufficient to account for all the phenomena of cholera. The effects are chiefly produced by the passive flow of the fluids of the organism through those portions of the intestinal tract which are denuded of epithelium. According to Pacini's views:—"The water gradually running off, the volume of the blood and its hydrostatic pressure are reduced; the impulse of the heart grows feebler, the viscidity and density augment, and the velocity of the current of blood becomes less and less; hæmatosis and calorification and the pulmonary function fall to the lowest ebb; hence the fearful collapse. The secretions dry up, ulcers dry up, and as the blood is denser, and its hydrostatic pressure is diminished, its endosmotic force is proportionally augmented; it does not nourish, it is nourished by the tissues; venous absorption increases, and the thirsty blood sucks up from every fibre and cell every drop of accessible organic water. The vocal chords sound no more; cramps shake the muscles; the glands secrete no tears, no bile, no urine. The body is dried up like a mummy; yet the brain amidst the vast disorder, shielded by the skull and sustained by the atmosphere, loses little of its organic matter, and retains its faculties for some hours, until, lulled mercifully into a semi-syncope of sensibility, it at last dies."[1] Prof. Pacini has constructed, upon a series of careful observations, a table of mathematical data, which goes farther than the closest reasoning to prove many points of his theory. It must not be forgotten, however, that errors may exist in the premises.

The first difficulty which would seem to obtain in this matter is that, according to the testimony of excellent observers (as Dr. Gull says, in his report), "the intensity of the symptoms is often, in no considerable degree, greater than can be accounted for by the intensity of the effusion." Certain cases have proved fatal with alarming rapidity in the manifestations of collapse, though there has been little or no flux from the bowels. Such cases, sometimes known as Cholera Sicca, have, however, presented on *post-mortem* examination epithelial denudation, though diarrhœal expulsion had not taken place. Pacini shields himself from these objections by showing, according to his observations, that the gravity of the case, though chiefly depending on the superficies of intestine denuded, is also increased by the velocity of the flow. The argument of those who urge that the loss of organic water is the great factor of collapse, and the nature of the correlated conditions may perhaps be better understood by the adjoined diagram, wherein A

---

[1] Report of the Cholera Epidemic of 1866 in England, p. 72.



represents the artery, C the capillary plexus, V the vein, and Fl a supposed point of exit of transuded fluid, the flux. It is obvious that, as the liquid exudes from Fl, the contents of V become more viscid ; the blood contained in C and A is diminished in quantity by the draining away; and A, being a contractile tube, diminishes in calibre. The consequence of this contracted state of A is a deficient supply of arterial pabulum to all the tissues. Many signs concur to show that this contracted state of the arteries obtains in the collapse of cholera, and the same is observed after death. This is a fact of great importance, not only as accounting for the symptoms—the shrivelled features, the thready pulse, the cold skin, &c., all consequences of an inadequate blood supply—but as eliminating a source of error. It has been argued by some that the collapse of cholera is due to paralysis of the sympathetic. The signs just mentioned are the *exact opposite* of those produced by paralysis of the sympathetic. Elsewhere I have more fully pursued this branch of the subject, and have shown that if there be any special condition of the sympathetic nervous system it must be that of irritation—of super-activity.[1]

Is Pacini's view adequate to explain all the signs and symptoms in the various cases of cholera collapse? As I have just shown, the one great cause with him of the condition known as collapse is the loss of organic matter from the body through the denuded portions of the intestine, and the consequently increasing viscosity of the systemic blood. But how does this explain those sudden cases in which, according to many observers, there is but a small quantity of flux and yet a considerable quantity of systemic blood? Why should the blood vary as to viscidity or fluidity in different cases? Why, moreover, in certain instances a restoration "almost as sudden and complete as in cases of patients who are resuscitated after suspension of animation from submersion in water?"[2]

These considerations, in my opinion, render it necessary that we should have a cause additional to the drain of fluid ; but the difficulty would be overcome if we could admit as a concurring cause an irritation of the sympathetic nervous system—an irritation which, acting upon the vaso-motor nerves, should contract the arteries, and so force the blood into the venous system. Such an irritation could occur in one of three ways, or in any combination of the three.

First, by the irritations propagated to the sympathetic ganglia by the local lesions of the intestinal canal. Such effects would have their analogies in the symptoms induced by swallowing certain corrosives—in those accompanying perforating ulcers of the intestines, in those attending severe and sudden injuries of parts highly endowed with sympathetic filaments ; witness the case of blows upon the epigastrium, or upon the testicles. In all these conditions are presented effects resembling in kind the phenomena of collapse.

Secondly, by irritations propagated to other parts of the nervous system. The phenomena are not consistent with any irritation of the encephalic centres, but the case is very different in regard to the spinal centres. Here let me pay a tribute to the good work performed by Dr. John Chapman. His elaborate exposition of the manner in which exalted function of the spinal chord and sympathetic ganglia can produce symptoms of the same nature as those occurring in cholera, is a work of great value.[1] While I agree with him that such a condition may be a concomitant (perhaps a very important concomitant) of the condition of cholera collapse, I deny that it is the prime factor. The spinal irritation is the consequence of the intestinal irritation, and is one of the correlated causes of collapse. What a powerful effect irritation of the spinal chord produces upon the systemic arteries, inducing their contraction, is demonstrated by Prof. Lister's observations in the Philosophical Transactions, 1868.

In the *third* place, irritation of the sympathetic might reasonably be supposed to occur from contamination of the blood—the circulating fluid containing a material that acts upon the nerves and ganglia which, as Prof. Beale has so ably demonstrated, clasp, surround, and are in immediate relation with the whole arterial and capillary system. I have shown that many agents absorbed into the blood are capable of this kind of action.[2] These are, to my mind, circumstances which almost incontrovertibly point to the conclusion that there is a certain blood contamination in cholera. In what other way could be explained the fact that, when a pregnant woman has died with cholera, the fœtus in utero has presented the *post-mortem* signs characteristic of cholera? Buhl anatomised twenty-two such infants, and never failed to find choleraic appearances.[3] Pacini agrees that absorption takes place from the intestinal canal in all cases of cholera of a duration of two hours and upwards ; he admits that the blood becomes contaminated from the decomposed tissues, and he thus explains the phenomena of the reactive fever. There surely is a fair *prima facie* probability that the germs existing and multiplying by myriads in the intestinal canal should be absorbed into the current of the circulating blood. There are many, however, who deny that germs when in the blood have any power of multiplication and development. On this point the evidence of analogy may be taken. Dr. Beale's conclusion, that such proliferation can occur in cattle plague, is clear and unmistakeable. He says :—

"In an animal about to be infected with cattle plague it appears probable that the minute living particles having reached the surface of the mucous membrane, perhaps already rendered suitable for their nutrition by previous morbid changes, gradually multiply amongst the soft epithelial particles until some of those produced reach the walls of the capillaries almost immediately beneath. It is possible that some of them may be drawn down the windpipe during inspiration, or even into the air-cells of the lungs. In the latter case they would gain a very ready access to the surface of the capillary wall.

"We may suppose that at the time the particles came into contact with the vascular wall, the capillaries happen to be distended, and consequently their walls so thin as to permit small particles to pass through them. Such a state would obviously favour the entrance of minute particles into the blood. One can conceive them gradually extending like particles of an amœba, and slowly insinuating themselves through the capillary wall; or they might become imbedded in the germinal matter of the capillaries, and in this way gain access to the blood. Having reached the interior of the vascular system, they would circulate with the blood, and for a time would give rise to no symptoms whatever; but in consequence of possessing highly active powers of growth, they would grow and multiply, increasing at a greater rate as their numbers increased."[1]

---

[1] The Arrest and Prevention of Cholera, p. 99, et seq.

[2] Twining's Clinical Illustrations.

[1] Diarrhœa and Cholera, p. 99, et seq.

[2] On Chloroform, its Action and Mode of Administration, p. 58. Arrest and Prevention of Cholera, pp. 96-108.

[3] Report of Medical Officer of Privy Council, p. 433.

It is therefore rendered very probable that disease-producing germs can and do proliferate in the blood. It is exceedingly likely that in cholera where, in the intestine, breaches of continuity are so abundant, absorption of the molecules may be easy. Intra-uterine cholera, then, might be thus explained: the germs absorbed into the maternal blood would be transmitted through both circulations; arrived in close relation with the fœtal intestine, the germs would find that nitrogenous soil (meconium) in which they have greatest power of development; here they would manifest the same morbid effects on the epithelial lining as those germs in the maternal intestine, whence they were first absorbed.

From these outlines I think we can gain a comprehensive idea of the nature and mode of operation of the poison of cholera. From all the testimony we can come to no other conclusion than that the prime factors of the disease are organised molecules, having definite phases of vital history; that these are transmitted from individual to individual chiefly by the evacuations; that, arrived in the alimentary canal under circumstances favourable to their vitality and their powers of reproduction, they become mechanical irritants of the mucous lining; the irritation being propagated to the sympathetic nervous structures, there are not only emesis and diarrhœa, but super-activity of the various glandular organs. The same irritation, however, which produces this glandular activity produces also (through the vaso-motor portion of the same nerve) activity of the unstriped muscles which regulate the calibre of the arterial channels. So here are two effects produced from the same cause, yet mutually antagonistic. If the glandular stimulation is in excess there is augmentation of secretion (*e.g.*, the increased flow of bile and urine in the early stages); if, however, the vaso-motor excitation becomes in excess, the glandular organs must perforce gradually cease to secrete, as their supply of nutrient material is cut off. The vessels of the lung participate in the general contractions in a still more marked degree, because the bulk of the tissue is made up of channels with muscular walls more capable of contraction. Not only do the branches of the pulmonary artery, by their contraction, impede the entrance of the blood into the lungs, and dam it in the cavities of the right side of the heart, but the branches of the pulmonary veins (largely endowed with contractile power), contracting *pari passu* with the channels of the arterial system, force the blood into the venous radicles. All the body suffers from arterial anæmia; the surface turns livid and shrinks (as if its arteries were contracted from another cause, intense cold), and the muscles, bereft of the natural stimulus of a proper supply of blood, suffer cramps and convulsions.

Thus, during the whole course of the malady, the cholera-genic molecules are producing their morbid effects upon the gastro-intestinal tract, upon the sympathetic nervous system, and upon the blood; and then, expelled from the body in the alvine flux, they become able in their succeeding generations to excite anew, in fresh individuals, the symptoms of the disease.

I have thus given, imperfectly in many respects, the broad outlines of a theory which I believe fully to explain the phenomena of cholera. Now, I am convinced that this theory can be made of real practical value in its suggestiveness of a right treatment of this fell disorder. It shows of what great importance are measures of disinfection—those processes whereby the septic germs are destroyed or deprived of that vitality which enables them when transmitted to the human organism to multiply and produce their morbid effects.

Furthermore, it urges upon us the study of those agents which, when absorbed into the alimentary canal of the living organism, may arrest the vitality of these germs in the midst of their disease-producing energy.

I believe that, though sulphurous acid and the sulphites possess this power in a high degree, we have in carbolic acid an agent capable of a still more energetic action in this direction. It is my hope that in the double salts of carbolic acid (the sulpho-carbolates) which I have introduced, and in the study of which I am now engaged, we have a vehicle for the administration of this powerful septicide at once convenient and safe.

◆

PATHOLOGICAL OBSERVATIONS.

By Dr. R. Beveridge,

Physician and Pathologist to the Royal Infirmary, Aberdeen.

Fractures of the scapula or of the pelvis are of comparatively rare occurrence, and perhaps the following cases, in which the state of parts was verified by *post-mortem* examination, may therefore be interesting:—

Case 1.—*Fracture of Scapula.*—D. I., a full grown, stout young man, was driving a railway van along a narrow street when the horse took fright and ran off. The wheel was passing within a few inches of the wall on one side, and the driver, in endeavouring to stop the horse, was caught between the wheel and the wall, and severely crushed. On being brought to the hospital he was found to be in a state of collapse, and the hand, on being laid on the back of the right shoulder, detected crepitation in various directions. The skin was unbroken, but the bruising and resulting ecchymosis were very considerable. Although he recovered from the collapse, yet he never thoroughly rallied, and after a time it was apparent that the tissues around the scapula were too much destroyed to recover their vitality, and were passing into a state of gangrene. He lingered about a fortnight, and gradually sank.

The following were the *post-mortem* appearances:—Skin over the back of the right shoulder dark coloured, fœtid, with several sloughy-looking openings; the dark colour extending from the neck to the lower part of the chest, and from the right side across to about the middle of the left shoulder, gradually fading away beyond these limits. Muscles connected with the right scapula dark and in a sloughy state; long muscles of the back dark coloured on their surface, the colour gradually fading in their interior, and becoming natural on their deep surface. Right scapula split into fragments thus:—Acromion and outer part of the spine completely detached from the rest, partially driven through the bone, and but slightly connected with the clavicle, the ligaments being mostly torn through; the inner half of the spine with the supra-spinous fossa detached and forming a separate fragment; a vertical fissure extending through the infra-spinous fossa, parallel to the base, the upper part of this fissure depressed (*i. e.*, driven forwards) along its outer edge, gradually resuming its level towards the lower part where a simple fissure only existed, and that not passing quite through the thick lower border of the bone; the tip of the coracoid process broken away. The muscles in front of the scapula were almost natural. Beneath the lower angle of the scapula discolouration and ecchymosis extended to the ribs, but these last were uninjured. The pleura and peritoneum were natural. No attempt at reparation.

---

[1] Report to Commissioners appointed to Inquire into the Origin, Nature, &c., of the Cattle Plague. London, 1866, p. 153.

This case illustrates well the peculiar effect produced by a crush between a moving body and one at rest. The injury is confined to the side acted on by the moving body, and while the skin by its elasticity usually escapes, the tissues beneath are extensively destroyed, and any bone near the surface is split in all directions. The same thing is seen in the effect of a spent cannon ball, and is also shown in the following case of fracture of the pelvis.

Case 2.—*Fracture of the Pelvis.*—J. S., a labourer, aged fifty-five, was returning home from market by a railway train, and on its nearing the station where he was to get out, he stept from the carriage before the train was completely stopped. In so doing he missed his footing, and fell on the foot-board of the carriage which was still in slow motion. He was caught across the pelvis between the carriage and the platform, and dragged along a short distance. On being removed he was found in a state of great collapse, and was brought into hospital, where he died in about half-an-hour, having survived the accident scarcely three hours. On laying the hand over the pelvis, the left side was found evidently to be crushed in, the crest of the ileum being moveable, and the hip very much flattened. The left lower extremity was shortened with the toes inverted, presenting the same appearance as in dislocation upwards of the femur.

The following were the *post-mortem* appearances :—Skin slightly abraded on both sides over the great trochanter, but not lacerated. On raising the skin it was found to be completely detached from the lateral muscles of the abdomen on the left side, which last were extensively torn from their attachment to the crest of the ilium. The muscles of the hip were much destroyed, and mingled in fragments with fluid blood. The left ileum was completely shattered up to the linea innominata, which remained unbroken ; the forepart of the crest, with the two anterior spines, and about the anterior half of the iliac fossa, formed one fragment ; the posterior half of the fossa was shattered into several pieces ; the upper half of the acetabulum was broken away, thus offering no obstacle to the ascent of the head of the femur, which (although the ligaments remained entire) assumed the position presented in dislocation upwards, being higher than natural, with the trochanter turned forwards and the head of the bone backwards ; and the fifth lumbar vertebra was split nearly transversely across. The femur, peritoneum, viscera, and great vessels of the abdomen escaped uninjured.

Here also the skin was scarcely injured, while the soft parts beneath were extensively lacerated, and the bone completely crushed. The lateral strength of the arch formed by the os innominatum prevented its being broken in, but the outer expanded part forming the iliac fossa gave way in all directions, while the wrenching force was so strong as to tear across the last lumbar vertebra, and—probably by pressure on the trochanter—to drive the head of the femur so strongly against the upper lip of the acetabulum, that the latter gave way. It is interesting to note that when this occurred the femur assumed the same position as in dislocation upwards, showing that it is the position of the axis, and direction of the plane of the head of the bone that tends naturally to place it thus when the mechanical obstacle of the arrangement of the joint is in any way removed. It could not in this case be muscular action, inasmuch as all the rotators inwards were torn to pieces, and their bony origins above detached and loose, while the bulk of the rotators outwards remained uninjured ; and it is probable in this natural tendency, from the lie of the bones, to rotation inwards, that we have the explanation of the necessity for the large development in man of the external rotator muscles.

Lastly, the circumstance that in both these cases the whole mischief was produced at the spot where the moving force was applied, while the opposite side of the body escaped, seems to show the rapidity with which the crushing effect was produced, before time was allowed for the force to be equalised, or any chance given for the parts giving way at their weakest points—thus producing a marked difference between the results here and those produced by a blow or a fall. In the case of fracture of the scapula, the shoulder at rest was crushed in by the moving wheel ; in that of fracture of the pelvis the body in motion (with the train) was crushed in by the edge of the platform at rest ; so that the cases are precisely the converse of each other, but both show that it is elasticity and not strength that can resist the action of force in progressive motion.

Hospital Reports.

ST. GEORGE'S HOSPITAL.

Mr. Henry Lee's Clinical Lecture.

Some late references to public enquiries render the time opportune for a note on a late clinical lecture by Mr. Henry Lee. Of this lecture we had intended to give a very full report, but as since the abstract has been at the printing office, Mr. Lee has published the lecture in the new volume of St. George's Reports, we need merely give an outline, and refer those interested to that source. Having observed that the idea of the plurality of syphilitic poisons originated in Dublin, and remarked on the effects attributed by patients to treatment, Mr. Lee passed on to the Admiralty Committee of 1864. This committee he tells us, gave particular attention to the following points :

1. Whether mercury is an agent to be indiscriminately resorted to in the treatment of syphilis.
2. The proportion and nature of the cases in which its administration is useful or necessary.
3. The proportion and nature of cases, if any, of primary and secondary disease in which it may be entirely dispensed with ; characterising the forms of disease, if any, in the treatment of which mercurial agency is not required.

The committee in their report state, that " whether a given local affection will result in syphilis cannot be known with certainty until the constitution is actually involved." The committee divide venereal ulcers into two kinds—the " simple local sore " and the " syphilitic sore." The local sore prevails over all others in the ratio of about four to one. *With the exception of this purely local sore*, all venereal sores are liable to contaminate the constitution. The syphilitic sore presents itself in three forms—one characterised by induration throughout ; one soft in its early stage, and becoming subsequently indurated ; and one soft throughout its whole course.

The evidence the committee believe is conclusive as to the impossibility of pronouncing with certainty upon its first appearance. Even though it remain soft throughout its course, it is not certain, although highly probable, that it will prove to be non-infecting. Thus, a non-indurated sore is a purely local sore if it turns out not to infect the constitution ; it is a syphilitic sore if it does. The original distinction between the two classes of sores is here entirely given up ; and no answer is given to the question of the Admiralty as to what forms of disease may not require the administration of mercury !

Mr. Lee does not find this explanation at all satisfactory, and speaks of the two following cases as typical of two forms :

Case 1.—A. L. was admitted into St. George's Hospital in June 1865. This patient underwent a series of inoculations from her original affection. She was inoculated until the matter from that series produced no further effect. The inoculations were all allowed to take their natural course, and all healed about the same time—a series, nine successful. Specific inoculations were made in this case. The patient had never had any former disease, and was subjected to no constitutional treatment. She was seen nearly two years afterwards, and had up to that time been suffering from no constitutional disease.

CASE 2.—J. M. was admitted into St. George's Hospital on the 11th July, 1865. This patient had a large circular indurated sore on the internal prepuce. This at first was not purulent, but it was made to suppurate artificially. The sore had not begun to heal. The secretion from it was inoculated again and again until no more secretion could be obtained, and yet without any result. No local inoculation could be performed in this case, for the reason, I doubt not, that the patient's whole system was already infected.

In the early stage of this case the glands in the groin had become inoculated; the result of that inoculation was not the production of pus, but the same kind of circumscribed induration or adhesive inflammation which occurred at the original seat of the disease.

Mr. Lee believes that the two forms of local syphilitic action, of which these cases are examples, are distinct and separate actions, and do not, in their uncomplicated state, give rise to each other.

His conclusion from this affects the doctrine of syphilization, for neither this nor any method of treatment affecting the constitution could be appropriate to a mere local disease.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

MARCH 18, 1869.

DISEASES OF THE JAW.

MR. CROLY read the following cases:—

CASE 1.—*Secondary cancerous tumour involving the entire submaxillary gland and the lower part of the jaw from symphysis to angle; removal of the gland with the affected portion of the bone, leaving the teeth and alveolar process.*

T. D., aged fifty-three years, residing in the Queen's County, was admitted, under my care, into the surgical wards of the City of Dublin Hospital, on the 7th of October, 1868.

History.—He was operated upon for epithelioma of the *left* side of his lower lip in September, 1867, by the usual V-shaped incision, and as there was a small gland under the jaw, corresponding to the submaxillary region, I removed it. There was a very small gland at the *right* side also, which was difficult to feel, as it slipped up behind the jaw and projected into the mouth, requiring a peculiar manipulation to dislodge it. The patient said that this small kernel was there for a long time. I cautioned him, if it enlarged, to come up to hospital and have it removed, but he neglected doing so for twelve months. On his return to Dublin, in October last, the *left* side was perfectly natural; a tumour was observed on the right side the size of an orange, occupying the digastric space, extending upwards on the jaw and forwards beneath the symphysis; the swelling fluctuated on the surface, was fixed and hard when grasped, painful to the touch, and extended along the internal side of the jaw, causing a hard tumour, which could be felt through the mouth.

I submitted the case to consultation, and it was decided that the patient should get the chance of operation. He was informed of the risks of the operation, and the probability of return of the disease; but he was most anxious, notwithstanding, that something should be done to relieve him from pain even for a time.

Operation.—On Monday, 12th of October, assisted by my colleagues, I proceeded to remove the diseased mass as follows:—The patient was placed on the operating table and chloroformed. I made an incision from the angle of the jaw across the submaxillary space, to the under surface of the symphysis, and with a scalpel dissected the integuments from the tumour. I secured the facial artery by passing a bent-eyed probe beneath it armed with a double ligature; the loop was cut, and each ligature separated and tied, the vessel being divided between them. A *silver* knife was next used to detach the submaxillary gland from its inferior attachments. A double tenaculum was then fixed firmly into the tumour and drawn forwards, to enable me to detach it posteriorly. A very large artery spouted from the bottom of the cavity, which was secured in the artery forceps and tied. I used my fingers frequently during the operation, and succeeded in removing the entire submaxillary gland. The jaw, which was fully exposed, was found to be diseased. I accordingly extended the incision from beneath the symphysis to the under part of the red margin of the lip, and with a small saw divided the lower part of the bone, and made a similar section beneath the angle; and then, by using the saw in the long axis of the bone, I was enabled to remove the lower and diseased part, *leaving the teeth and alveolar process.* The blow-pipe gas cautery was applied freely to the large cavity to destroy any diseased part which might remain. The patient bore the operation remarkably well.

The wound was dressed with carbolic acid, and was syringed several times daily with a solution of carbolic acid. The patient made an excellent recovery, and returned to the country.

CASE 2.—*Cystic tumour of lower jaw; operation; recovery without deformity.*

L. S., aged nineteen years, a resident in the city, consulted me at the City of Dublin Hospital, in the autumn of 1868, about a swelling, situated on his lower jaw, which he first observed seven months previously, and thought it was a gumboil. His jaw was considerably enlarged on the left side, and on looking into his mouth I observed a tumour (corresponding to the outer side of the molar teeth) about as large as a small egg; there were two stumps of decayed teeth. The tumour fluctuated, and a thin shell of bone could be distinctly felt surrounding the tumour. I punctured the cyst with a large exploring needle; an oily glairy fluid escaped. The fluid recollected rapidly, and on Monday, the 1st of November, 1868, I operated as follows:—

The patient was seated in a stout armchair, with his head resting against an assistant's chest. I raised the anterior wall of the cyst with a tenaculum, and removed with a scissors a circular piece; a quantity of oily glairy fluid escaped. I passed my finger into the cavity, which extended deeply into the jaw. A fang of a tooth was felt in the cavity, and was removed by means of an elevator; there was very little hæmorrhage. The cavity filled up quickly, leaving no deformity.

CASE 3.—*Cystic tumour of right antrum protruding the cheek; operation.*

M. B., aged thirty-six years, a washerwoman, consulted me, in August, 1868, about a swelling of her right cheek, which, on examination, I found to be a cystic tumour of the right antrum. I operated as follows:—The upper lip being raised, I plunged a small trocar into the tumour and drew off a glairy fluid.

CASE 4.—*Large "Epulis" on Superior Maxilla removed without any incision through the cheek; successful result.*

J. J., aged forty-two years, a native of Wexford, was admitted into the City of Dublin Hospital, on the 16th October, 1868, suffering from epulis of right upper jaw.

History.—Patient always enjoyed good health; is married, and had thirteen children. About eight years ago she felt a soreness on the gum, corresponding to the second molar tooth. A small lump soon appeared on the part; it was removed by a medical gentleman. It reappeared three years since, and was again removed by operation. A year before patient's admission into hospital it reappeared for the third time, and loosened her teeth. Patient never suffered much pain in the part.

Appearance of patient and tumour on her admission into hospital.—She is pale, but otherwise healthy looking; right cheek prominent. On opening the mouth a large "Epulis" is observed occupying the right side of the upper jaw, corresponding to the last four teeth, which are loose. The tumour is not painful, nor does it bleed when touched; it is of firm consistence, and unattached to the alveolar process.

Operation performed in following manner:—The patient having been seated in a stout arm-chair, with his head resting against the breast of an assistant, the loose teeth were extracted. The cheek was then forcibly retracted by means of a special instrument. An incision was made with a stout scalpel through the gum in front of the tumour, and then a fine-bladed saw was introduced, and the alveolar process divided. A similar incision was made behind the tumour, and the entire mass was removed by one stroke of a powerful cutting pliers. The blow-pipe gas cautery was next applied to the part to arrest the hæmorrhage and destroy any part of the disease which might remain in the gum.

The patient made a good recovery.

M. **Harry Stapleton** (M.B., M.R.I.A., &c., Surgeon to the Jervis' street Hospital), gave the

HISTORY OF A CASE OF MEDULLARY CANCER.

Robert Grogan, aged fifty-two years, married, and having a family, had, as he reports, been in perfect health until about eighteen months ago, when he noticed a small tumour, about the size and shape of a walnut, in the gluteal region. He sought no advice for some time afterwards, until alarmed by its increasing size, he applied to a medical practitioner in his neighbourhood, under whose care he remained for a few months. On the 13th of October, 1868, he was admitted into the Jervis street Hospital, under my care. The size and shape of the tumour was now about the size and shape of half-a-cocoa nut, cut across its long diameter. It was somewhat hard and tense, but still there was a sense of fluctuation, as of some thick liquid. The integuments covering the tumour were of a pinkish hue, but on its apex there was a dark patch, in diameter about one and a quarter inch ; in the centre of which there was a black spot about an eighth of an inch in diameter, and which the patient accounted for, by saying that an instrument had been stuck into the tumour, and blood only escaped. On the following day he was seen, in consultation, by my colleagues. The nature of the tumour being suspected, and inflammation having now attacked it brought on, probably, by his long journey to town, it was resolved that nothing further should be done than to endeavour to allay the inflammation. The tumour daily increased in size, and in about a week, the part of the integument which had been discoloured sloughed, and a smart hæmorrhage took place from a protruded substance, much resembling the convolution of a much congested brain. The hæmorrhage was arrested by the application of charpie, moistened with spirits of turpentine, and retained *in situ* by digital pressure. The patient, from this time, had to be confined to the recumbent position, for, if he left the bed he occupied, to pass to one beside him, which was newly made, hæmorrhage to an alarming extent immediately took place.

The tumour formed by the protruded brain-like substance rapidly increased, from day to day, until it had reached the size shown by the cast (exhibits the cast). In its longest diameter it (the cast) measures thirteen and a half inches, in its shortest twelve inches. Indeed, the size shown by the cast I may say is not faithful, as it was taken after death, when the tumour had considerably collapsed.

The patient gradually became much exhausted, and on the evening of the 7th of November, 1868, having sat up in his bed, he vomited about a pint of blood, then fell back and expired.

On *post-mortem* examination, there were found about two pounds of blood in the stomach. The blood having been removed and the stomach washed, two ulcers were found, one about the size of a florin, and the other, about the size of a shilling. Their seat was the lesser curvature of the stomach, near its pyloric orifice. In the centre of the larger ulcer may be seen the ulcerated vessel from which the hæmorrhage had taken place, and which was the immediate cause of death. It is worthy of remark, that during the period the patient was in hospital he never complained even of any uneasy sensation in his stomach.

The tumour, on examination, was found not to have any distinct investing membrane. On being cut into, its colour varied, some parts being white, some grey, and some dark brown.

Its consistence, likewise, differed much in various portions, some being as solid as brain, others gelatinous, and some, again, resembling extravasated blood. No vessel of large size was found to enter the tumour, which lay upon the sciatic nerve, but had no connection with it, nor did it enter the pelvis.

In the gluteal muscles were found many bodies, from the size of a kidney bean to that of a small millet seed. The larger were covered with a very fine investing membrane, and they were situated between the muscular fibres. When cut into and scraped, they gave a thick and milky juice, which, being examined under the microscope, was found to consist principally of fine granular matter, a few mother and caudate cells, a great number of free nuclei and oil globules.

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price* 5d. *Stamped* 6d.

By Post to Annual Subscribers, £1 2 6

„ *If paid in advance,* 1 1 8

⁂ Post-Office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William-street, Strand, London,
„ 3, Lincoln-place, Dublin,
MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.
MESSRS. KELLY and PIET, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 14, 1869.

INEBRIATE ASYLUMS.

In pursuance of our intention to inform our readers on the condition of Inebriate Asylums in other countries with a view to their introduction into Great Britain, we have put ourselves in communication, in the first instance, with Dr. Day, the medical superintendent of the best known institution of this class, that at Binghampton, in the State of New York. We published in a recent issue, (Feb. 10th, 1869,) some statistics which appear to us worthy of being reprinted as of further observations :—

We learn from the *New York World* the following facts :—

> Since May, 1867, when the new life of the Asylum began' 310 patients have been received, 230 of them coming in during the year which has lately closed. Of these 220 have been discharged and 82 remain. Of guests thus entertained 146 had wives and 164 unmarried, showing that celibacy is either an incentive to hard drinking, or that hard drinking causes men to avoid family responsibility. The habitual drunkards number 163, the periodical ones 147. Some came of themselves for voluntary relief ; others were brought by friends. Suffering from one or another form of delirium were 96 ; 34 had convulsions ; 73 were in general good health, but sought escape from the temptation that did so easily beset them ; and 101 were set down as cases in which this legacy of moral weakness had been inherited. After one trial of the beneficent influences of the asylum, 113 left it thoroughly reformed, eleven returned after one relapse, and four after a second. With no hope of retrieval 25 were expelled ; nothing definite could be ascertained about 68. Four died and three had to be transferred to the madhouse—insane beyond the chance of recovery.

These results of examples will appear the more remarkable when it is understood that they are obtained without the intervention of the law, or without interfering with the jealously guarded liberty of the subject at all. It is true that the American Government have recognised the urgency of the movement, and have passed a law which assimilates the condition of the confined drunkard to that of a lunatic.

> The Committee of an habitual drunkard, duly appointed under the provisions of the Laws of this State, can place such

habitual drunkard in the Asylum, and authorize his detention, under such restraint as may be necessary to prevent his escape.

Chapter 266 of the Laws of this State, passed March 31, 1865, entitled "An Act for the better Regulation and Discipline of the New York State Inebriate Asylum, provides as follows:

> "Sec. 4. Any Justice of the Supreme Court, or the County Judge of the County in which any inebriate may reside, shall have power to commit such inebriate to the New York State Inebriate Asylum, upon the production and filing of an affidavit or affidavits, by two respectable practicing physicians, and two respectable citizens, freeholders of such County, to the effect that such inebriate is lost to self control, unable from such inebriation to attend to business, or is thereby dangerous to remain at large. But such commitment shall be only until the examination now provided by law shall have been held, and in no case for a longer period than one year."

We learn from Dr. Day, however, that the loose wording of this law and the inevitable cavils of lawyers have made it practically inoperative. Dr. Day writes thus :—

> "I do not pretend to restrain patients here by law, and I have nevertheless but little trouble in retaining them in the institution. An inebriate who would require a prison to keep him, could not be benefited by an asylum, a gaol with hard labour would be the most fitting place for him. The work of reformation or cure cannot be carried out under compulsion. We must appeal to the moral nature, and, if possible, develope latent moral character."

We extract the following from the rules of the asylum :—

> Upon entering the Institution, the patient, or some friend in his behalf, will be required to execute a bond or obligation, to be signed by himself, and one responsible surety, residing within the State, in the following form :
>
> "In consideration of . . . . . . being admitted as a patient to the New York State Inebriate Asylum, the undersigned promise the corporation of said Asylum, to pay to the Superintendent thereof, at said Asylum, quarterly in advance, on the first day of each successive three months, the sum of . . . . . dollars per week for each week and fractional part of a week of such succeeding three months, for which said patient has been or may be admitted, for the medical treatment and board of said patient. Also, to pay for extraordinary medical and other extra attendance, should such attendance be necessary ; to provide or pay for such requisite clothing and other articles as the Superintendent may deem necessary for the health and comfort of said patient ; to remove said patient when discharged ; to reimburse such necessary expenses as may have been incurred in case of his death ; and to pay all damages which may be committed by said patient upon the property of said Asylum."
>
> All persons, in becoming inmates of the Institution, bind themselves to observe and obey the By-Laws and rules governing the internal affairs of the Asylum. Any deliberate violation of them will be considered good cause for removal from the Institution.
>
> No patient will be received for a less period than three months, nor, in the first instance, for a longer term than one year. In order that the benefit to the patient may be permanent, the Superintendent and physician will, upon a full examination of each case, determine the length of time for which the patient will be received.
>
> FREE PATIENTS.—Any Inebriate having a permanent home within the State, whose circumstances render it necessary, may be admitted to a free bed, at the discretion of the Committee on Management and Discipline. If a free bed is applied for, the applicant or his friends must give satisfactory proof of the inability of the applicant, or of his family, to remunerate the Institution for his support during his stay therein. And in addition to such proof, the applicant must furnish the certificate of the County Judge of the County where he resides, and if a resident of the City of New York, the Mayor of said city, that he is a proper person to be received into said Institution, as a free patient.
>
> PAYING PATIENTS.—All other persons will be charged according to the rooms, attendance and accommodation furnished them, taking into consideration their ability to pay ; and in all cases payment in advance, for three months, will be required.

The administration of medicine is indicated on the first admission of a patient for, as a rule, great prostration exists with all sorts of symptoms depending on the condition, age, temperament, and general health, but when the system is restored to efficiency, then begins the work of reformation.

It would seem that the system of reducing gradually the dose of stimulants is totally repudiated, and without the least ill-result. Dr. Day writes :—

> "We insist on total abstinence from all that can intoxicate, upon this rests all our treatment or hope of cure—without this foundation we build in vain—not one drop of alcohol in any form must pass their lips. Even time will never erase the alcholic diathesis, for there are cases in which one drop of liquor upon the tongue will seem to excite every fibre in the system, the fire is lit up and drunkenness is the result. I find that most men can practice total abstinence with perfect ease, but moderation is to them intemperance."

The results of the management of the Asylum by Dr. Day, represent a period of only eight months, and, are therefore, necessarily imperfect. We leave their elucidation of them to his own words, which we quote from the first report of the Institution issued on the last day of 1865 :—

> When I assumed direction of the Institution in May of the present year, it had, for reasons with which I think the public are well acquainted, been closed for several months against the reception of patients. The Trustees had availed themselves of the opportunity thus afforded to repair that portion of the building uninjured by the fire.
>
> It is but fair also to mention, that I have found in my intercourse with the public—by correspondence and otherwise—an element of dissatisfaction with and distrust of the Institution, which is a legacy left to me by the past management of the Asylum, and of which I do not complain, as I was led to expect it. It will not then of course be expected that the history of the past eight months will be wholly satisfactory, as a demonstration of the success of any particular theory, or as fruitful in large results as might be presumed from the magnitude of our plan of operations, and the vast expenditures during the past ten years on the Asylum building. An array of statistics commensurate with the extent of our works, must be looked for in a future report, when the management shall be more independent of distracting accessories, the Asylum more firmly established in public confidence, and a proper knowledge of its character more widely extended.
>
> More than forty years ago the eminent Superintendent of the Insane Asylum in Worcester, Massachusetts, Dr. Woodward wrote a pamphlet on the subject of an Asylum for Inebriates, in which he urged upon the people of that commonwealth the establishment of such an Asylum. At a later period than this (1841) the Legislature of that State was memorialized in favour of establishing an Asylum for this unfortunate class of men.
>
> So slow were the people of that State to see the necessity of such an Asylum, that an Institution was not established until the year 1857, and then in a very small way, but it has grown to be an Institution loved and cherished by the people of that State above any and all of its noble monuments of charity and benevolence.
>
> The citizens of the State of New York have given abundant evidence of their desire that an Asylum for the treatment of the inebriate should be established.

(To be continued.)

◆

SCOTLAND.

PROFESSOR SYME.

WE regret to state that this distinguished surgeon has had a serious attack of a paralytic nature, but not depriving him of his mental powers.

EDINBURGH UNIVERSITY.

THE University Court met on Monday last, the 5th inst.—present, Principal Sir Alexander Grant, Bart., in the chair ; Mr. Gordon, the Lord Provost, Mr. Macknight, Mr. Nicholson, the Rev. Mr. Phin, and Dr. Christison. The University accounts for 1867-8 were received and remitted to a committee. The Library report for 1868 was also received and remitted to a committee. On consideration of a report by the Senatus Academicus, showing that the finances of the University were in such a state as would admit of the sum of £4,500 of the capital of the General University Fund being applied to the purchase of an official house for the Principal, it was resolved, in exercise of the powers conferred by the alteration of ordinance No. 23, above referred to, to authorise the necessary expenditure. The opening by the Professor of Engineering of a summer class of surveying and levelling, with a fee of £3 3s., was approved of. The opening, by Professor Liston, of an elementary class of Hebrew, in the summer session, with a fee of £2 2s., was approved of. Arrangements recommended by Professor Playfair and adopted by the Senatus, under which Dr. A. Dalzell is to conduct the class of Practical Chemistry this summer, were approved of. Leave of absence to Professor Allman during next winter session, granted by the Senatus on the recommendation of the Faculty of Medicine, was approved of. Dr. Neil Arnott, F.R.S., the distinguished physicist, has written to Dr. Lyon Playfair, M.P., as member for the University, offering to place £1,000 in his hands to promote the study of Experimental Physics among the medical students of the University. The Senatus will immediately prepare a scheme by which the generous intentions of the founder may be best carried out.

ROYAL HOSPITAL FOR SICK CHILDREN.

DURING the month of March 73 patients were treated at this Hospital ; 384 were treated at the Dispensary ; and 89 were visited at their homes—in all 546 during the month. The directors have appointed Dr. R. Peel Ritchie, F.R.C.P.E., to be one of the ordinary physicians, Dr. Graham Weir having been appointed one of the consulting physicians. James Cumming, M.B. and C.M. (Edinburgh University), has been appointed resident-asssistant to the extra physicians in this Hospital.

ROYAL SOCIETY.

THE ninth ordinary meeting of this Society was held on the 5th inst.—Dr. Christison, president, in the chair. Professor C. Piazzi Smyth communicated a continued paper by Mr. William Petrie on "The Present State of the Sun's Distance Question." The other papers read before the Society were—"On Chemical Structure," by Dr. A. Crum Brown ; "Observations on the Temperature of Newly-Born Children," by Mr. T. J. Maclagan, M.D., Dundee ; and "On the Development, Growth, Situation, and Anatomy of the Human Fœtal Heart," by Professor Macdonald.

THE POOR OF EDINBURGH.

A LARGE number of influential ladies and gentlemen assembled at the annual general meeting of the Edinburgh Association for Improving the Condition of the Poor, which was held on Monday, the 5th inst., in Queen street hall. Lord Ardmillan presided, and in opening the meeting, delivered an opening address ; after which Dr. Hanna read the report. It gave an account of the origin of the society, and the course which had already been taken. It stated also, that the chief objects of the association were to educate the young ; to suppress beggary ; to promote sanitary improvement ; find work for the unemployed ; and to assist the struggling and destitute. The report was an interesting one. Among other things, the remarks on the sanitary condition of the city are worthy of notice. It says :—

> There is nothing more disgraceful to Edinburgh than the kind of houses in which so many of the poorest of its inhabitants reside. The reproach is one that ought as speedily as possible to be removed. The means are at hand for doing so. By the Provisional Order of 1862, and the Public Health (Scotland) Act 1867, ample powers are put into the hands of our municipal authorities. They can prevent overcrowding in rooms. They can enforce proper drainage, ventilation, and supply of water by the landlords. They can order all ruinous and dangerous tenements to be rebuilt or repaired, and in default thereof can take possession of and remove them. They can cause all nuisances injurious to the public health to be done away. Why, then, are so many cellars and garret-holes and dens, such as farmers would not put their cattle in or gentlemen their dogs, inhabited by human beings ? Why are so many ranges of buildings without sufficient light or air or water ? It is for such an Association as this, as it is for the community at large, to invite them, as we thus do, to put forth vigorously the powers with which the Legislature has clothed them, and if they do so, to encourage and support them to the uttermost.

The report was adopted, resolutions were passed, approving the course pursued by the Association, and after a vote of thanks to Lord Ardmillan for presiding, the meeting separated.

ABERDEEN ROYAL INFIRMARY.

AN abstract of the collections, contributions, legacies, &c., given to this institution during the year ending 31st March 1869, has just been published. Mr. Carnie has made the abstract, by which it will be seen that the interest taken in this institution has not abated, but rather increased—the total amount subscribed during the year, as shown, being £2,863 14s. 5d.

SANITARY MEASURES.

THE local authorities of the parish of Beath, held a meeting lately to take into consideration the sanitary condition of the village of Cowden-beath, where for a long time past fever of a very malignant type has constantly prevailed, and caused much distress, and proved fatal in many cases. The death-rate of the village has, in consequence, increased so much of late as to draw attention to the matter, it being generally admitted that the drainage and water supply are grossly deficient. It was agreed upon to proceed immediately with the draining of the village, and the bringing in of an adequate supply of water, the probable expense of which scheme, it is considered, will not exceed £500.

BANQUET TO THE LORD ADVOCATE OF SCOTLAND.

The Right Hon. James Moncreiff, Q.C., M.P. for the Universities of Glasgow and Aberdeen, was on Saturday night last entertained at a banquet in St. James's hall by London friends and constituents. The chair was occupied by the Duke of Argyll, at whose right hand was the guest of the evening, and among those present were :—The Earl of Airlie, the Hon. A. Kinnaird, M.P. ; Colonel Sykes, M. P. ; Lieutenant-General Sir A. Wyllie, K.C.B. ; Mr. W. Finnie, M.P. ; the Earl of Minto, Lord Rollo, Lord Campbell, Mr. F. Dundas, M.P. ; the Solicitor-General for Scotland, M.P. ; Mr. W. P. Adam, M.P. ; Mr. Peter M'Lagan, M.P. ; Mr. James Merry, M.P. ; Mr. W. E. Baxter, M.P. ; Mr. Edward Ellice, M.P. ; Mr. David Robertson, M.P. ; Dr. Lyon Playfair, M.P. ; Mr. Æ. W. Macintosh, M.P. ; Mr. Grant Duff, M.P. ; Mr. George Loch, M.P. ; the Lord Provost of Edinburgh, Mr. R. Sinclair Aytoun, M.P. ; Mr. H. Campbell, M.P. ; Mr. J. J. Grieve, M.P. ; the Hon. Charles Carnegie, M.P. ; Sir Robert Anstruther, M.P. ; Mr. R. A. Macfie, M.P. ; Mr. W. Graham, M.P. ; Mr. A. Orr Ewing, M.P. ; Mr. E. H. Craufurd, M.P. ; Mr. George Moffatt, Mr. Stevenson, M.P. ; Mr. Roger Eykyn, M.P. ; Mr. R. Jardine, M.P. ; Mr. W. H.

Maxwell, M.P.; Mr. T. B. Potter, M.P.; Mr. W. J. Fordyce, M.P.; Mr. G. Armitstead, M.P.; the Rev. R. Aspland, vice-chairman; Sir William Fergusson, vice-chairman; and the Rev. J. Kennedy, vice-chairman.

Dr. J. R. Wolfe has been appointed lecturer on ophthalmic medicine and surgery in Anderson's University, Glasgow. Dr. G. Weir becomes consulting physician to Edinburgh Children's Hospitals, and Dr. R. P. Ritchie, physician to the same charity.

◆

Notes on Current Topics.

Filthy Treasure.

The utilisation of sewage has again attained an incontestible triumph in the results attained at Aldershot camp. Three years ago the water-closet drainage was one of the difficulties of the locality, and one of the greatest dangers to the health of the troops. It cost a heavy expense to get rid of it, it polluted the air, and made the water undrinkable. A Scotch farmer, Mr. Blackburn, bid for and took it in a quantity of 170,000 gallons a day off the hands, if the phrase be admissible, of the authorities. He took his unsavoury bargain to 100 acres of stony and almost useless land, and got rid of it there. Into what did he turn its fragrance this the third year? Into six crops of Italian rye grass, selling at something like £10 a crop per acre, or say £5,000 nett for his 100 acres in the year. Will the public ever see for themselves these results, and learn better wisdom than walling up their rivers and polluting their air and drink by casting money value into their water courses. "Thus," says the *Times*, "in the space of three years the Aldershott sewage, which used to be poisonous matter, has been turned by skill into one of the most useful and fertilising agents that has ever been placed at the disposal of the agriculturist; and while the soil reaps the benefit of getting back the vegetable constituents which it has given forth, the camp authorities at Aldershot are saved all trouble and expense, and cease to pollute all the dykes and rivers round them. In plain terms, sewage, which used to be an endless trouble to be got rid of, is now likely, when properly applied, to be a source of continued prosperity to farmers who use it properly, even over the poorest lands. No greater proof of its success can be afforded than the Camp Farm at Aldershot, which in three years has been reclaimed from a sandy waste into a flourishing homestead."

Increase of Lunacy in France.

The attention of the Paris Academy has been called to this important subject by M. Lunier, who, being dissatisfied with the official statistics, had entered on a revision of them, which he submitted to the Academy. He found by his first observation that it appeared that the number of them had been increased fivefold in the interval between 1835 and 1869. In 1835 there were 16,000, or one in 2,016 of the population, and in 1869 the proportion had increased to 93,000, or 1 in 412.

M. Lunier attributed this apparent increase to an alteration in the method of taking the census, and to the annexation of Savoy, which brought a great number of Cretins and idiots into the calculation. His own personal calculation showed rather a diminution than an increase in the proportion. The number of admissions to special asylums has continuously increased since '35 from 3,947 to 12,317; but this increase has not been uniform throughout the whole period, and for some years it has not amounted to more than two per cent. He attributes the increase in mental disease to general paralysis and to alcohol, and he finds that a very much greater proportion of men than of women enter the asylums. Madness is not, as is usually believed, more common in woman than in man.

London Institution.

We have received information of a proposal to close the laboratory of this institution. We should hope this may not be done, for we have too few of such places in our metropolis.

Budleigh-Salterton.

We are glad to hear that the pleasant Devonshire retreat of Budleigh-Salterton is likely to have its one defect—insufficient supply of water—remedied. With plenty of good water, Salterton might rank with any of our health resorts. There is a good opportunity to attract many visitors both in summer and winter. We sincerely hope that now the question is seriously taken up it will be rapidly settled. Our own experience justifies us in predicting great progress for Budleigh-Salterton, an excellent resort for delicate people.

British Association.

Great preparations are being made at Exeter for the reception of the British Association for the Advancement of Science. It is hoped that Dr. Livingstone will be here in time for the meeting, in which case the success may be even greater than is anticipated. Exeter will give the Scientific Congress a reception equal to any it has met with.

New French Books.

Manual of Pathology and Histology, by Professor Cornil and M. Ranvier. Part 1—General Pathological Anatomy, with 168 figures. Price, 4f. 50c.

On the Various Forms of Nephritis, by Professor Cornil. A Thesis—pp. 175. Price, 3f. 50c.

On Empyema, by Dr. Damaschino. Thesis. Same size and price.

On the Alterations of Structure by Extractive Matter. 1f. 50c.

The Classification and Pathology of Chorea, by Dr. Leven. 2f.

On Polynsia, Diabetes Insipidus, by Dr. Launcereaux. 2f.

Gout and its Treatment, by Dr. Mourier. 1f.

The Pathology and Classification of Bronchitic Affections, by Dr. Hayem. 3f. 50c.

On the Re-section of the Coxo-femoral Articulation, by Dr. Good, surgeon in Confederate army. 2f. 50c.

On the Evacuant Action of Tartarised Antimony, by Dr. Davreux. 2f.

The Function of the Vascular System on Nutrition, and specially on that of the Heart, by Dr. Renoult. 3f. 50c.

Practical Treatise on Diseases of the Uterus, its Appendages, and the external Genital Organs, by Dr. Nonat. 2nd edition. 15f.

On Hernia of the Ovary, by Dr. Loumaigne. 1f. 50c.

Lectures on Refraction and Accommodation, by Dr. Ed. Meyer. 5f.

Treatise on Hygiene, by Dr. Motard, 16f.

Faradization at the Polytechnic.

Of all Professor Pepper's triumphs that to be now seen is most interesting to our profession. He has produced the most powerful induction coil ever seen, and the results must be of lasting importance. Faraday could scarcely have anticipated the perfection of mechanism which has thus made his discovery of so much greater value than was till just lately believed. Till now a coil fifteen inches long and four in diameter was called large. That would light up vacuum tubes, and give a spark of six or seven inches. Professor Pepper's new coil is a "monster," nine feet ten inches long and two in diameter. It gives a spark of twenty-nine inches, perforates plate glass five inches thick, and charges a Leyden battery, forty feet square, by three breaks of contact.

Some difficulties had to be overcome to make the monster manageable—for instance, at first the contact-breakers were destroyed in a moment on the first trial. But all has been overcome, and Pepper's monster may be seen in wonderful and terrible action, and will not only be a source of amusement to the many, but will, we cannot doubt, hasten many important discoveries.

The core of this new coil is of soft iron, formed by a bundle of straight wires, each five feet in length and ·0625 of an inch in diameter. The diameter of the combined wires is four inches, and the weight of the core is 123 lb. The primary coil is of copper wire of the highest conductivity, and weighs 145 lbs. The diameter of this wire is ·0925 of an inch, and its length is 3,770 yards. It is wound round with cotton, and makes 6,000 revolutions around the iron core. The secondary wire is 150 miles in length, and ·015 of an inch in diameter. It is covered with silk, and is wound into an outer coil 50 inches in length. The primary wire is insulated from the secondary by an ebonite tube half an inch in thickness, and the whole coil is enclosed in another ebonite tube and mounted upon substantial supports also covered with ebonite. The galvanic current for the primary coil is furnished by a Bunsen's battery of forty cells.

Dr. Richardson's Summer Course of Lectures.

On Tuesday, April 6th, Dr. Richardson inaugurated his Summer Course of Lectures on Experimental and Practical Medicine by a thoroughly original and deeply interesting discourse on the Effects of Temperature on the Animal Structures.

The important and novel fact, that animal tissues contract under the influence of a high temperature, was beautifully shown by an experiment in which the spasmodic contraction of a piece of muscle (which had been previously frozen), under the influence of a high temperature, was made the means of pulling the trigger of a pistol, so that the muscular contraction was demonstrated by the explosion of the cap upon the pistol as the hammer fell.

After the lecture, Dr. Sedgwick showed, under the microscope, the dilatation of the vessels in the web of the frog's foot under the influence of cold, and their contraction when heat was applied. The lecture was listened to by a numerous and attentive audience, and the experiments were most successful and interesting. The next lecture is arranged for May 4th, and will be on the Effect of Sudden Alternations of Temperature on the Animal System.

Sussex County Hospital.

The lamented decease of Mr. Blaker has caused a vacancy in the surgical staff of this hospital. Some of the local papers have published a statement that the appointment in question has always been given to members of a family or partners. Such ought not to be the fact. The surgeons to the hospital are general practitioners, and out of the 127 names in the Directory there can be no dearth of choice. These appointments ought all to be bestowed in a just manner. We commend to the Governors the example set in the formation of the Brighton Children's Hospital, on which we commented last week.

Brighton Drainage.

We observe that the *Brighton Examiner* denies the recent allegations of the *Lancet* on this point. At the same time, the *Examiner* evinces no desire to burk inquiry, but rather urges that it is impossible for the reputation of the town to suffer so much from free discussion as from any concealment of facts.

Small-pox and Vaccination.

The Report of the Medical Officers of the Small-pox and Vaccination Hospital shows that, in the course of the year 1868, 1,026 patients have been admitted into the Small-pox Hospital; and, of this number, 113 have died, being a mortality of 11 per cent. on the whole admissions. Of these 1,026 patients, 989 were suffering from small-pox, and 37 from various forms of acute febrile and, for the most part, eruptive diseases, not small-pox, but not easily distinguishable, in their early stages, from that disease.

The report also gives a sketch of the epidemic which has prevailed in the last five years, from which we extract some details:—

> "The epidemic of small-pox, which commenced in the autumn of 1862, would seem to have begun in the eastern parts of the metropolis—in Whitechapel, St. George's-in-the-East, Ratcliff, &c.; but it soon spread, and by the beginning of 1863 was, with perhaps one or two exceptions, nearly equally prevalent in all parts of London. It reached a high degree of intensity by May and June, 1863, soon after which it began to decline, and continued doing so until the middle of 1864, at which time (although still very largely in excess of what is observed in non-epidemic periods) the monthly admissions into the hospital had fallen to less than a half of what they had been in the corresponding months of 1863. In the winter of 1864-5, the epidemic evinced increased activity, and the lowest monthly admissions in 1865—namely, 75 in December—were but a trifle less than the highest monthly admissions in 1864—namely, 83 in January and April. The disease became more and more prevalent in 1866. In that year 2,069 patients were admitted into the hospital—a very much larger number than had ever been received within the same period, and exceeding by more than 25 per cent. those admitted in 1863, the year of largest admissions in the whole history of the hospital prior to 1866. The epidemic continued in full activity during the whole of 1867, and up to May, 1868, after which it very rapidly declined, and ceased in July, or the beginning of August, 1868.

The admissions into the Small-pox Hospital in August, 1868, were more than 20 per cent. less than they had been in any month since the commencement of the epidemic.

In the five years and nine months—from November, 1862, to July, 1868, both included—during which the epidemic continued, 8,376 patients were admitted into the Small-pox Hospital. They were distributed as follows:—

1862—November and December ...	207
1863	1,537
1864	836
1865	1,249
1866	2,069
1867	1,626
1868—January to July	852
	8,376

The disease at the commencement of the epidemic was severe, and the mortality proportionately high, but it became gradually milder and more benignant, and consequently less fatal. The general mortality diminished from 17 per cent. in 1863 to 11 per cent. in 1868; the mortality in unvaccinated subjects from 48 per cent. in 1863 to 34 per cent. in 1868; and that in vaccinated subjects from 9·9 per cent. in 1863 to 5·6 per cent. in 1868.

The progressive diminution in the severity and mortality of the disease will be better shown by the following table. As a standard for comparison we may take the mortality in 1861, a year wholly uninfluenced by epidemic causes. In that year we had no deaths from superadded disease. The general mortality was 10·7 per cent.; the mortality in the unvaccinated 33·9 per cent.; and in the vaccinated 5 per cent.

	1863.	1864.	1865.	1866.	1867.	1868.
General Mortality	17·0	12·9	13·0	13·0	12·66	11·0
Mortality in the unvaccinated	48·0	36·0	38·0	35·7	36· 8	34·0
After deducting superadded disease	47·0	35·0	..	..	..	..
Mortality in the vaccinated..	12·0	8·7	7·4	7·3	8·29	6·2
After deducting superadded disease	9·9	7·9	7·2	6·7	7·46	5·6

Brain Work in England and its Results.

We publish elsewhere some very serious facts respecting the increase of insanity in France, and we have, unfortunately, to supplement them among ourselves by not less startling figures.

Among brain diseases, softening has of late years rapidly increased. In the ten years 1857-66, 11,685 deaths were registered in England and Wales. In the first five years, 1857-61, the average was 894, whereas in the second period of five years, 1862-66, the deaths averaged 1,443 annually. In 1857 the number of persons who died from softening of the brain was 775. Glancing at the mortality by all diseases of the brain and nervous system, including cephalitis, apoplexy, paralysis, insanity, chorea, epilepsy, convulsions, and other brain diseases not distinguished, it appears that the mortality in England and Wales to 1,000,000 of population has increased from 2,705 in 1857 to 2,912 in 1866. It is remarkable that the mortality from apoplexy and paralysis respectively has from the first been very nearly in equal proportions to 1,000,000 persons living, the proportion from apoplexy being 439 in 1857 and 490 in 1866, that from paralysis being 457 in 1857 and 500 in 1866. The deaths from insanity—21 per 1,000,000 of population in 1857, and 31 in 1866—do not indicate the number of deaths of persons in a state of insanity; large numbers of maniacs die of consumption and other diseases, and consequently appear under other heads. Of chorea the proportional number of deaths to 1,000,000 of population was only 3 in 1866. From epilepsy, to 1,000,000 living there were 118; and from other brain diseases undistinguished, 207 in 1857 and 267 in 1866.

The Meath Hospital, Dublin.

Rumour is busy within the profession in Ireland about the probabilities of the succession to the Surgeoncy of the Meath Hospital, vacated by the lamented death of Mr. Maurice Collis. That event has been so unexpected, and has occurred at such a period of the Session, that predictions of the result is rather difficult. Amongst many names mentioned as likely to be candidates are those of Dr. Mapother, Professor of Physiology in the Royal College of Surgeons, Dr. John Morgan, Professor of Practical Anatomy in the same School, and Dr. Mayne, son of Dr. Robert Mayne, the noted Irish physician, who died some years since. We believe the selection cannot be predicted with any confidence; but the fact of Dr. Mayne having been a candidate on two former occasions gives strength to his candidature.

Regeneration of Organs in Animals.

In the lower animals and even in certain classes of the vertebrates it is common to observe the growth of an organ or member which has been removed. It is interesting to know up to what point in the animal scale this mutilation may be effected with the probability that the organ may be reproduced.

M. Philipeaux has already proved by experiment that the spleen in the mammifers and the limbs in the salamander are not reproduced unless a portion of the organ be left in its place. New experiments on fishes have enabled this observer to generalise the results first established by him. He cut from the middle of the abdomen of gudgeons the left abdominal fin, and immediately placed the fishes in water under favourable conditions for health. Eight months afterwards the fins were completely reproduced.

In a second series of experiments he excised the fin with all the bones which support it. Some of the fishes died; but those which lived presented, eight months afterwards, a simple cicatrix, with no effort whatever at reproduction of the member.

The Health of Ireland.

Although, as we have remarked in another part of our issue, the Registration System in Ireland is utterly unreliable as affording any comparison with other countries, yet it is, we presume, no worse than it was last year, and we may take the statistics *quantum valiat* as representing the sanitary state of Ireland.

The deaths registered during the last quarter of last year show a decrease of 144 as compared with the corresponding quarter of the year 1867.

Scarlet fever of a malignant type was very prevalent throughout the country; forty-four of the Registrars refer to this disease.

In the Tallow District, of the 18 deaths registered, 8 resulted from scarlatina, and the Registrar observes that "I believe neglect in the sewerage department is a fruitful source of fever, *and to that cause I attribute the continuance of scarlatina.*"

In Broughshane, one-half of the deaths registered were caused by scarlet fever. Of the 54 deaths registered in Randalstown, 24 were from scarlet fever; and of the 44 deaths registered in Glenarm, 25 were referred to the same disease.

In some districts typhus fever was epidemic. The Registrar of Dysartmoon, states that "Fever, of the worst form of typhus, was very prevalent during the quarter. Four died in the district of the disease, and four in hospital."

The Registrar of Parsonstown observes that "There was more fever than usual, and of a more severe character. The common, continued fever which we generally meet with here, being in some instances replaced by typhus of a grave kind from the commencement." Typhoid or enteric fever prevailed in Cookstown.

Measles was epidemic in Belfast, Clonmel, Enniskillen, Lurgan, Moira, and Ballina.

Several Registrars report on the prevalence of whooping cough in their districts.

From Mohill the Registrar writes, "We have had an outbreak of fever, which must have been caused by the filthy and neglected state in which the inhabitants generally keep their yards, &c., and also by the imperfect drainage and sewerage of the town; for though the facilities for improvement in a sanitary point of view are very considerable, from its position, yet I regret to have to state that such has not been taken advantage of."

The Galway Registrar reports favourably of the sanitary condition of his district: he says, "The sanitary arrangements lately introduced, particularly the waterworks, which give to the poor an abundant supply of pure water, have contributed to the healthy state of the district."

Local Non-Government.

The final cause of the diarrhœa epidemic which has been for some time prevalent in Leicester has at last been traced to the ineffably stupid system of cesspools. These receptacles, as generally constructed, are nothing but ingenious arrangements for filtering the sewage solution into the drinking water of the public, and it turns out that in Leicester it is a favourite theory that you have only to hide the sewage out of your sight and you thereby dispose of it most effectually and innocuously. The poor of Leicester have paid the customary toll to this idea of an increased death-rate with, we presume, as much effect on the minds of the local sanitary authorities as if it were only the income tax.

For their instruction we quote the following extract the Sanitary Record.—

A significant entry in the Government Return appears under Tamworth, vix.: "No works of sewerage or water supply have as yet been commenced under the Local Government Act; plans and estimates for the purpose were obtained, but a great clamour has been raised in the town against the proposed works, in consequence of which nothing has been done." Unfortunately for the health of Tamworth, the matter did not rest here. In the Registrar General's last Quarterly Report of 1817 it is recorded:—"There has been much fever in the borough of Tamworth. The town is in a very bad state, abounding with nuisances, none of which are ever removed by the authorities. The mortality bears but a small proportion to the amount of sickness occasioned by the extremely filthy condition of the town. Tamworth appears again in the third Quarterly Report of 1868 with a death-rate enhanced two-fold, the chief losses, as is usual under these conditions, being of children under five years of age. Once more, Tamworth appeared about the same time in the Birmingham conference with the following notice attached to it:—"In Tamworth, where the table shows the well-water to be excessively bad, disease is fearfully rife. One medical man informs me that from 'his own knowledge, typhoid and diarrhœa are exceedingly prevalent,' that in one house where one of the above waters was used, 'he had about eighteen months ago ten cases of typhoid.' He adds, that there was considerable improvements in the health of those who were at the trouble to obtain pure water." If Public Health be in reality, as it has been dedeclared to be, Public Wealth, "if these five words do, indeed, form an adage of momentous import and stern truth," if it be true "that the gain of lives annually would pay ten times over the cost of all the exertions that might arise to secure them for life and for their country," then what has been the cost of Tamworth to the State and the community at large, and how many more Tamworths are there in the country?

Liebig's Extract of Meat Company.

Columbus had his theories disregarded by the knowing ones of his time. The history of useful discoveries forms a record of struggle against prejudice, ignorance, and scepticism. Discoveries that have illumined the firmament of philosophy, that have opened up the hidden treasures of science and of letters, that have a thousand-fold increased the universal store of learning, and that have trebled the wealth of nations, had to languish—neglected in their infancy, derided, contemned, and scorned. Indeed, few, if any of the men to whose genius mankind and civilization are largely indebted, live to see the triumph of their principles, or to obtain the reward their laborious study should receive—rather a sad reflection for those who would press still further the limits of discovery.

Among the human benefactors of the present century, Baron Liebig takes a prominent place. He, unquestionably, is the most "practical thinker" of the age. To him the broadly-stretched human family are largely indebted; and much as the debt has been acknowledged by the studious, the scientific, and the thoughtful of the present time, the crowning wreath has yet to be placed on his brow—at no distant day, nevertheless.

One of the last "practical thoughts" of Baron Liebig has been directed to the utilization of the immense herds of sheep and of oxen that swarm the plains of South America. To utilise the vast amount of animal flesh—heretofore permitted to become a pestilence over the boundless prairie (for the skin and what it displayed on the outer surface—fleece or hair, as the case might be—had been considered the only valuable portions of the animals)—by reducing it by a certain process to a state sufficiently portable for exportation to countries where, for want of animal food, the peoples languish, has been the grand idea of the great thinker. But it has become more than an idea. Into a broad, bold, and indisputable fact—tangible and ungainsaying—it now resolves itself.

The Liebig's Extract of Meat Company, whose manufactories for the utilization of the animal flesh aforesaid—by converting it into an extract, a *single* pound weight of which extract contains the essential qualities for human sustenance of *thirty-five pounds* weight of *boneless* beef, free from gelatine and from fat; light, palatable, strengthening, and sustaining; suited for the sick room, the infant, the adult, and the aged and infirm—are at Uruguay and Entre Rios (Argentine Republic), and whose London offices are at Mark lane, now places in our markets the priceless boon which we have for so long sought—cheap beef; and it remains with ourselves, by supporting in a *practical* manner the laudable and indefatigable exertions of those who have commenced this great undertaking for the people's good, to what extent it is to be further carried.

On Saturday evening last a number of gentlemen were entertained at Francatelli's St. James's Hotel, Piccadilly, by the Directors of the Liebig's Extract of Meat Company. As stated in the *carte*, the "test" dinner was "intended to show the value of extract of meat as a meat-flavouring ingredient, and as a general aid in cookery, thus illustrating the part which this new article of food may play in the meat supply of this country."

The guests consisted principally of gentlemen well known and able workers in the fields of medicine, science, art, and letters. The Company was represented by Dr. Thudichum and Messrs. Boutcher and Gunsher. The principal speakers were the Chairman and Vice (Messrs. Boutcher and Gunsher), Dr. Richardson, Mr. Murphy—whose eloquence, intersprinkled with sprays of satirical humour, fun, and good sense, was scarcely unequalled by his good looks and portliness, kept the company in a continued feast of soul—Mr. Ruskin, R.A., Mr. Woods, Dr. Routh, &c., &c.

The banquet, for such we shall call it, was served with that correctness and profusion which has made the name of M. Francatelli famous as a caterer of culinary art, and successfully and practically settled, to the satisfaction of the entire company (and, by-the-by, to that of the caterer, M. Francatelli, who, on being called, distinctly stated that the meat extract *should* necessarily become a leading material wherever large culinary arrangements were required, on account of its richness, durability, portability, and cheapness), that Liebig's extract of meat is a success and a boon, for which European nations, and England in particular, should feel grateful, obliged, and—more.

We append *carte*, by reference to which our readers may have an idea to what extent Liebig's beef extract was employed on the occasion:—

Menu du Diner
A l'extrait de bœuf, &c., de la Compagnie Liebig.

Potages.—Le consommé à l'extrait de bœuf (la soupe de ménage du Baron Liebig); à la téte de veau en tortue.

Poissons.—Le turbot à la vatel; les rougets aux fines herbes.

Entrées.—Les cailles en caisses au gratin; les cotelettes de mouton piqués en chevreuil; les filets de volaille à la duscelles aux pointes d'asperges.

Relevés.—Les poulardes truffées; le jambon aux feves; le filet de bœuf à la jardinère.

Second Service.—Les canetons rotis; les petits pois; les salades de thon; les gellees de peches; les savarins aux abricots; les souffles glaces.

For all the soups, fish, and made dishes, Liebig Company's Extract of Meat will be employed in lieu of the ordinary stock, the proportions used being one ounce of the extract as a substitute for the stock produced by about two pounds of lean beef.

The Vice-Presidency and Council of the Royal College of Surgeons in Ireland.

The Vice-Presidency of the College, which will occur in June next, by the outgoing of Mr. Porter, the President, and the elevation of Mr. Macnamara to the Chair, will be sought, we understand, by Dr. Albert Walsh, Surgeon to the Adelaide Hospital, and for many years a Councillor of the College. Up to Saturday last Mr. Stapleton had been also a candidate, but we presume that his election to the Examinership on that day will, if it should be ratified at the election in May, cause the withdrawal of his claim on the Vice-Presidency. At present no other candidate has, as far as we know, declared himself, but it is not impossible that on the first Monday in June there may be other claimants for the honour of the vice chair.

The lamented death of Dr. Mackesy, of Waterford, creates a vacancy in the Council, on which it would be as yet premature to speculate. Dr. Morgan, Surgeon to Mercer's and the Lock Hospitals, and Professor of Practical Anatomy in the College, and Dr. Kirkpatrick, Medical Officer of the North Union, will seek the suffrages of the Fellows.

Election of an Examiner in the Royal College of Surgeons in Ireland.

The College and its Council assembled, as we announced last week, on Saturday for the election of Examiner in the room of the late Mr. Collis, the election having been necessarily held at an early date to meet the requirement of the primary examination, which commenced yesterday. The short interval between the declaration of the vacancy and the election did not reduce the competition, for six candidates offered themselves. The chair was occupied by the President at three o'clock, and a majority of the Council and some Fellows were present. The leading competitors were Mr. Stapleton, Surgeon to Jervis street Hospital, and formerly for many years an Examiner; and Mr. Philip Crampton Smyly, whose candidature we noticed last week; and with them the following gentlemen competed:—Dr. W. Roe, Assistant Physician to the Coombe Lying-in Hospital; Dr. Charles Moore, Physician to one of the Districts of the South Dublin Union; Dr. Robert Murney, and Dr. Gogarty.

In accordance with the Charter of the College, seven gentlemen were drawn to elect, and the lot fell upon the President, Mr. Porter; the Vice-President, Dr. Macnamara; and Messrs. Irvine, Wharton, Butcher, Labatt, and Elliott, who were duly sworn and retired to consider their choice. On their return, the President announced Mr. Stapleton elected. The regular annual election of Examiners will take place in May, when a full Court, probably of its present members, must be elected.

Death Registration in Ireland.

It is subject for much regret to the profession in Ireland, no less than to the public, that the registration, which was entrusted to the medical officers of dispensaries in preference to the police, as proposed by Mr. Cardwell, shows itself to be totally unreliable on a comparison of the death-rates for Ireland and England. The Quarterly Return of the Registrar-General for Ireland notices this state of things, and condemns the working of the system on apparently very sufficient grounds.

The number of deaths registered in Ireland during the last quarter of last year was 20,528. This shows a proportion of 1 death in 67·5, made up of proportions varying from 1 in 30 in Belfast down to 1 in 139 in Newport, Tipperary. The established ratio in England is about 1 in 40 or 45, so that, if the salubrity of each country be the same, it is evident that more than a fourth of all the deaths are neglected, and never returned to the Registrars at all.

In the matter of births the evidence is as strong, the ratio for England being 1 in 30, and for prolific Ireland only 1 in 42, when probably, if all the births were duly recorded, the proportion would be reversed.

The Registrar-General says, "the registration of marriages is still more unsatisfactory."

In the interest of the Poor-law Medical Officers of Ireland, we greatly regret to be obliged to record these facts. The Legislature confided an important duty to the profession, and refrained from placing a penalty on its non-performance, and it will be greatly to be regretted if it be necessary to enforce registration or to place it in other hands.

Solvents for Croupal Membrane.

The *Gazetta Medica di Lombardia* records the results of many experiments on the solubility of false membrane. The specimens selected were as nearly as possible of the same consistence and of a gramme in weight.

1. Solution of iodide of potassium, one in ten. At the end of fourteen hours the false membrane was reduced to filaments.
2. Sulphate of zinc, same strength. After fourteen hours membrane had shrunk.
3. Bromide of potassium. After fourteen hours membrane was transformed into a pulpy substance.
4. Chloride of sodium, chloride of barium, and hyposulphate of soda gave same result.
5. Cyanide of potassium. Complete solution in fourteen hours.
6. Borax. Membrane became yellow and tough.
7. Muriate of ammonia. No result.
8. Sulphate of iron. No result.
9. Carbonate of potash. Complete solution.
10. Sulphate of soda. No result.
11. Chlorate of potash. In three hours became like charpie.
12. Lime water. Same effect in same time.
13. Bicarbonate of soda. Perfect solution in three hours.
14. Nitrate of silver, one in ten. Hardening and contraction.

The Queen visited St. Bartholomew's Hospital last week.

A severe form of pleuro-pneumonia has broken out among the cattle in several parts of the country.

Dr. J. J. Phillips has obtained the Assistant-Physiciancy at the Children's Hospital.

Mr. Tay is a candidate for the Assistant-Surgeoncy at the London Hospital, and Mr. B. Squire, M.B. Lond., for the Skin Department at Charing-cross.

A subscription has been commenced, as will be seen on reference to our advertising columns, for the purpose of defraying the legal expenses of Dr. Hardwicke in contesting his rights to the West Middlesex coronership.

The Children's Protection Society of Lyons, desirous of encouraging mothers in nursing their own children, have announced that they will award at their meeting in 1870 a prize of 300 francs to the author of the best essay "On the influence of lactation on the moral and physical health of the mother, and the accidents and diseases which may result from the suppression of that function."

◆

IN MEMORIAM.

MAURICE COLLIS.—A LAUREL SPRAY AMID THE CYPRESS.

When I became a medical student the late Mr. Collis was Junior Surgeon and Medical Registrar to the Meath Hospital. That was in the time of Crampton, Porter, senior (and junior), *the* Smyly, Rhind, and others whose names I omit, as I hav'nt the slightest reason to remember them with that affection which *should* exist for aye between teacher and pupil. It was ere Wharton's time, and prior to Hudson's and Macnamara's election.

Then, and perhaps at present, students received from their teachers cards that admitted them to the sessional meetings of the Pathological Society. When I became a senior student I sought for, and obtained, a Pathological Society's admission card, my ambition being to receive at the end of the session the coveted certificate of that Society, given only to those that attended a fixed number of its meetings. The meetings I religiously attended until towards the close of the session, when I was compelled to remove to the country. Even then I determined to secure my certificate, so on two occasions, at a fare of 10s. 6d., and at railway speed, I *sped* to catch those Saturday evening meetings of the Society. I won my prize—at least I thought so—and even had, I considered, a "meeting to spare;" but, lo! red tape in the fingers of Mr. Robert Smith, Secretary (and everything) to the Pathological Society, tripped me up! On two occasions the paper slip given by me (the check on my attendance) displayed my name written in the unassuming "*delibility*" of black lead! for in the hurry of departure I forgot my card case, therefore I fell back on the most convenient substitute. Let me observe that names written on paper were very generally tendered and received, therefore I wondered on what grounds my name was omitted from the list. I consulted the oracle, who consulted *his* book of fate. Ye gods! therein was recorded the *recognised number of marks to qualify me for my certificateship*, but *two of my papers were written by a black lead pencil!!*—a crime sufficiently grave to disqualify an Alderman, I was given to understand. Stern and unmovable as the Sphinx, not to be twisted nor swayed by any explanation, was Mr. Robert Smith. My name was written in pencil, and that "*clinched*" the matter.

In due time I mentioned the case to Mr. Collis. "What! do you tell me Robert Smith attempted to retain your certificate, and at the same time acknowledges that you attended the proper number of meetings to entitle you to it?" he asked. "Yes, such are the facts," I answered. "Come with me," and he led me from ward to ward until he met with Mr. Wharton and, I think, Mr. Porter. My grievance was *re*lated, a consultation held, and it was determined to see Dr. Stokes—then in the board room—on the subject, who, in a quiet sort of way "would see that I was rightified." Mr. Collis, Mr. Wharton, and myself entered the board room. Mr. Wharton, with that genuine courtesy for which he is distinguished, introduced the subject to Dr. Stokes. Mr. Collis supported the plea. Dr. Stokes rubbed his temples, and declined to interfere. My teachers appeared to be much disappointed, and I retired, grateful to them.

That Pathological session had closed, but Mr. Collis desired that I should remind him of my case, and during the coming session he would see justice done me.

At Dublin death has removed from the midst of the profession a noble soldier in the person of Mr. Collis. Reading the Obituary of him in the MEDICAL PRESS AND CIRCULAR conjured up vividly and distinctly to my mind this little incident. I affectionately place it on his grave, a chaplet to his memory, and *in Perpetuum in memoriam.*

PATMOS.

◆

Correspondence.

SUGGESTIONS IN MEDICINE.—No. III.

MR. EDITOR,—Among the variety of symptoms attending consumption, there is none more distressing perhaps than the cough. Often this may be considered salutary, as evidencing the efforts of nature to dislodge something offensive in the air-passages; but, in the later stages, there is a continued short, dry hacking, that greatly annoys the poor sufferer and appears to answer no good purpose. It seems to depend on morbid irritability of the air-passages, and more especially of the epiglottis and adjoining parts of the larynx. Medicine is here, doubtless, of great service to soothe and allay. But, even when this fails to give relief, I have found the greatest benefit arise from freely handling such parts as are comeatable. The epiglottis may be readily reached with the finger of the physician. At first there is great resistance. The coughing is increased and even slight retching induced; but by a steady persistence these drawbacks are overcome, and the parts may be handled with perfect impunity. Nothing, in my experience, allays the irritability, and cough depending on it, better than this. I believe it is now a frequent practice to apply a solution of nitrate of silver to these parts for the same purpose. But I employed the former method many years ago when practising in London, and, subsequently, while Medical Officer to the General Hospital in Tasmania. The poor patients in the wards would entreat me urgently to repeat it, as it gave them the greatest comfort and relief.

It always appeared to me that greater efforts should be made to dislodge the tubercles from the lung when first deposited—that is, in their crude condition, ere they become softened. We know that this has always been considered a grand desideratum with practitioners, who have tried to effect it chiefly by means of absorption, and have failed; iodine, mercury, &c., seeming to have little good influence in such cases. It struck me, therefore, that something that would act upon them chemically might be tried advantageously. Considering that the tubercle is seated quite as much in the small bronchi and air-cells as in the parenchymatous structure, and assured by the experiments of Magendie, if I am not mistaken, that absorption of fluids takes place even more rapidly from the lungs than elsewhere, I thought that if a good solvent could be found that would not be injurious to the delicate vital tissue, it might be possible to employ it even within the thorax. My hopes rested on the acetic acid, which I found to have considerable power over tuberculous matter out of the body. At first I employed it in the form of vapour. Subsequently—that is, about twenty years ago—I got bolder, and proceeded to inject a small quantity of weak acetic acid into the larynx, by means of a small syringe with a knob at the extremity of its curved pipe. The nozzle I found could be directed to the epiglottis by the finger and placed beneath it readily. The fluid was then slowly and cautiously injected. By the symptoms, appearance, and sensations of the patient, I felt certain that this generally trickled down into the lungs. At first but a few drops were used, and these gave rise to such symptoms of dyspnœa as made me feel very anxious and uncomfortable. But, finding these effects soon pass off and the patient none the worse for them, I gradually increased the quantity, so that many times a drachm or more of fluid has been introduced at one sitting, *stillatim*, into the thorax. They were always young subjects on whom I operated, with merely the indications of tubercle. Yet, it must be owned, it requires some nerve to operate in this way on a fresh patient. Those who have submitted two or three times, seem to be but little incommoded, and describe their sensations as similar to those arising from having allowed a portion of fluid while drinking to go the wrong way.

It remains now to state the result of this novel proceeding. My experience of its effects has not been sufficiently extensive to warrant my stating anything very positive, but I regard the effects as very encouraging on the whole. There was a much more free expectoration after the injection, and the dulness on percussion, and other indications of tubercle, were lessened considerably. Indeed, in two or three instances, when the process was several times repeated, the respiratory murmur was to be heard throughout, all want of resonance, &c., ceased, and I considered the patient quite relieved. It would be better, however, I imagine to employ the solvent in the form of vapour, under the circumstances hereafter described, if found safe and equally efficacious. From this system I auger great things.

The next suggestion I have to offer is with respect to those cases of consumption where the disease, although far gone and likely to prove fatal, is entirely confined to one side of the chest—phthisis pulmonalis of one lung only. These cases are rare indeed, but not so much so as might be generally imagined. Tubercle is frequently limited to one lung, and to the upper lobe or lobes of it. No want of resonance, bronchial respiration, or other sign of impeded air action can be detected in the other. *Post-mortem* inspection reveals the accuracy of this research. This isolation of tubercle is, as is well known, the rule at the commencement of phthisis, as it extends afterwards. But occasionally, and, as I have stated, not very unfrequently, the one viscus becomes utterly diseased and destroyed, while the other continues perfectly sound and normal. The one entire lung gets infiltrated, the tubercles soften, and the two or three lobes become studded with vomicæ. Still, as the disease progresses on one side of the thorax the other remains *in statu quo*, or rather increases in vital strength and energy, able to carry on all its functions normally. In some instances, of which pathologists are well aware, the disease runs through its entire course in this way. The viscus is utterly destroyed, shrinks away, and is found years afterwards, when death has arisen from other causes, contracted into a small lump against the dorsal vertebræ, in such manner as to show that it had long ceased to assist in the aëration of the blood, and that this vital process had been alone effected by the surviving organ. Here nature interposed in a manner almost miraculous, as if to show man what could be done. Such lessons, when given in any department, ought to be diligently conned and implicitly followed.

Generally, however, the case is otherwise. Vomicæ form, extend themselves by erosion and absorption into large abscesses, and the patient sinks, not so much as ordinarily from deficient aëration of the blood, for that is effected by the other viscus, but from constitutional irritation and excessive discharge. This disease is hence as fatal and often as rapid in its course as if both lungs had been implicated. Practitioners must have met with such instances in the course of their experience. I am quite aware that I am stating nothing but what is well known. I have come across several cases myself and inspected the bodies after death. The one lung was apparently sound; the other, the cause of disease, riddled with large abscesses, except in the few small points that were so hepatised by inflammation as to be totally unfitted for their special function.

It was from witnessing this havoc that I bethought me—surely something out of the common way should be tried in such exceptional cases. If I had had health and strength I should doubtless, long ere this, have put to the proof of experience the method I now leave to others to adopt if they should think well so to do.

What I propose is, that the diseased lung should be sacrificed —amputated, as it were—in a comparatively early stage, in order to save the life of the patient. Of course this does not mean that the viscus should be excised—cut out of the thorax —for that would be perhaps impossible in the living subject, but that the obscure operation of nature should be imitated, and the lung be made, artificially, to collapse against the spine. I will presently show how this is to be accomplished. After all, it is but applying the same rule of practice to the internal, that is employed so beneficially to the external organs. When a limb is so far injured by an accident or invaded by disease—mortification for instance—as to imperil life, is it not customary to sever it? The part is sacrificed to save the whole. So should it be with the organ under consideration. When the phthisis is strictly confined to one lung, the other being healthy and the disease has not progressed so far as to seriously injure the constitution—when, in fact, circumstances are so far favourable as to hold out a fair promise of success—let the offending member be put *hors de combat*, and rendered incapable of doing further mischief. The lungs are happily double, as if originally designed for such an emergency. At least, so we speculate with respect to other organs of the body—those of special sense, for example. We believe that the Allwise bestowed them in pairs so that the function might still be exercised if one of them should be accidentally injured or destroyed. The case is similar with respect to some of the internal viscera. When double, one of them often becomes spoiled, yet the vital functions are maintained normally by the other. So with respect to the organs under consideration, the lungs. Nature herself, as I have previously stated, occasionally renders one of them totally inert, yet air action and calorifaction are well sustained for years afterwards by the uninjured viscus:

The question now arises—"Can this amputation, so to speak, of the lung really be effected?" I believe it can, without great danger or difficulty. The plan I would suggest is this. In the cases and under the circumstances previously indicated, the patient being seated in a well-warmed room, let a hollow needle, of moderate size and with a valve at the outer extremity, the same being now closed, be inserted between two of the ribs on the side diseased, so as to reach the bag of the pleura. When all agitation has subsided, the valve may be opened and a small portion of warm air admitted into the cavity at each act of inspiration. Then let the stop-cock be turned again. Of course, in accordance with this ingress, there will be a corresponding collapse of the lung, and it is to be hoped, expectoration or ejection in some way of the pus and other noxious fluids contained therein. This elimination should be encouraged as much as possible. After a time, to be determined by the condition of the patient, more air could be admitted, but always in a slow, cautious, and guarded manner, until the lung is completely emptied of its contents and firmly contracted against the dorsal vertebræ.

Here it would be no longer a source of irritation and debility. In this quiet, inactive condition the vomicæ would probably contract and cicatrize; at all events, they would be placed in the most favourable condition to do so. The other lung would maintain the vital functions of aëration and calorifaction.

The simple instrument I have mentioned would, I should judge, answer every purpose. It might be withdrawn and reintroduced, or, if not the source of irritation, held in its place by bands round the thorax. There would be little danger of exciting pleurisy by so fine a puncture, and the smallness of the bore would almost ensure that which is so essential—viz., the very slow and cautious admission of the atmosphere. This ought, as I have previous stated, to be regulated in strict harmony with the strength of the patient and the elimination of the fœtid secretions.

No difficulty will, I imagine, be experienced in penetrating to the pleural sac and no further. It will be remembered, that many years since a somewhat similar process was proposed by certain humane people for slaughtering cattle. Air was to be admitted into both pleuræ, with the intent of inducing death by asphyxia. Here, on the contrary, it is to be hoped that life—human life—which it is clearly the duty of the physician to guard and prolong, will be saved and rendered more healthful and happy.

Other sanatory aids could be employed in conjunction with this process. These relate also, and more especially, to ordinary consumption—phthisis of both lungs—of which I have still to treat. It is, however, of too great importance to be more than alluded to here, so it will form the subject of my next letter.

Your obedient servant,
Bath, *March*, 1869. TOOGOOD DOWNING, M.D.

(To be continued.)

◆

PAUPERISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I read this day in your issue of the 17th inst., a report of a discussion on Pauperism and its Causes at a scientific society in London. Will you kindly permit me to say to your readers a few words on this subject; which is now beginning to be a cause of no little apprehension in the minds of intelligent men in England and in Scotland; in which countries one person in every twenty is a pauper—and the number is increasing? The number has risen in Edinburgh to one in ten, and the cost of their relief in that city now amounts to 13s. per head of its whole population. The cost in all Scotland has risen since 1816, when it was 4¾d., to its present rate, which is 5s. per head. These figures I take from a recent pamphlet by the Rev. Professor Kirk, of that city. Drink is the cause of this dangerous state of affairs.

It is no wonder that much anxiety should be evinced there, and, indeed, in wealthy England also, in regard to this matter, where one million of her people are paupers.

The gentlemen who carried on the discussion which you have given to your readers, nearly all seemed to concur in the opinion, that the only way to cure the evil of over-population, and of the destitution they conclude it causes, is, to induce the people of Great Britain to be satisfied with fewer children—for husbands and wives to be each content with two, instead of five or six little ones. In this way they propose to arrest the fearful influx of babies, who are threatening, like locusts, to eat up every green thing, and bring sorrow, instead of joy, on the land.

I have no faith in their remedy, nor in the theory of over-population; we have yet abundance of room for the little ones who come to gladden the hearts of fond parents; and in due time to give their labour in the production of wealth and of all the comforts it brings in its train. This problem, which multitudes, both here and at the other side of the Channel, stumble at, I now proceed to prove by the following reasoning:—

The over-population theory is taken by many as a dogma which cannot be disputed. Let us see. I hold the opinion that no country is over-populated that can produce sufficient food to maintain, in health and vigour all its inhabitants; or whose people can earn money enough to buy sufficient food to supplement their deficiency—if deficiency there be—elsewhere. If this be a true theory—and I apprehend few will be found to dispute it—I have but to show that Great Britain and Ireland are in that position, in order to prove my case. That they are in that position, I think I can clearly prove.

It would take up too much of your space were I to go into a long array of statistics to exhibit their present production of food—animal and vegetable—nor is it necessary I should do so. Taking the whole United Kingdom, it is true that a large annual import of food is necessary to supply the wants of the population, under our present system of agriculture; but the demand which this necessitates on the constantly accumulating capital of the country is not felt. That accumulation is over one hundred and thirty millions a-year.

Notwithstanding this power to supply the wants of a much larger population than this Kingdom now contains, we have doubtless a great deal of poverty in these lands; but that is not owing to over-population, for we certainly could maintain in comfort a much larger number of inhabitants in these countries than they at present contain, if our resources were properly applied; so that the existing distress must be traced to other causes than over-population. I attribute it in part to an universe distribution of the wealth of the nation, which is encouraged, instead of being discouraged, by the laws and customs of our country. Your space will only permit me to illustrate this view by a reference to one striking misapplication of those magnificent resources of our country, which would not alone render unnecessary the existence of anything like misery among us, if they were wisely applied, but would afford abundant and profitable occupation, and that constantly to a far larger population than that now existing; which is deemed—erroneously as I conceive—an incubus that should be relieved by emigration. This does appear to me an erroneous theory. I believe we are yet far from any such necessity, if wiser measures were adopted for the promotion of prosperity and comfort among all the people. The one striking evidence in proof of this opinion, to which I refer, is found in the fact that we expend and waste every year, in the creation of misery, upon poisonous alcoholic liquors, which are in no way conducive to health or strength, one hundred and fifty millions of pounds sterling. Turn this enormous sum into channels that would be productive, and ever reproductive, of still increasing wealth; and no person of sense and reflection can doubt for a moment that the rational means for exterminating our poverty, and of banishing our pauperism, are at hand, and may be applied without doubt of their efficacy, by cutting off this indefeasible expenditure.

There is no necessity for lessening the happiness of domestic life, as hinted at by your learned friends, to secure these great ends; on the contrary, twice the number of our present population would find ample occupation, and good wages to boot; and for many generations to come, every new-born baby would be welcomed as a useful consumer, instead of being considered a burthen in the family; for their future labour would amply repay all expense incurred in their youth.

I could readily elaborate this idea—which I believe to be the true one—and not the over-population theory. If statesmen and landholders place such impediments in the way of agriculturists, as render it all but impossible for them to obtain the largest production which our fertile soil and genial climate would freely yield, that is no good reason why they should start an over-population theory, to hoodwink the people, and shelter themselves under their own misdoings.

I have pointed out one of the many most mischievous and most enormous misdirections of our annual resources. In the interests of public health; of scientific truth; of morality; of order; and of philanthropy; I am justified in imploring—nay, demanding—of our rulers and our people, that our mischievous, our ruinous, drinking customs shall be put an end to; and that our whole population in these lands shall have the means put within their reach, amply to feed, clothe, and house themselves by their own industrious efforts in the land where they were born, and which they enrich by their labour. I would not feed in idleness those who were able to work.

I am, my dear Sir,
Very truly yours,
James Haughton.

35 Eccles street, March 24, 1869.

PROFESSOR HUXLEY'S THEORY OF THE PROTOPLASM, OR PHYSICIAL BASIS OF LIFE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the "Mirror of Science" of the 9th of April, an article appears by Mr. Joseph Wallace of Belfast as an answer to the learned professor; one portion I quote as of vital interest to the medical profession—viz., "Syphilis, cholera, or any other contagious or epidemic disease is unknown in India amongst those who live on vegetarian diet; but induce a young girl to live on fresh meat and alcohol, and thereby increase her animal propensities, &c., &c. Syphilis, then, can be, and has been generated by intemperance of the animal economy, where it was unknown before. She then becomes of course susceptible to the disease of other flesh eaters."—Now sir, this is a bold statement. In my Eastern experience I cannot satisfy myself that a strict vegetarian is free from venereal disease. On what ground does he assert that vegetarians are never attacked by cholera, contagious or epidemic diseases? Will Mr. Wallace give facts, if so, he can enlighten the medical profession as to these great scourges of humanity.

A Physician.

NITROUS OXIDE IN DENTAL SURGERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—We must all feel much indebted to Mr. W. S. Whatford for bringing under the notice of the profession the notes of his two interesting cases which appeared in your number of March 31. To help us to explain these phenomena we must bear in mind two facts which often come under our notice. In the first place, when people have taken a few inspirations of the gas they usually feel a numbness and tingling in the fingers, and in a few cases this numbness remains for a longer or shorter time after the patient has recovered consciousness. This numbness varies much in degree: it may be just perceptible, or it may be severe, as in the three cases following. In one case, that of a lady aged about thirty-five, the patient declared herself unable to move her hands for about half a minute, and during all the time she was regaining full consciousness she continued exclaiming, "Oh! I have lost the use of my hands!"

A girl of eighteen, to whom the gas was administered, complained of numbness and loss of power over the fingers for as much as half-an-hour after recovery.

A pupil at the Dental Hospital complained of, long before consciousness was lost, a most distressing feeling in both hands, and begged his fellow students standing around him to rub them hard.

In the second place, we know how, after an amputation of the arm or thigh, the patient complains of disagreeable sensations in the fingers or the toes, as the case may be; that is, he refers the sensations to the sentient extremities of the irritated nerves; and as these have always been in the digital extremities, to those parts does he refer his disagreeable sensations.

Remembering these facts, I think we can now well understand why the sensation appeared to the patient to be in the fingers of the amputated extremity. In the soldier's case, Mr. Whatford does not say the right hand was unaffected; and in the matron's case, from her saying "she felt much more pain in the left arm," I infer she had some in the right arm and hand also. I cannot, except in two cases, say that I have met with any of the alarming symptoms Mr. Whatford speaks of. As regards the dreadful dreams, I think the prevailing idea in the patient's mind as unconsciousness sets in gives the tone and colour to the dream which follows; and therefore it is always well to gently reassure the patient and use any means you can to overcome the nervousness which so often exists. I have found one great source of disagreeable dreams to be the unequal pressure of the gasometer, the gas, either being forced into the patient's mouth from the counterpoise being too light, or, what is more disagreeable still, a difficulty in inhaling from the counterpoise being too heavy; in both of these cases the patient often dreams of strangling, or drowning, or some subject connected with difficult respiration.

Perhaps Mr. Whatford will kindly mention in what way the patient is suffering who has been ill for two weeks? My own experience of nitrous oxide is most favourable. I confess I should be sorry to have a tooth removed with being previously put under its influence. I do not say that there is not a certain amount of risk with the gas; but as compared with the risk of chloroform, it is exactly one half, for chloroform may prove fatal by paralyzing the heart's action, or by causing cessation of breathing: and in all the animals I have seen killed by this agent the heart's action continued after the respiration had ceased. Apologising for the length,

I am yours, &c.,
A. F. Brain, F.R.C.S.

◆

Medico-Parliamentary Intelligence.

HOUSE OF COMMONS.

April 5th.

DIRECTOR-GENERAL OF THE NAVY MEDICAL DEPARTMENT.

On the vote of £54,757 for the expenses of the medical establishments at home and abroad.

Mr. Corry said he could not allow this vote to pass without congratulating the First Lord on the discrimination he had shown in appointing Inspector-General Armstrong to be Director-General of the Medical Department of the Navy. He felt bound on public grounds to say he believed that this appointment would be conducive to the best interests of the Navy.

Mr. Childers said he had taken three months to make this appointment. It was too important to be made in a hurry. He was glad to hear the testimony borne by the right hon. gentleman to Dr. Armstrong's claims.

The vote was agreed to.

◆

Medical News.

The usual Monthly Meeting of the Metropolitan Association of Medical Officers of Health will be held on Saturday, the 17th inst., at 7.30 p.m., at the Scottish Corporation Hall, Crane court, Fleet street, when a paper will be read by Dr. Letheby, "On the methods of estimating nitrogenous matters in potable waters; and on the value of the expression 'previous sewage contamination,' as used by the Registrar-General in his monthly Reports of the Metropolitan Waters."

THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

To the names of gentlemen mentioned in another part of our issue as likely to compete for the vacancy in the Council caused by the death of Dr. Mackesy, we have to add those of Sir William Wilde, oculist to Her Majesty in Ireland; Mr. Smyly, surgeon to the Meath Hospital; Dr. Barton, surgeon to the Adelaide Hospital; and Dr. Quinan, secretary to the Irish Medical Association.

◆

Obituary.

DEATH OF DR. MACKESY, OF WATERFORD.

It is our melancholy duty to record this week the death of another eminent member of our profession. Dr. Mackesy, of Waterford, had reached the ripe age of seventy-eight, and had been just sixty years in practice at the period of his death. His career was no ordinary one. He became a Member of the Royal College of Surgeons of England in 1809, and some time afterwards settled in Waterford, where for many years he has practised with great success, and we find his name intimately connected with every charitable institution in that locality. His reputation, however, was not limited to Waterford. He was appointed a Member of the Council of the College of Surgeons, and in 1862 was elected President of the Royal College of Surgeons in Ireland, being the first provincial surgeon who ever obtained that high honour. As President of the Irish Medical Association, his sage advice and kindly feeling has always endeared him to his professional brethren, and there, more especially, will his loss be felt. Within the last few months death has been making sad havoc in our ranks, and no one more universally beloved or more deeply regretted than Dr. Mackesy, of Waterford.

◆

NOTICES TO CORRESPONDENTS.

SPECIAL NOTICE TO SUBSCRIBERS IN IRELAND.

The Subscribers are respectfully informed that the offices of this Journal have been removed to Moflat and Company, 6 D'Olier street, Dublin, to whom all business letters should henceforth be addressed. Editorial communications should be sent to Dr. Jacob, 23 Ely place.

Evan Evans, Dorking, Surrey.—As your name does not appear upon the "Official Register" or in the "Medical Directory," we could not for an instant entertain the idea of advertising you as M.D., &c. Your liberal offer is, therefore, respectfully declined. Moreover, your "Announcements" are not likely to "be favourably received" by the readers of this Journal, and we would advise you to send to other *media*, as there are plenty of publications open to such advertisements.

James Jefferson, Esq., Forest Hill.—Probably the same individual as the foregoing. In any case, this person is referred to the previous notice.

Oculist.—The statements of our contemporary respecting the history of the Ophthalmic Hospital were entirely erroneous.

Registered.—The protection of the unqualified person by a registered one is worth being brought under the notice of the Medical Council.

On Cancer of the Rectum. By Mr. Holmes Coote, F.R.C.S., received.

Carbolic Acid in the Treatment of Buboes and Skin Sinuses. By J. Lamprey, M.B., Portsmouth, received.

Sir Duncan Gibb, Bart., will please receive our best thanks for the kind suggestion contained in his note.

Mr. Jameson. the alterations have been attended to.

Dr. Ewing Whittle, Liverpool, and Mr. Falconer Clark, are thanked.

SYPHILIS IN PREGNANCY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—In your report of the meeting of the Medical Society of London in your last issue you state that Dr. Dunn, in his reply, said "that secondary syphilis showed itself in the second and third months, and not in the first."

The statement I made was that, from my own experience and facts I had collected on the point was that hereditary syphilis first appeared most frequently in *the second and third months* of an infant's life, not in the first month, as Mr. Hamilton stated.

I trust, therefore, you will kindly correct the statement your reporter has made.

I am,
Yours, &c.,
R. William Dunn.

Surrey street, Strand.

Communications, enclosures, &c., received from Sir G. Duncan-Gibb, Bart., London; Dr. J. Lamprey, Portsmouth; Mr. Brown, Birmingham; Mr. Black, Edinburgh; Dr. Griffiths, Antrim; Mr. Squire, London; Dr. Parkinson, Burnley; Mr. E. Hatfield, Dewsbury; Dr. Luce, Glastonbury; Dr. Leeds, New York; Dr. William Beatty, Weston-super-Mare; Dr. E. H. Maul, Southampton; Dr. J. C. Hicks, Berkeley; Mr. Barker, London; Dr. William Atkins, Sidmouth; Mr. W. Carrick Crofts, Burton-on-Trent; Dr. J. B. Cockburn, Gibraltar; Messrs. Caroley and Wheatley, Great Malvern; Dr. Ash, Holsworthy; Mr. Sampson Gamgee, Birmingham; Dr. Dobell, London; Mr. W. E. C. Nourse, Brighton; Mr. J. Doughty, Battersea; Mr. C. E. Welchman, Lichfield; Dr. J. Cumming, Edinburgh; Dr. J. Dowse, Huddersfield; Mr. C. Bradley, Leeds; Dr. James Haughton, Dublin; Dr. Borchardt, Manchester; Mr. A. Crisp, Martham; Dr. T. J. E. Brown, Taunton; Mr. A. de Lavigerie, London; Mr. Thos. M. Dolan, Halifax; Mr. G. Benson Baker, London; Mr. W. J. Cox, Chipping, Sodbury; Mr. Cresey, Aldchurgh; Dr. Ross, London; Dr. Croft, London; Mr. Roots, F.R.C.S., Kingston; Mr. P. Roberts, Rhyl; Dr. Spackman, Harpenden; Dr. Symonds, Dunkirk; Dr. Peirson, Scarborough: Mr. Hooper, London; Mr. Baker Brown, London; Mr. Barnard Holt, F.R.C.S., London; Mr. J. McGregor, Weaverham; Mr. Wm. Brown, Wigton: Mr. Bates, Cowbridge; Mr. Fidler, Liverpool; Dr. J. S. Seale, Landport; Mr. R. W. Dunn, London; Dr. Ewing Whittle, Liverpool; Mr. Beale, London; Mr. Reginald Harrison, Liverpool; Dr. Leonard, Sedgwick; Mr. W. F. Clark, Dorking; Dr. J. White, Rickhill.

◆

BOOKS RECEIVED.

The Laws of Vital Force in Health and Disease. By E. Haughton, A.B., M.D., &c. London: John Churchill and Sons.

Small-pox and Vaccination Hospital Medical Report for 1868.

Reports I. and II. By the Executive Committee on the Prevention of Pauperism and Crime.

The Westminster Review.

Pocket Guide to the British Pharmacopœia. London: Robert Hardwicke.

◆

APPOINTMENTS.

Bennett, C. J., M.R.C.S.E., has been appointed Surgeon to the General Hospital and Dispensary, Cheltenham, vice W. Philson, M.D., resigned.

Burder, G. F., M.D., has been re-elected Physician to the General Hospital, Bristol.

Cumming, J., M.B., C.M., has been appointed Assistant Extra-Physician to the Royal Sick Children's Hospital, Edinburgh.

Finch, Dr. J. E. M., of the Leicestershire Lunatic Asylum, has been elected Resident Medical Superintendent of the new Leicester Borough Lunatic Asylum.

Galton, J. C., M.A., F.L.S., M.R.C.S., has been appointed Lecturer on Comparative Anatomy at Charing-cross Hospital.

Langmore, J. W., M.B., has been appointed Physicians' Assistant at the Middlesex Hospital, vice W. Maine, M.R.C.S.E.

Lough, J. J., M.B., has been appointed House-Surgeon to the Liverpool Infirmary for Children.

Phillips, J. J., M.D., has been appointed Assistant-Physician to the Hospital for Sick Children.

Pierce, F., M.D., late Resident Medical Officer to the Brixton Dispensary, has been appointed House-Surgeon and Secretary to the Victoria Hospital for Sick Children.

Ross, G., M.D., has been appointed Medical Officer of Health for the Parishes of St. Giles and St. George, Bloomsbury, vice G. Buchanan M.D., resigned.

Rouch, J. R., L.R.C.P.L., has been appointed House-Surgeon to the Bradford Infirmary and Dispensary, Yorkshire, vice H. T. Broughton, M.R.C.S.E., resigned.

White, Dr. J., Medical Officer of Dispensary, &c., has been appointed Medical Attendant to the Constabulary Force of Rickhill Station Co. Armagh.

Wolfe, B. J., M.D., Surgeon to the Ophthalmic Institution, Bath street, Glasgow, has been appointed Lecturer for the recently appointed Chair of Ophthalmic Medicine and Surgery at Anderson's University, Glasgow.

Woods, G. A., L.R.C.P., M.R.C.S.E., has been appointed Honorary Surgeon to the Southport Convalescent Hospital.

◆

VACANCIES.

The Leeds General Infirmary.—Four Assistant Resident Medical Officers. To take the charge of wards in new building. Apartments, board, &c., found. Election, April 17th. See advertisement.

The Chair of Botany at the Charing cross Hospital Medical School.

Poplar Union.—Medical Officer. Salary, £100, exclusive of fees.

Royal Albert Hospital, Devonport.—Assistant House-Surgeon. Salary, £50, with board and residence.

Victoria Hospital for Sick Children, Chelsea.—Assistant-Surgeon.

◆

DEATHS.

Blades.—On the 26th ult., at Blackburn, W. D. Blades, F.R.C.S., aged 54.

Cox.—On the 6th of Feb., at Valparaiso, Nathaniel M. Cox, Surgeon, aged 85.

Gale.—On the 3rd inst., Richard, the infant son of Dr. Gale, of Poplar.

Hall.—On the 30th ult., at Southsea, J. Hall, M.D., Surgeon, R.N., aged 84.

Harness.—On the 30th ult., H. S. Harness, Surgeon, of Fulham road, aged 70.

Loe.—On the 24th ult., Gertrude Eliza, fifth daughter of J. S. Loe, M.R.C.S.E., in her fifth year.

Miles.—On the 23rd ult., H. Miles, L.S.A.L., of Gillingham, Dorsetshire, aged 71.

Morgan.—On the 7th inst., at Penffordd House, Newport, Monmouthshire, Ann Aitken, the beloved wife of W. W. Morgan, M.D., J.P.

Pearce.—On the 5th inst., J. W. Pearce, M.R.C.S.E., of Peterborough.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 21, 1869.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE

A Suggestion for the Sanitary Improvement of Towns and Dwellings. By Z. Johnson, A.M., T.C.D., F.R.C.S., Licentiate of the Royal College of Physicians, Dublin; Surgeon, Kilkenny Co. Infirmary 325

Notes of a Visit to some of the Skin Hospitals. By H. S. Purdon, M.D., Physician, Belfast Dispensary for Skin Diseases 328

Foundations of the Science of Hygiene. By a London Physician 329

HOSPITAL REPORTS.

METROPOLITAN FREE HOSPITAL AND FARRINGDON DISPENSARY.—

Cases of Syphilis treated without Mercury. By Charles R. Drysdale, M.D., M.R.C.P., F.R.C.S., and Robert W. Dunn, Esq., M.R.C.S. 329

ADELAIDE HOSPITAL.—

Amyloid Disease of Liver and Kidneys. Under the care of Dr. Little 331

Phenic Acid in Syphilis 331

TRANSACTIONS OF SOCIETIES.

PAGE

ST. ANDREWS MEDICAL GRADUATES' ASSOCIATION 332

ARMY MEDICAL-CHIRURGICAL SOCIETY OF PORTSMOUTH.—Dr. Stone on Medicine and Surgery in Japan; Surgeon Porter on a Case of Popliteal Aneurism Cured by Compression 333

SURGICAL SOCIETY OF IRELAND.—Discussion on Mr. H. G. Croly's paper; Mr. Stokes on Mr. Wharton's Modification of Teale's Amputation by Rectangular Flaps 334

LEADING ARTICLES.

INEBRIATE ASYLUMS 335

SCOTLAND.

University of Aberdeen 336
University of Edinburgh 337
Professor Syme 337
The Blessings (!) of Poverty 337
The late Dr. Seller 337
Public Health in March 337
University of St. Andrews 338
Alva.—New Water Supply 338
Blackford.—Fever 338
Climate of India 338

The Season at Nice 338

NOTES ON CURRENT TOPICS.

PAGE

Malvern Rural Hospital 338
Delbriel's Sewage Scheme 338
Coroners 339
Life Peers 339
Festivals 339
Pharmacy in Italy 339
Fasting in Wales 339
The late Mr. Bruce 339
The Dead House of St. George's-in-the East 339
Mr. Bird's Inhaling Pipe for Smoke or Vapour 339
St. Andrews M.D.'s 340
Bequests to Medical Charities 340
The Ulverstone Guardians and the Poor-law Board 340

CORRESPONDENCE.

J. Dennant on Nitrous Oxide in Dental Surgery 342

MEDICAL NEWS.

Unwholesome Food 343
Deaths in the Metropolis 343
The Royal Hospital for Incurables 313
Prudential Assurance Company 344
City Gas 314

Notices to Correspondents, Appointments, Vacancies, &c. 344

Original Communications.

A SUGGESTION FOR THE SANITARY IMPROVEMENT OF TOWNS AND DWELLINGS.

By Zachariah Johnson, A.M., T.C.D., F.R.C.S.,
Licentiate of the Royal College of Physicians, Dublin; Surgeon, Kilkenny Co. Infirmary.

SANITARY Science is a subject of such acknowledged importance that it scarcely seems necessary to offer an apology for any observation or suggestion, however humble, which may tend at once to point out a defect in the arrangements which modern civilization has adopted in the furtherance of sanitary security, and to indicate an easy and effective means of obviating that defect.

It will be conceded on all hands that a vitiated and impure atmosphere exercises a pernicious effect on the health of all members of the human family living within the precincts of its influence. The comparatively unhealthy and prematurely aged aspect of the citizen, contrasted with the robust and hale appearance of the peasant of equal age is a familiar fact. That this is owing to the effects of the more impure atmosphere, in which the denizen of the city spends his life, would appear to be established by the consideration that while the citizen usually enjoys the advantage of a better dietary, the peasant, even when dependent on the poorest and most inadequate diet, far exceeds him in vigour and healthiness of aspect, the purity of the atmosphere which the latter breathes proving manifestly more than an equivalent for good diet with bad air.

Among the means which civilization has introduced for the purpose of purifying the atmosphere of our towns and dwellings, none is more familiar or important than the sewer. Its object plainly is to carry out of sight offensive matter, and to confine and imprison gases resulting from decomposition, which not only offend the senses, but which were long since observed to be deleterious to health. The inhabitants of crowded districts, where the sewerage is insufficient, or ill-contrived, and where the atmosphere is deeply impregnated with the gases extricated by the decomposition of organised matter, too plainly bespeak, by their wan and cachectic appearance, the deadly influence of some pernicious agent; and on the outbreak of any epidemic, whether cholera or typhus, small-pox or scarlatina, erysipelas, or malignant exanthem of any class, it is but too notorious, not only how much the spread of the disease has been promoted, but how much its malignity has been increased, by the presence of bad sewerage; for, although it cannot be pretended that the gases of decomposition constitute the essence of zymotic or epidemic disease, it cannot be denied by any practical observer that they assist and contribute, in some inexplicable manner, to the spread and propagation of such diseases, while, under ordinary circumstances, they exercise a deteriorating influence on the health of those subjected to their effects.

The deficiency of the covered sewer, and the inconvenience and danger arising from the escape of the sewer gases, which had become only more concentrated and more powerful by their accumulation and temporary imprisonment, soon became apparent, and the expedient of trapping the apertures of the sewer, both where they open in the street channels and also in the sculleries and areas of private dwellings, was adopted as a preventive of the bad consequences following on the escape of sewer-gas.

The fact seems to have been overlooked that in merely trapping the higher apertures of the sewers, the dangers resulting from the imprisonment of the sewer gases were positively increased, and that, in order that the trapping might fulfil the intention with which it was adopted, another, and further precaution was necessary, which has been almost altogether neglected, and most of all so, where the danger appears to be greatest and most urgent.

I was led to this conclusion by the consideration of two facts. The great object in all sewers is to have a fall, and consequently the inclination of the sewer, more or less, is downwards, towards its mouth. But the tendency of the sewer-gas, in consequence of its volatility, is *to ascend;* and hence follow most important results.

If the sewers be not trapped, the gases escape from the highest apertures, intended for the admission of surface drainage, or domestic offal. The passer-by is, perhaps, offended by the unsavory emanation, or, in time of pestilence or epidemic, peradventure the noxious effluvia acts the part of ally to the prevalent disease, and he sickens ere he arrives at his dwelling; while, of that gas which makes its escape in the untrapped area or scullery of the private dwelling, a part probably finds its way into the lower regions of the house, to rise from thence to the upper storeys, while a part becomes diffused in the surrounding atmosphere.

Let us now consider the results which follow, when the sewers are trapped, according to the present system, which makes no provision for the ascent of the sewer-gases, their cumulative tendency, their volatility and diffusibility, or the inevitable consequences of any pressure or obstruction occurring at the orifice of exit from the main sewer.

It is now an established fact that the sewer-gases ascend in currents, opposite in their direction to the flow of the contained water and denser materials, which gravitate towards the sewer's mouth. This might naturally be expected, but it has been positively ascertained by a series of experiments undertaken by Mr. Bazalgette, Engineer to the Corporation of London, who, by their desire, instituted these experiments for the purpose of deciding this point, and found the currents of the sewer-gases directly opposite to that of the descending fluids.*

This being the case, and the street gratings being trapped, the gases necessarily find their way from the street mains into the branches leading to private houses, and escape into the area or scullery, if untrapped; but if they are trapped, no resource remains but to ascend the down-pipes of the water-closets, which are too often in the body of the house, and here they are temporarily arrested.

It is not difficult to show that the arrest here is only temporary. The gases being cumulative, and their tendency being to ascend as they increase in quantity, the pressure on the gas, which has attained the highest point, must increase. In the water-closet, the escape upwards of the sewer-gas is prevented only by the water in the trap.† But, water being capable of absorbing gases to some extent, a slow, insensible process is constantly going on, by which the gas, absorbed by the water in the trap, is given off within the closet, and, mixing with the atmosphere of that chamber, must not only vitiate it, but become diffused, more or less, through the atmosphere of the dwelling.

It is to this circumstance, conjoined with the impossibility of making any plumber's work so staunch as to completely prevent the escape of these volatile and attenuated agents (which we know will permeate crevices that water could not pass through) that we are to attribute the heavy, mawkish, oppressive smell which is to be met with in the best constructed and most approved water-closets of the day.

In the case of our street-sewers a somewhat similar process must occur—pressure from like causes must take place upon the roofs and sides of the sewer, and the gases escape through cracks and rat-holes with which all sewers abound. They first become diffused through the superincumbent clay, and, rising to the surface, soon meet the lower strata of the air, from whence it is not difficult to foresee their easy transfer to the lungs of the passer-by.

Thus, the atmosphere of our streets becomes vitiated by the leakage of the gases from the mains, while that within our houses is poisoned by the escape from the house sewers, *the soil-pipe of the water-closet in particular.* It is a mistake to suppose that these mephitic gases find their exit at the mouth of the main sewer, far away from our houses. It is an ascertained and established fact, as already mentioned, that they rise in the sewers, in a direction contrary to the current of the fluid contents, finding their way to the highest levels, from whence they must find vent somewhere, and can escape only in the manner already indicated.

These conclusions were more particularly forced upon me by the observation of phenomena of frequent occurrence in the town where I reside. The houses in one of the best streets, which stand on an incline, at a considerable elevation above the river, and at a considerable distance from it, are liable to become very remarkably foul and oppressive during the prevalence of high winds, which might naturally be expected to ventilate and purify the atmosphere. The circumstance appeared unaccountable until it was observed that the inconvenience, which always bears direct proportion to the force of the storm, is produced only by such winds as bear more or less directly on the mouth of the main sewer. The mystery was now solved, and a clear explanation of the circumstances afforded. The pressure exercised by the wind driving up the sewer plainly forced the gases into the houses.

The inferences to be derived from this observation received further confirmation from a circumstance which occurred in one of the houses in question. The proprietor was greatly annoyed by the escape of foul gas from an open grating placed adjacent to the jam of the back-door; but no sooner had he taken the precaution of having this grating trapped than the atmosphere within the house became palpably more impure than ever, and this was the more apparent in proportion as the wind blew more or less forcibly on the mouth of the main sewer, which empties itself into the River Nore, far away from the house which was thus affected. (In this case the house-sewers pass under and across the house to reach the street main sewer.)

The significance of this fact seems to admit of no doubt, or controversy, and it can scarcely be questioned that the same phenomena are constantly going on in every town in which the covered sewers are constructed on the present plan, the only difference being merely one of degree.

The remedy for an evil which comes home to every one who frequents a town, whether he be a resident or not, seems to be to provide *a free escape* for the sewer gases into regions where they cannot be any longer injurious to man; and this would seem to resolve itself into—firstly, PUBLIC PRECAUTIONS for the relief of the street mains; and, secondly, PRIVATE PRECAUTIONS for the relief of domestic sewerage.

On the first of these I had, some time since, prepared some observations for the Press (being under the impression that my conclusions and proposed remedies were *original*), when I found that the phenomena to which I have referred had been already recognised, and that the necessity for providing safe vents for the imprisoned sewer-gases, had been strongly urged on the London Corporation by so high an authority as Mr. Bazalgette, their able and eminent engineer. The disappointment which may be conceived to arise from ascertaining that a supposed invention or discovery has been anticipated, was here more than compensated for by finding that views which were perfectly original, as regarded myself, were endorsed by the recommendations of so eminent and practical an engineer as Mr. Bazalgette.

---

* For an account of the experiments instituted by Mr. Bazalgette, in order to determine this point, the reader is referred to his Report on the subject, made to the Corporation of London, by their desire, and which has been printed, and can be had through any bookseller.

† It may be necessary to explain that there are two forms of trap in use in water-closets, but the argument applies equally to each. They are called respectively the D trap and the S trap. The latter, or S trap, is the most approved, and that now most in use. The principle in each is the same. The foul gases from the soil-pipe are arrested in their course upward by water, so disposed that the gas must *descend* through this water in order to reach the apartment on the other side of the trap. This it cannot do immediately (in the way we see air, or the lighter gases ascend in bubbles through water, oil, and other fluids); but it does so slowly, by absorption and subsequent gradual evolution. The peculiar mawkish and oppressive effluvia perceptible in the best trapped and most perfect water-closets must be familiar to every one, and is, in itself, sufficient proof of this.

It appears from his Report* that he urged on the London Corporation the necessity of attaching vertical pipes to lofty buildings, and connecting these with the crown of the adjacent street sewer. In some instances he succeeded in prevailing on private parties to allow the *rain spouts* to be placed in connection with the street sewer, care being taken always that the superior aperture was kept as much as possible above the level of the upper windows of the houses. But prejudice, or the fear of permitting this connection to be made, was so great, that in few instances only could he effect it; and there would seem to be little prospect of having this precaution carried out on a sufficiently extensive scale unless taken into hands, as a public measure, by the authorities.

With reference to the relieving of the main sewers, two plans had suggested themselves to my mind as feasible:—

First.—Ornamental columns, such as we now see erected to commemorate human slaughter, with its concomitants of untold misery and bereavement, might be constructed, at the public expense, for the far different purpose of abating human mortality and contributing to health and comfort. Such columns, placed in suitable positions, might be, at once, useful and ornamental; and while they could be made to serve as ventilating shafts for the main sewers, might be utilised at the same time for purposes of public lighting, the telegraph, and other uses.

Secondly.—The lightning conductors of *existing columns* and *church spires*, which are at present formed of *solid material*, might be converted into *hollow tubes* of conducting metal, which would continue to serve the purpose of lightning conductors still, but which, by being brought into connexion with the neighbouring main sewer, might be made to answer the further purpose of carrying the poisonous gases of our sewers into atmospheric strata, far above the dwellings of man, there to be so diluted and dissipated as to be no longer a source of danger or disease.†

These are measures to be carried out only by municipal bodies, unless indeed enlightened Imperial wisdom should yet see the necessity for direct and stringent interference. As it is, our authorities, imperial and municipal, are so blind or so apathetic in all matters relating to sanitary precaution or improvement, that there seems little chance of any such measures, as those suggested, being carried out during the days of the present generation, even though advocated by the highest authority, and though substantiated by the most unanswerable experiments and proofs.

As to the *private precautions*, here there seems more room for hope; and I shall proceed to describe a domestic precaution which, I am persuaded, is of considerable importance, and which is not the less valuable because it is within the reach of every private individual, is inexpensive, easy of application, and would prove, to a large extent at least, effectual in purifying the atmosphere of private dwellings.

I must now recal attention to the fact that where the area and scullery sewers are trapped, the sewer gases must necessarily find their way (subject to more or less pressure from below) up to the soil-pipe of the water-closet, where, so soon as it reaches the summit, it meets the water in the trap, which is intended to arrest its further progress. Partly, however, from the absorbent power of the water, which slowly imbibes the mephitic gases and delivers them from the surface adjacent to the pan, and partly from the imperfections which time and canker will produce in the best of plumbers' work, these gases are slowly evolved, first beneath the seat of the water-closet, where it is natural to suppose they are not detained very long, but from whence escaping (owing to their diffusibility and volatile disposition) they mix readily with the atmosphere of the closet itself, and thence find access to the body of the house.

The remedy which appears calculated to obviate this effectually is, to insert a small pipe into the summit of the soil-pipe, at its junction with the trap of the water-closet, and to conduct this pipe above the roof of the house, where, by attaching it to a chimney or gable, it might easily be reared to a height sufficient to insure immunity from the effects of the disengaged gases.

A piece of ordinary gas-pipe, an inch or three-quarters of an inch in diameter, would be amply sufficient for the purpose, and by its constant discharge of the volatile and ascending gases, would rid our house sewers of what now constitutes a source of danger; and by relieving the pressure at present caused by continually increasing volume, would obviate the leakage which takes place into our dwellings, and, still further, would greatly help to relieve the tension of the main sewers also.

The summit of the soil-pipe is proposed as the point of junction for the vent-pipe, because where there is a water-closet, it is usually the highest point of the sewerage; but where there is not an *elevated* water-closet the highest point of the sewerage should be selected for the insertion of the vent-pipe.

It would seem probable that a more general adoption of the patent earth-closets (which appear to have many advantages, and have been favourably reported on by those who have tested them) will supersede to a considerable extent the present water-closet. But it should be remembered that the water-closet is not the sole means by which foul gases find their way into our homes. Leakage takes place from the best constructed sewers, which is increased by the internal pressure caused by accumulation, where the sewer is trapped; so that, whether it be trapped or not, the pernicious gases are likely to find their way into the house, unless carried into the higher regions of the air. The safest plan, then, would seem to be to trap the sewers effectually, by all means, but on no account to neglect providing a safe means of escape for the sewer gases, which can be done by inserting a vent-pipe into the highest point of the sewerage, whether that be the soil-pipe of a water-closet or not,—only taking care to conduct the vent-pipe to such a height as shall secure immunity from the deleterious nature of its contents.

I fear now that many who expected some profound discovery in physics, or some addition to the inexhaustible resources of chemistry, will have been disappointed. It may be said, perhaps with truth, that the subject was suited, not for a learned society of physicians, but for a company of domestic engineers or a sanitary commission. As I do not happen to belong to either of these bodies I could have no opportunity of laying my views before them, and I do not know any body more capable of judging of the merits of this question than the College of Physicians, to which I have the honour to belong. Besides, if the suggestions I have offered have any real merit, or are calculated to lead to any beneficial result, none can show a claim to their first fruits prior to that of a noble profession, the members of which devote their time and best energies to the alleviation of human suffering, and have never hesitated to risk their lives at the shrine of duty when the interest of afflicted humanity, or those of philanthropic science, required the sacrifice.

---

* The Report already alluded to, and which can be had through any bookseller.

† It has been objected that there might be a difficulty in getting the gases to ascend through these pipes. This objection is, I think, futile. Every house mason is well aware of the necessity for keeping the aperture of any pipe, which communicates with a sewer, above the level of the upper windows, as otherwise the sewer gases would be conducted into the house. *This is a familiar fact.* But even were it not so, it would not be difficult to exhaust the vent-pipes and the sewers themselves by a self-acting apparatus. It is scarcely necessary to suggest the application of a revolving fan, or spiral flange, to the upper end of the vent-pipe, which should be adapted for its reception. The mere action of the wind on either of these would pump up the gases from the sewers. Nor is this all. The storm, which now, by pressing on the sewer mouth, forces back the gases into our dwellings, would then, by its simultaneous action on the fan, effect a thorough ventilation of the sewer. The efforts of nature to purify our atmosphere would be supplemented, instead of being, as now, frustrated; since it is a fact that the storm, intended to purify the adulterated atmosphere, is made, by our imperfect arrangements, to intensify the noxious emanations which it drives now into our dwellings; while the proposed measure presents a means of co-operation with the beneficent design obviously intended by Providence for our benefit, but stupidly perverted by ourselves.

NOTES OF A VISIT TO SOME OF THE SKIN HOSPITALS.

By H. S. Purdon, M.D.,

Physician Belfast Dispensary for Skin Diseases.

During the Autumn of last year I visited the Glasgow Dispensary for Skin Diseases. Dr. M'Call Anderson, my former teacher, showed me several cases of *psoriasis*, which were improving under the use of coal tar, in doses of two drops thrice daily, after food, due attention being paid to the state of the bowels. The internal use of tar sometimes gives rise to dyspepsia, when it has to be discontinued. No local treatment was adopted in these cases, as the effect of the tar could be better observed. An interesting case of "*pityriasis rubra*" was under treatment, and improving under the use of Fowler's solution, and cod-liver oil. Dr. Anderson has recently described, under the name "lupus verrucosus," an affection of the skin called by Hardy, of St. Louis, "scrofuloderma verrucosum." The disease shows itself by warty looking patches, with slight ulceration, from which hypertrophied papillæ stand prominently forth. It is a troublesome affection to cure. Iodized glycerine is the preparation most relied on, and any flaw in the health of the patient attended to. A very good specimen is preserved in the Dispensary, as also specimens of favus in a cat and mouse.

On Friday, March 5th, 1869, I visited St. John's Hospital for Skin Diseases, London. Mr. Milton showed me some cases of lupus, to which he had applied the acid nitrate of mercury with the best results. The patients also had cod-liver oil. When it is necessary to order arsenic in any cutaneous disease, the preparation employed is the solution of the chloride, which very seldom occasions any derangement of the stomach, and is the preparation now used by the majority of dermatologists. I saw several cases of psoriasis, the local application ordered being carbolic acid, five grains to the ounce of water, gradually increased, if the patient can bear it, to ten or even twenty. This remedy rapidly removes the disease when combined with arsenic internally. He had an interesting case of lichen of the face in a little girl, aged twelve years. In this disease Mr. Milton places great reliance in salines, especially in purgative doses, the hospital mixture containing sulphate of magnesia, heavy calcined magnesia, and peppermint water. An interesting case of sycosis of the beard and whiskers was under treatment (but I should have called it a form of impetigo pilaris, as I hold sycosis to be a purely parasitic affection, accompanied in an advanced stage by tubercular elevations, which complaint is extremely rare in this country, as I have had only some three or four cases out of nearly 4,000 dispensary patients). The disease in question shows itself in a growth of small tubercles, which slowly suppurate; at first of the same colour as the skin, a hair running through each, and often leave little pits behind. To use Mr. Milton's own words, it is a "true creeping lupus on a site covered by hair." Many cases of the various varieties of eczema presented themselves. Debility is looked on as the essential cause of this affection, and, no doubt, in large cities it usually is. The iron mixture of the hospital is generally prescribed; it consists of a simple solution of iron in strong muriatic acid. Locally, benzonated zinc ointment is applied, the patient being desired to wash in very hot water. Mr. Milton, after a fair trial, informes me that he has lost all faith in Hebra's black soap and potash treatment. Scrofulous affections of the skin are not so common as formerly, although on the increase in country districts. This Mr. Milton attributes to the improved sanitary condition of the city, and also to the better food used by the lower classes. In chloasma, which he believes is seldom, if at all parasitic, he puts most faith in sulphur, fumigations, and chloride of arsenic internally. Sometimes strong tincture of iodine painted on the affected part removes the disease quickly. Any cutaneous disease accompanied by the formation of crusts, which have to be removed, he anoints with oil or lard, and subsequently stupes with either warm water or linseed tea. Poultices he avoids as much as possible, as they weaken the "tone" of the skin, and give rise to boils. I was able to see a case of tubercular leprosy, the diagnosis of which Mr. Milton informed me had been confirmed by Mr. Erasmus Wilson. The patient was between thirty and forty years of age, and had resided for many years in the East Indies, where he was first attacked by the present disease. Words cannot convey an accurate account of the appearance of the skin. I may, however, state that there was ulceration of the fingers, ali-nasi palate and fauces, with insensibility to touch in the arm and legs, as also to heat and cold. The conjunctivæ were slightly bloodshot, and sense of smell gone. The affected skin of the face and arms was characterised by patches of a purplish colour, and elevated tumours of irregular size and shape, some of which were running into ulceration; the hair of the whiskers had fallen out. The patient had taken arsenic, also hydrocotyle asiatica, but without benefit. In acne, Mr. Milton exclusively uses the hypochloride of sulphur ointment applied every night, and generally gives nitric acid and infusion of quassia internally; subsequently, if necessary, arsenic. An interesting case of urticaria subcutanea of the legs occurred in an elderly female, and which might have at first been mistaken for erythema nodosum. In this case he prescribed colchicum and magnesia, and informed me it seldom fails. In a case of chronic infiltrated eczema of the hands and fingers, the patient was getting well under the influence of the bichloride of mercury. In such cases as this Mr. Milton makes the patients constantly wear gloves, and he called my attention to the fact that butchers or others who work amongst greasy substances never have this disease. When wine is required, he orders "Taragona."

At the Hospital for Skin Diseases, New Bridge street, Blackfriars, which numbers amongst its surgeons, Startin, Hutchinson, and Nayler, I had on Thursday, March 4th, 1869, an opportunity of witnessing the practice of Mr. Sims, the assistant surgeon. I suppose that at least 200 out-patients were prescribed for. I was much struck with the frequency of alopecia areata, a rare disease here; at least six cases presented themselves, and Mr. Sims informed me that it is rather common. He holds it to be essentially parasitic. The treatment adopted is to blister the affected part with glacial acetum cantharidis, and to improve the health with cod-liver oil or nitric acid. Several cases of psoriasis occurred in young females, who were anæmic looking, for which affection the red ointment of the hospital was prescribed, which contains red precipitate of mercury. The iron mixture, with or without aloes, was also ordered. In syphilitic psoriasis, of which disease a good example presented itself; the iodide of potassium and mercury mixture of the hospital was prescribed. Many cases of acne presented themselves, which disease is often accompanied by a disordered state of the digestive organs, and foul tongue. In these cases the medicine generally given at first is the magnesia and colchicum mixture, subsequently arsenic; creasote ointment being a common stimulating local application. In all cases soap is forbidden; bran-water gruel, or linseed tea being used instead, to the affected part. Printed rules of diet are given to each patient. In phtheiriasis, the compound sulphur ointment of the hospital pharmacopœia is used, which contains besides sulphur, various essential oils. This hospital has a large suite of baths. In squamous affections, glycerine or starch baths are sometimes used, or alkaline, but there is this noteable distinction between the British and French modes of treatment, that in the former, internal remedies are more relied on, whilst in the latter, local treatment is principally adopted; but, of course, cutaneous diseases vary according to the country in which they occur.

At the Liverpool Hospital for Skin Diseases, Mr. Smyth uses a preparation of his own in various squamous diseases, viz., tincture of sulphur. He also prescribes phosphate of zinc in diseases accompanied by much debility. His favourite preparation of arsenic is the solution of the chloride. In lupus he uses the acid nitrate of mercury, and epilates in sycosis. Ulcers are treated with carbolic acid ointment. In the class of diseases called scrofuloderma, he gives tincture of iodine internally. Mr. Smyth has invented a chloroform inhaler, which I now show to the society.

FOUNDATIONS OF THE SCIENCE OF HYGIENE.

By a London Physician.

The Medical Press and Circular recently called attention to the fact that the teaching of hygiene in our medical schools is now beginning to be felt as a necessity of our times. The appearance, too, of several works on this important topic from the pens of Drs. Parkes, Mapother, and other eminent physicians, testifies to the conclusion that this branch of preventive and curative medicine is soon destined to engage much attention. The most important of all questions in the domain of hygiene, however, turns out to be that of wealth. Thus Villermé, Quetelet of Brussels, Casper of Berlin, &c, have long ago conclusively shown, what indeed I might expect, that, in addition to the numerous other advantages arising from the possession of wealth, there must be placed to its account the greater longevity attained by members of the richer classes, in comparison with the poor, and even with the less wealthy of the middle classes. The summing-up of this truth has been admirably made by the learned and most distinguished professor of logic of Aberdeen, Mr. Alexander Bain, in an appendix "on happiness," in his recent work *On Mental and Moral Science*, in the following words :—"The prime requisite of happiness, health, is very imperfectly secured in the lowest grades of respectable citizenship. The public registers have demonstrated that mortality and disease diminish at every rise in the scale of wealth." The worst chance of life and health, as I should naturally have expected, turns out to reside among the poorest classes. To remove pauperism, then, and indigence would at once be a work of benevolence and hygiene. How impossible poverty renders it for the poor workman to take the necessary care of his or her health, those of us who have much hospital experience see every day. Consumption is well known to be very much more frequent among the ill-fed classes, both from their bad living and bad rebreathed air, as Dr. M'Cormac has it, and fever and zymotic diseases, including venereal complaints, are, as all know, far more prevalent wherever bad ventilation and over-crowding in cheap lodgings exist.

Readers will, for the most part, be ready enough to concede the point, that indigence and bad living are the greatest of all foes to the attainment of health and longevity. Some admirable attempts have recently been made to grapple with the question of pauperism and the evils resulting from this gigantic evil of our modern societies. Dr. Stallard and Dr. Hardwicke, and others, have a considerable faith in the power of a different administration of our Poor-law system to produce a diminution and almost a disappearance of able-bodied pauperism. If I understand the views of Dr. Stallard aright, as put forward by him in a pamphlet recently published, that gentleman believes that it would be possible to employ *productively* all able-bodied applicants for work, who, in exchange for a clean bed and a frugal meal, might be forced, he says, to do enough productive labour to pay for these parish gifts. Some other gentlemen, who seem to think that such a scheme as that proposed by Dr. Stallard would be inadequate, and who appear to believe that we are over-peopled, suggest large schemes of government emigration. For example, on March 31st, at a meeting held in the Borough road, it is reported that the Rev. G. Murphy moved the following resolution :—"That the supply of labour in this country so greatly exceeds the demand, as to cripple industry, and increase pauperism in alarming proportions. That an instant and extensive remedy is demanded ; that one of the best and most feasible remedies is the exportation of our excess of labour to the colonies, where it is needed for their development ; and that the Government should be at once urged to give the subject its earnest consideration."

For my own part, I must confess to have no great faith in either of the expedients for getting rid of indigence proposed by Dr. Stallard, Dr. Hardwicke, or by the Rev. G. Murphy. Not that I do not think much *temporary good* might be done in the present frightful crisis of poverty which so overwhelms portions of our gigantic city, London, by employing in large sanitary works, such as the widening of streets and beautifying these weary and hideous districts inhabited by our poorer brethren, as well as by the erection of numerous houses for the working-classes, to make up for those recently destroyed by the railway companies. But all such works are merely, I assert, expedients for the present moment. Can emigration promise us anything towards the radical cure or prevention of this anti-hygienic pest, poverty ? No ! Let us listen on this question to the political economy of the benevolent Scottish divine, Chalmers. In his *Principles of Political Economy*, Edition, 1856, he says :—"The felt necessity of emigration from a country is, in itself, a practical evidence that its resources are not illimitable. We may rest assured that, if other remedies for the destitution of the people were at hand, they would have the preference over this. Could home colonization, or the invention of new employments, or the increase of capital, or the opening of foreign trade, have furnished ready and withal indefinite resources for over-population, we should never have witnessed to any great extent among them a disposition to renounce the scenes of their infancy, with all the charms and associations of home, for the chances and perils of distant and unknown lands. . . . Population, when permitted its full development, by an unbounded supply of the means of subsistence, can double itself in fifteen years ; and we proceed on a computation greatly more moderate than this, when we affirm, that for an emigration sufficient to allow an unchecked multiplication of our species in the British Islands, there would require to be at least half a million of human beings transplanted annually from our shores." Chalmers, indeed, and in this I agree with him as a general thesis, to which the emigration from Ireland is an apparent exception, although the agonies caused by that terrible exodus of a nation must have been awful beyond our imagination, thinks that the belief in emigration is a most dangerous and fallacious one : and that, whenever emigration is habitual to a great distance, it is a token of a great suffering among the poorest, and indeed in many higher strata of the society whence it proceeds.

Many of the French writers on political economy hold views similar to those of Chalmers. Among others I may cite the admirable work "*Sur la Population*," by Joseph Garnier, as a proof how little emigration is believed in by the ablest thinkers in France. M. Hermann Merivale, again, in a paper on the "utility of colonisation," read at the British Association Meeting, at Cambridge, thinks that emigration has given us a great advantage over France recently. To this view I demur *in toto*. My own experience of the life of the working classes in France would not allow me to grant the assumption, that the English workmen is better off than the Frenchman. But M. Block, a French statistician of eminence, is quite "English" in his lamentations, as to the ultra-prudent character of his peasant countrymen. Thus Mrs. Grote, wife of *the* historian of Greece, in her "collected papers," quotes the following extract from M. Block's writings. Speaking of the French town artizans, that gentleman says, "Once married, many of them are careful to have no more offspring than can be competently provided for, and can be fairly endowed at the death of their parents. This habit is likewise adopted in many of the rural districts. It is affirmed, indeed, that in several of our departments, the peasantry habitually limit their families to two children. If France does not possess more numerous colonies, it is because children do not swarm with us as they do in England, and that, consequently, we possess not the amount of over-population requisite to set up fresh communities."

To this the lady authoress, Mrs. Grote, replies with great boldness, and with perfect truth. "Few persons can, I think, fail to perceive, in the almost ludicrous lamentations of M. Block, the source of the difference in the condition of the French people, taken as a whole, and the English. Those to whose imaginations the ideas of boundless wealth carry unmixed delight and pride, will deem the English form of existence the preferable one. But persons of a really philanthropic turn of mind, will probably regard the prudent, independent habits of the French Peasant with approving sympathy. Nay, they may even come to regard the advantage of setting up distant colonies as dearly purchased by the painful sacrifice involved on a system of inconsiderate, improvident multiplication of families, necessitating, as a last resource against famine, an expatriation from country, conjoined with, possibly, a life-long separation from home, and friends."

It is not necessary, surely, to explain, that both infanticide and abortion are much rarer in France, than in England. The laws of France are particularly stringent against such practices, and hence, it is well known that "conjugal prudence," as it is called, is the form which restrains on over-population takes in France. I merely advert to this, because it seems to be thought by some amongst us impossible to restrain our over-crowding, except by those methods of emigration, which have this half century been proved to be such miserable failures. Not that much sentimental hatred is not felt in France to any such "conjugal prudence." Mr. Joseph Garnier, indeed, states, that the catholic priesthood are accustomed to represent to their patients, that such prudence is "le plus damnable des péchés mortels." It must be added, however, that the French peasantry, with rare exceptions, seem to care very little for these anti-utilitarian doctrines of the reverend fathers, and prefer a couple of well-fed and happy children to eight or ten unfortunate and ill-fated offspring. The Pope and Cardinals may ere long give way upon this point, and follow Chalmers and Whately.

Emigration, even from the Eastern to the Western States of America, appears not to be rapid enough to remove the over-population of New York or Boston. How much less will it ever be able to accomplish for the inhabitants of our great hives of industry, London, Paris, Manchester, or Glasgow? The great remedy, I must confess, for poverty, and also for preventing infanticide and other evils, such as prostitution and its concomitant contagions, lies in the "conjugal prudence" of the French. Not that manifest objections do not exist to this said prudence. It *is* an evil; but, then, the condition of our race on this planet is such that we tend, like all other animals, to starve each other if we increase too rapidly. Hence, as emigration is a failure, it behoves us, if we wish to prevent poverty and its concomitants—consumption, fevers, and misery of all kinds and shapes—to look our fate full in the face, and see whether early marriage and "conjugal prudence" would not be a better preventitive of poverty than either emigration, new poor-laws, or the many panaceas of socialism and anti-political economical writers. Medical men would wonder at anyone who denied the truth of the science of physiology; but some of us, and among others the learned Dr. MacCormac, in a most interesting and benevolent paper in the pages of the MEDICAL PRESS AND CIRCULAR recently, do not hesitate to deny entirely the leading doctrine of *a science*, which appears to us as well established as are the truths of astronomy or of chemistry, the Malthusian law of population. I humbly ask permission to direct the attention of such heretics to the works of J. S. Mill, Chalmer, Garnier, and Whately.

◆

Hospital Reports.

METROPOLITAN FREE HOSPITAL AND FARRINGDON DISPENSARY.

CASES OF SYPHILIS TREATED WITHOUT MERCURY.

By CHARLES R. DRYSDALE, M.D., M.R.C.P., F.R.C.S.,

AND

ROBERT W. DUNN, Esq., M.R.C.S.,

A part of which was read at the Harveian Society on March 18, 1869.

(Continued from page 268.)

THE following case of double iritis is still under observation:—Emily A., aged forty-eight, Hatton Garden, came to Farringdon Dispensary, September 1, 1868, complaining of painful micturition, for which infusion of buchu was prescribed. October 4th. She presented spots of syphilitic eruption on the forehead, of a dusky ham-red colour, and commencing iritis of the right eye—namely, slight intolerance of light, circumorbital deep-seated pain, triangular pupil, and muddiness of the iris from effusion of lymph. ℞ Potassæ chloratis, ʒj., gr. xv.; acidi hydrochlorici diluti, ʒiss.; aquæ ad., ℥j., t. d. s.; and to drop in the following lotion (atropiæ sulphatis, gr. ij., aq. dest. ℥j.) into the eye twice daily. 12th. Vision greatly impaired; rep. omnia. 15th. A little better. 19th. Going on well. 29th. Much better; sees pretty well, and can read with the diseased eye; pupil still slightly triangular. December 10th. Iritis of other eye; treatment as before; eruption of ham-coloured hue on forehead and over the face, which is of a fiery colour. 24th. Perfect vision in both eyes, and eruption, though still severe, not quite so pronounced and fiery. Still attending the dispensary.

At the present time there can be no doubt that a considerable number of able practitioners have nearly entirely abandoned the use of mercury in the treatment of the eruptive stage of syphilis in adults; but, as far as our personal experience goes, it has appeared to us that there is still a very general belief in the efficacy of grey powder or inunction in the treatment of the syphilis of infants, or hereditary infantile cases. Indeed, Dr. Jenner, in his recent evidence before the Admiralty, spoke exceedingly strongly as to the absolute *necessity* of the administration of mercury in such cases. The authors of this paper are not able to coincide in these opinions. Indeed, one of them, Dr. Drysdale, was first of all led to doubt the efficacy of mercury in syphilis by watching its effects upon such cases, in many of which inunction and grey powder had seemed rather hurtful. This led him to try a symptomatic treatment, and in 1862 he treated a case of hereditary infantile syphilis in this way, which recovered and is, he believes, now alive and well. Nevertheless, the authors have found that, under all methods of treatment, the disease in hereditary infantile cases is apt very often to end fatally. Mr. Dunn has now collected notes of 85 cases of infantile syphilis treated by him without mercury, of whom 13 died. This appears to be a very excellent result, far better, it is believed, than the plan of treatment by mercury with chalk or inunction would yield. But it is evident that a comparative trial of the two methods ought, in the interests of truth, to be instituted. The disease has also been extensively treated in infants without mercury in Christiania. It is time that dogmatism should be abandoned, and inquiry take its place.

Probably, the addition of a greater number of cases of constitutional disease would only weary, and perhaps tend to complicate a simple enough question. The authors of this paper are inclined to sum up their views briefly as follows :—

1stly.—Constitutional syphilis, when treated simply, tends of itself gradually to leave the system in the majority of cases, so that no further symptoms appear in the patient, or in his or her offspring. The time required for this happy result varies from nine months to eighteen months or two years.

2ndly.—Mercury is certainly not necessary in the treatment of the majority of cases of syphilis. We believe that it is, on the contrary, very injurious, adding, as it does, a severe poisoning, if used for several months, to an already debilitated condition of system.

3rdly.—Tertiary symptoms, and even bone diseases, are found occasionally when the disease is treated without mercury, although very rarely in our experience. They are well treated by *large doses* (gr. xv., t. d.) of iodide of potassium, which doses may be continued for months or even years with apparent impunity.

4thly.—Malignant syphilis, or rupia, happily but rarely occurs, and is best treated by tonics, good food, and sometimes iodide of potassium; and the syphilis of infants, both hereditary and acquired, seems to do better without mercury than with it, although a dangerous and fatal disease in a great many cases. Mercury, then, as it is confessedly a dangerous drug, does not seem to the authors of this paper to be indicated in the treatment either of primary ulcers, secondary eruptions, or tertiary accidents.

◆

ADELAIDE HOSPITAL.

Amyloid Disease of Liver and Kidneys.

(Under the care of Dr. Little.)

James Gwynne, æt. thirty-six, occupation various; admitted February 26, 1869. He stated that thirteen years before his admission he had venereal disease, three or four sores on glans and prepuce, which came out on the fourth or fifth day after exposure to the contagion; they were very painful, secreted much yellow matter, and were followed by suppurating buboes, but not by sore throat or any eruption.

Nine years ago he went to New Zealand; his health was good while there. Five years ago he returned to Britain, and began to drink freely. Rather more than a year ago he felt himself getting very weak; he had a feeling of great oppression about the upper part of his belly, and occasional shivering fits, followed by hot and sweating stages, the entire paroxysm lasting seven or eight hours; he also vomited blood several times. He went into Glasgow Infirmary, where, he says, enlargement of liver and spleen was recognised. He got quinine draughts before the shivering fits, and was rubbed with blue ointment over the liver until his mouth was sore. At the end of two months he was discharged, feeling quite well.

For eight months he continued in good health and lived temperately. He was then much exposed to wet feet, being employed as an ostler. He commenced gradually to lose flesh and strength; the feeling of oppression across the upper part of the stomach returned; he had rigors again, and his throat got sore.

Careful inquiry failed to elicit any history of suppuration, diarrhœa, or continued discharge of any kind.

Feb. 26th.—On admission, much emaciated, so weak that he can hardly walk; face rather earthy looking, skin of rest of body shrivelled, dry, and rough to a degree; tongue clean; no appetite; complains of thirst: bowels regular; never had piles; liver dulness to upper edge of fifth rib, and to an inch above umbilicus; left lobe projects an inch and a half below left ribs; pressure on liver gives great pain. There is marked increase of splenic dulness, and the inguinal glands are slightly enlarged and hard; he has a rigor every five or six days; passes 76 ounces of pale straw-coloured urine in twenty-four hours, sp. gr. 1010, coagulable to one-fifth. Under the microscope, a very few fragments of tube casts, granular and epithelial, are seen. Is very hoarse; some prominent red follicles can be seen on the back of throat; pressure over the thyroid cartilage gives great pain; he is always hawking up ropy mucus. Treated simply, by getting plenty of nourishment.

March 1st.—Tincture of iodine to the thyroid region. A draught containing tinct. opii 20 m., ether. sulph. fl. dr. j. ordered if rigor comes on.

March 12th.—Tongue only very slightly furred. Cannot be got to take food, as whenever he drinks, wind seems to meet the drink, and he throws it off with very sour fluid, and if he has been taking milk it returns curdled. He refers his great distress to the epigastrium, where—rather to the right side—there is a bulging rising out of the general enlargement of the liver, in this he says he feels a "beeling" pain; has not the same dragging feeling in the right side, when he lies on his left side, which he had on admission. Area of hepatic and splenic dulness unchanged since his admission. Bowels act three or four times daily, with griping, the fæcal matter passed being slate-coloured. Pulse 80, feeble. Since admission, only one pronounced rigor, but every morning, about one, he has a chilliness, followed by burning heat of palms and soles, but no sweating. The skin remains parched, scaly, and shrivelled; but, during past few days, there has been an eruption of small pustules over the entire body. Soreness over larynx less since the iodine was applied. Requires morphia to make him sleep. Ordered milk, and to be packed in hot wet blanket every night.

March 16th.—The wet packing made him much more comfortable at night, but he became gradually weaker, refusing everything but wine and water, and this was vomited. For past three days has passed only a few ounces of urine daily, which was exceedingly coagulable.

Post-mortem examination, March.—Great enlargement of liver and kidneys, which presented typical amyloid characters, and reaction with iodine; spleen enlarged, but apparently only from fulness of blood; not amyloid.

In this case there was an absence of both of the conditions which usually precede amyloid disease; the man had not suffered from any wasting discharge, and the venereal disease was clearly not syphilis; there were also symptoms which do not usually accompany that degeneration, rigor-marked pain, and tenderness; and, if the patients' statement was correct, hematemesis. In favour of the diagnosis of amyloid disease was the smooth resisting surface of the liver, but particularly the characters of the urine, which were markedly those of the amyloid form of Bright's Disease.

Chronic Bronchitis with profuse Secretion.—In this condition a trial is now being made in the hospital of the inhalation of steam slightly charged with the carbolate of iodine or colourless tincture of iodine, a preparation made by Dr. Evans, of Dawson Street, which seems suitable for exhibition in this form, though its great excellence lies in its virtues as an external application. The use of the ordinary tincture of iodine to enlarged glands in the neck has the serious disadvantage that, by reason of the ugly marks it leaves, it prevents those who use it from appearing in public, while they are the very persons to whom fresh air is so necessary; this elegant preparation, on the contrary, may be applied freely without the least discolouration, and without producing any severe irritation, which experience has shown to be injurious in such cases.

◆

PHENIC ACID IN SYPHILIS.

Dr. Minteforte (in the Italian *Journal of Venereal Diseases &c.*) recommends the application to syphilitic ulcers of a solution of phenic acid in water, 5 parts to 100. Dr. Fidele de Fieri extols the deuto-phosphate of mercury, one grain a day continued for two months, in tertiary syphilis.

Transactions of Societies.

ST. ANDREWS MEDICAL GRADUATES' ASSOCIATION.

A General Session of the Association was held at the rooms of the Medical Society of London on Thursday, the 8th of April; the President, Mr. Richardson, F.R.S. in the chair.

Prof. Eckhards' communication on "Hyduria" was postponed, in consequence of a sudden inability to leave Germany.

A discussion took place on the restriction of the number of Medical Graduates to ten annually. The following memorandum by the Honorary Secretary, Dr. Sedgwick, was read:—

MEMORANDUM on the Regulations concerning the Conferring of Medical Degrees by the University of St. Andrews on Persons who have not kept Terms at a University.

For a long series of years the University of St. Andrews was empowered to confer the Degrees of Doctor of Medicine after examination, on practitioners who had not received their education there.

The Universities (Scotland) Act appointed certain Commissioners to revise the regulations generally of the Scotch Universities; and they were instructed to "provide that, in so far as shall be practicable, and, in the opinion of the Commissioners, conducive to the well-being of the Universities, and to the advancement of learning, the course of study, the manner of examination, and the conditions under which degrees are to be conferred, shall be uniform in all the Universities of Scotland."

In accordance with these powers the Commissioners issued certain ordinances regulating, among other matters, the conferring of Medical Degrees, and they explained in a Report to Her Majesty the Queen the nature and effect of these ordinances, and of the provisions of the Act itself.

In their Report the Commissioners say, that "the peculiar circumstances of the University of St. Andrews afforded grounds, in our opinion, for not insisting on absolute uniformity in every respect." And so they did not require "in St. Andrews, as in the other Universities, that every candidate should have passed one of his four years of study in the University itself." But they required in all ordinary cases that two of the four years of study should have been spent in a University."

In reference to the ancient power of conferring Medical Degrees on non-resident candidates after examination, they say:—"It was, however, represented to us, on the part of the Senatus Academicus, that instances sometimes occured in which medical practitioners, who had commenced the study of their profession without the intention of proceeding to a University Degree, were desirous, after a successful career of some years, of attaining a higher professional position; and that the absence of any restriction as to the schools in which Candidates for the St. Andrews degree might have received their education, had hitherto enabled such persons to accomplish that object. The names of gentlemen of eminence in their profession, who had graduated in St. Andrews, were mentioned to us, and we ascertained, that in the medical profession a general opinion prevails that such a facility as that which the University has been in use to afford, is proper and advantageous if confined within due limits. Proceeding on this opinion, and after making the most diligent enquiries as to the number of persons on whom it might be desirable to confer a degree under such exceptional circumstances, we resolved to empower the University of St. Andrews to grant the degree of Doctor of Medicine to registered medical practitioners of established position, without restriction as to the schools at which they had received their education, on their satisfying the Medical Examiners of the sufficiency of their professional knowledge; but, at the same time, we thought it neccessary, with the view of preventing any abuse of the privilege, to limit to ten the number of degrees which should be so conferred in any one year. That number, we were assured on the best professional authority, would be quite sufficient to include all persons so situated, who could present any reasonable claim for admission to a degree."

The Regulation thus referred to, Section XX. of Ordinance No. 19, is as follows:—"The Degree of Doctor of Medicine may be conferred by the University of St. Andrews on any registered Medical Practitioner above the age of forty years, whose professional position and experience are such as, in the estimation of the University, to entitle him to that degree, and who shall, on examination, satisfy the Medical Examiners of the sufficiency of his professional knowledge: Provided always, that degrees shall not be conferred under this section to a greater number than ten in any one year."

The Commissioners foresaw that the regulations they framed would very greatly diminish the number of degrees conferred by the University of St. Andrews, and they looked forward to such a result with no regret in the case of a University possessing no Medical School. In their report of December 20, 1861, they say "It did not belong to the Commissioners to entertain any question as to the expediency of the University of St. Andrews possessing the power of granting Medical Degrees, as the Commissioners were not conferring that power on the University, and had no authority to take it away. But it appeared to them to be their duty to consider in what manner the system might be regulated, so as to insure, as far as possible, that the power which the University undoubtedly possesses should be exercised with due regard to the credit of the University and the interests of the public." And in their final general Report to Her Majesty they add:—"The principal object which we proposed to ourselves in the Ordinance, was to insure that no degrees should be conferred, except on persons possessed of sufficiently high qualifications."

On an examination of the place of education of the candidates "for the degree of M.D., they find that they are almost entirely persons educated and resident in England or Ireland, and in no way connected with St. Andrews." This the Commissioners consider objectionable, and they assert that "there is no occasion for persons educated in England to resort to St. Andrews for a Medical Degree, as a licence of and of the London Medical Corporations suffices to admit them to practice; and, if they aspire to a degree, it appears more natural that they should present themselves as candidates to the University of London."

The right of the University of St. Andrews to confer Medical Degrees upon candidates who have not kept terms there, but who have been a certain time in actual practice, or who hold a recognised diploma in medicine or surgery, is admitted.

That this power may be exercised with advantage to the profession of medicine is also admitted, and that the recipients of the degree are men of recognised worth is shown by the fact that Graduates of St. Andrews are attached as Lecturers, Physicians, or Surgeons, to nearly all the Schools of Medicine and Hospitals in London, and the large towns of the kingdom.

That such a power is of advantage to the public necessarily follows.

But this power should be confined within due limits, and should be exercised, as the Commissioners say, with "due regard to the credit of the University and the interests of the public." And so they ordain certain regulations, in order that the Degree may be conferred on none but "persons possessed of sufficiently high qualifications."

It would follow, then, that the provisions regulating such a power, advantageous alike to the profession and the public, should not only exclude all unworthy persons, but should also exclude no worthy candidates.

This cannot be done by a limitation in the number of Degrees which the University is empowered to grant annually, for it may well happen that in some years more than the specified number may be found worthy of the Degree, some of whom must, by this restriction to ten, be rejected, so not only an injustice be done to individuals, but an injury inflicted on the University.

It would seem to be just to require of candidates for the Medical Degrees who have not kept terms at a University that they should, in lieu thereof, show that they have been a certain time in the actual practice of their profession; but the present requirements of nineteen years is much too long. All the advantages of such a provision would be obtained by requiring all candidates to show that they have been for five years possessed of a Medical or Surgical qualification, such as would entitle them to be registered under the provisions of the Medical Act.

For such persons a searching and extended examination should be accepted as the sufficient test of qualification for a Degree. The Commissioners have provided a staff of examiners to test the knowledge of candidates in all the branches of Medical Science, and the power of visitation of examinations possessed by the General Council of Medical Education and Registration of the United Kingdom ensures the honest and faithful execution of their duty.

The Commissioners are in error when they state that there is no occasion for persons educated in England who aspire to a Degree to resort to St. Andrews, as they may present themselves to the University of London. The regulations of the latter University do not provide for the cases of Medical Practitioners, who, after a successful career of some years, are desirous of obtaining the degree of M.D., inasmuch as an attendance of several courses of lectures at a recognised Medical School is required between the first and second examinations for the Degree of M.B.; a condition obviously generally impossible to be fulfilled by a person in actual practice. St. Andrews is the only University where such men can obtain a Degree.

By the present regulations many persons well qualified for the Degree of Doctor of Medicine are prevented from obtaining it at a time when it might be of service to them.

If the minimum age at which the candidates might offer themselves were reduced by requiring five years of actual practice, and the number admitted was only limited by the stringency of the examination, the credit of the University, the interests of the public, and the honour of the Degree would be sustained, while no unworthy person would be able to graduate.

After an animated discussion, in which Drs. Wynn, Williams, Crisp, Drysdale; Phys. Williams, Tilbury Fox, Billing, Bloxam, and H. Day took part, the memorandum was received and adopted, and the Council were instructed to take such measures for bringing the subject before the University Court as they might deem best.

An interesting account of some experiments with hackisch, on himself and two friends, by Professor Polli, of Milan, was communicated by the President, who related his personal experience of an overdose of morphia, given him by mistake.

Dr. Cordwent, of Taunton, communicated a case of sudden death immediately after delivery in the upright posture, in which air was found in the coronary vein of the stomach, and showed a specimen of phosphatic calculus, removed from an old standing perineal fistula.

An important paper by Professor Eckhard, of Giessen, was then read, in which the learned author passed in review the current doctrines of the cause of the motions of the iris, and related the results of experiments performed in his own laboratory by Dr. Knoll, to elucidate the matter. The paper is printed in full in the second volume of the Transactions of the Association, which is now passing through the press.

Much interest was felt in the election of Assessor of the General Council, which was then in progress, and all were unanimous in support of Dr. Richardson.

◆

THE ARMY MEDICAL CHIRURGICAL SOCIETY OF PORTSMOUTH.

April 7, 1869.

Deputy Inspector-General Dr. C. A. Gordon, C.B., in the Chair.

Dr. Stone, R.N., read a paper on

MEDICINE AND SURGERY IN JAPAN,

in the course of which the principal diseases of that country were briefly discussed. Small-pox, which is very prevalent there, has decreased considerably in several districts since vaccination came to be practised, the general mortality having sensibly diminished since its introduction. Syphilis, which is very rife, has been inherent to the country several centuries. Of late a system of periodical medical examination of prostitutes has been instituted at the chief open ports by the native government; keepers of houses of resort are licensed and taxed. The girls are usually sold by needy parents for definite periods to the proprietors of these places, and on the completion of their period of service return to their homes, no social slur attaching to them on account of their previous life. Within the last eighteen months the services of an English naval surgeon have been secured at Yokohama in connection with a system of lock hospitals. Rheumatism, scabies, elephantiasis, pulmonary diseases, and an intractable native affection called the "stomach pain," probably a species of ulceration, were also enumerated.

The evidently European origin of their present ideas of medical practice, and the Dutch instrumentality by which this was brought about, were commented upon. Mention was also made of the Medical School at Nagasaki, under the superintendence of Dr. Baudwin, a Dutch military surgeon. One unfortunate circumstance which acts as a bar to the acquirement of sound knowledge amongst the Japanese students is the prohibition of dissections. Dr. Baudwin, however, endeavours to make up for this by the use of elaborate plates. The universal use in Japan of our chief medicines, as iodide of potassium, sulphate of quinine, mercury, &c., &c., is an interesting fact.

Dr. O'Leary, Honorary Secretary, then read a paper giving the details of three cases of aneurism which came under the observation of Staff Assistant-Surgeon Lamb, while on service in New Zealand and Tasmania. First case.—A man of the Army Hospital Corps presented himself at the General Hospital, Auckland, stating he had a bubo in right groin. On examination, the swelling proved to be an aneurism (about the size of an orange), just under Poupart's ligament, and constricted by it. At this time a bruit was audible to any person standing by the patient's bed. His statement was, that about ten days previously, while lifting a large case, he felt something give way in his groin. Pressure was applied at the distal side of the tumour, and he was put on low diet, the result of which was that the pulsation diminished in force, and the tumour became solid, but increased in size, and continued to do so till it affected the respiration by its pressure on the diaphragm. He gradually became worse, and eventually died. The *post-mortem* disclosed an enormous aneurism, extending from about six inches below Poupart's ligament up to the diaphragm, occupying the entire right side of the abdomen, pushing the liver and kidney in front of it and to the other side. The original opening in the artery was just under Poupart's ligament, and was directed backward against the brim of the pelvis, which was partly absorbed by the pressure; it had then forced its way under the peritoneum upwards on the psoas and iliacus muscles. Across the anterior surface of the tumour passed the external iliac artery. All the muscles between the tuberosity of the ischium and the lesser trochanter were disintegrated, and there was a cavity containing about a quart of semi-fluid blood.

The next case was that of a gentleman who had sold out of the army and settled in New Zealand, a robust, healthy looking, and temperate man. He suddenly slipped off his chair while sitting in the drawing-room and died. The *post-mortem* disclosed the pericardium full of blood, which had escaped from the rupture of a very small aneurism about half an inch above the right coronary artery. The sac was just large enough to admit the top of the little finger.

The third case was that of a private in the 2nd Battalion 14th Regiment, who was admitted into hospital with symptoms of lumbago, soon followed by intense pain down the left thigh, and particularly referred to one spot just above the patella. The most careful examination failed to detect any tumour or bruit, though one was suspected in the abdomen, probably pressing on the anterior crural nerve. He died rather suddenly. The *post-mortem* showed a large quantity of fluid blood in the left side of the abdomen, and lying on the psoas muscle was a large pyriform aneurism of the abdominal aorta opposite the first and second lumbar vertebræ, the bodies of which were absorbed almost entirely, the intervening cartilage being unaffected. Across the anterior surface of the aneurism passed the anterior crural nerve, stretched and flattened out, and its fibres separated. The kidney on that side had almost disappeared. The point of interest in this case was the existence of so large an aneurism, receiving its current of blood from the aorta, and issuing at a right angle to the course of that vessel, without any bruit being audible, or any other physical sign to establish the true nature of the disease.

A paper by Surgeon Porter, 97th Regiment, followed, on a

CASE OF POPLITEAL ANEURISM CURED BY COMPRESSION.

This man was admitted to hospital complaining of pain in left knee, numbness and stiffness of joint, and attacks of cramp of calf. On examination, a pulsating tumour about the size of a hen's egg was found on the outside of the medial line of the popliteal space. There was a loud rough bruit, which disappeared on pressure being applied to the femoral artery. Signosmi's tourniquet was applied at intervals extending over a period of six days, and making in all seventy-five hours, when complete solidification of the tumour was produced. All uneasiness disappeared, and the man was discharged to his duty cured in exactly one month from the date of his admission.

THE SURGICAL SOCIETY OF IRELAND.

THIS society met on the evening of the 19th March, in the Albert Hall, Royal College of Surgeons. MR. WHARTON in the chair. The following members were present:—

B. Wills Richardson, Dr. Murdock, H. H. Stewart, W. D. Moore, M.D., H. G. Croly, I. W. Usher, J. R. Kirkpatrick, A. H. McClintock, T. Purcell, H. Kennedy, G. Montgomery, H. Coulton, W. T. Stoker, W. Roe, R. Bookey, G. S. Buchannon, F. McClean, jun., E. D. Mapother, Dr. Cary (Artillery), J. R. Ferguson, R. P. White, A. H. Jacob, C. F. Moore, F. T. Porter, J. A. Baker, C. H. Robinson, M. Collis, J. H. Porter, 97th Regt., W. J. Wheeler, T. E. Beatty, W. Stokes, jun., G. Beatty, E. Hamilton, B. F. McDowell, F. V. McDowell.

DISCUSSION ON MR. H. G. CROLY'S PAPER.

MR. MAURICE COLLIS said these were most interesting cases, especially the one in which Mr. Croly stated that he had removed the submaxillary gland. It was not a promising case, the original disease having been epithelioma, and the society would look with interest to the future record of it. He had removed the submaxillary gland for cystic disease. The tumour was a very malignant one, although not cancer, and the hæmorrhage in that case gave him a great deal of trouble. In tearing out the tumour a considerable artery poured forth blood. He tied it two or three times, and on getting a momentary glimpse of it in the interval of sponging, he found the nutrient vessel of the tumour had been torn across at its origin, and this it was which caused the difficulty in dealing with the hæmorrhage. He was glad to see Mr. Croly holding to the good principle of conservative surgery in these cases. The removal of the lower half of the jaw saving the teeth, was a very valuable operation. He believed the fatality of these cases where the jaw was cut completely through was very considerable, and he might also remark with respect to those operations where a great portion of the tongue had to be removed, that he believed the great fatality in Mr. Syme's cases, and in the cases of those who had followed his plan of incision, arose from the division of the jaw. The absence of support, the constant irritation that was necessitated by it, and the consequent increase of purulent depots all lead to unfavourable results. He thought whenever it was possible to keep a portion of the jaw as a bond between the two sides, it was of the utmost importance to do so. He did not know whether Mr. Croly's section implicated the dental nerve or not. The question of treating cysts of the jaw in the manner he had described was a very important one. He thought it was only necessary, even when these cysts arrived at a large development, to remove a portion of the cyst sufficient to get out the contents to produce a cure.

DR. MAPOTHER said that about a week since, in St. Vincent's Hospital, he met with a case of extensive epithelioma of the lower lip, with glandular disease on the surface of the submaxillary gland. He did not attempt the operation of removing the submaxillary gland, and the lymphatic glands connected with it, but thought it right to remove the epithelioma of the lower lip. He must acknowledge that since then, the secondary disease of the lymphatic glands underneath the lower jaw had progressed extensively. When he operated, the disease consisted in a hardening of the gland, but it is now ulcerated, and last evening he lost half a pint of blood from it. The man himself pressed strongly for the operation, and for that reason he performed it.

MR. CROLY in reply said, he would make known to the society anything he heard of the future history of this case. He was not himself in favour of the operation, but the man pressed very hard for it, and when his colleagues thought he should get the chance, he (Mr. Croly) did not like to refuse. The wound healed with wonderful rapidity, considering that the patient was an old man. He thought in dealing with hæmorrhage in this region, it was right to remember that deep plugging was likely to be attended with mischief. The curious point in the case was that the epithelioma was at one side, and the secondary tumour at the other. In performing the operation, he went as close below the dental nerve in the horizontal section as he could, whether he cut the dental nerve he could not say, but he got out the diseased mass without much hæmorrhage. He had known cases of this kind where the tumour having been punctured, gave exit to a dark coloured fluid, composed of blood and serum, which on examination, was found to be cancer. In this instance he avoided puncturing the tumour, in order that this cancer juice might not escape and extravasate into the neck. The man got better rapidly, but he would not be surprised to hear of the return of the disease.

Mr. WILLIAM STOKES read a paper on

MR. WHARTON'S MODIFICATION OF TEALE'S AMPUTATION BY RECTANGULAR FLAPS.

There are few topics in surgery which have of late years more actively engaged the attention of operating surgeons than that of determining the method of amputation of the thigh which is fraught with least danger to the patient, and affords the most satisfactory results, not only as regards the appearance, but also the form of stump which can be best adopted for the subsequent application of mechanical appliances. Among these methods may be mentioned those of Verduin, Sedillot, B. Bell, Vermale, Liston, Langenbeck, Velpeau, Gritthey, Syme, Spence, Teale, Carden, and others. There has been, and there still are, many advocates for each of the operations with which the names I have mentioned are associated—a fact which shows that the opinion of surgeons is still to a great extent unsettled as to the mode of amputation which, in every respect, yields the most satisfactory results.

There can be little doubt that of the comparatively novel procedures the "rectangular method," suggested first by the late Mr. T. Pridgin Teale, the eminent surgeon of Leeds, is one which, perhaps more than any other, has found favour among surgeons. This results from the advantages of this operation, which are doubtless familiar to the majority of those present, and which it is, therefore, unnecessary to enumerate. However, objections have been raised to this method which are not by any means devoid of foundation. These are—1st, the great extent of cut surface that the operation necessitates; 2nd, the longitudinal division of muscular tissue; and 3rd, the high division of the bone. The amputations of Spence, of Edinburgh, of Carden, of Worcester, and lastly, the operation which is the subject of this communication, get rid to a great extent of these so-called defects. Mr. Spence's operation appears to be allied to Mr. Wharton's modification, as it consists of a long anterior oval flap, and no posterior one; but it differs from it in one essential particular, that it involves as high a division of the bone as in the rectangular operation of Mr. Teale. Of Mr. Carden's operation, the amputation by a long anterior skin flap, notwithstanding the favourable accounts he gives of his results in a paper which he read at a meeting of one of the provincial branches of the British Medical Association, and published in a separate form in 1864, I cannot think highly, though I have not, it is true, practised it on the living. Yet I have frequently performed the operation on the dead subject, and the unfavourable impression I formed of it was, to a great extent, confirmed by seeing two cases—one in University College Hospital, and the other in the Dreadnought Hospital Ship, at Greenwich—in both of which cases the flap sloughed. The operation, therefore, which seems to me to get rid best of two of the supposed defects in Teale's amputation—viz., the extensive division of muscular tissue, and the high division of the bone—is the method which has been suggested in the *Dublin Quarterly Journal* for November, 1868, by my friend, Mr. Wharton.

It is, I believe, an undisputed fact that, at all events in amputations of the thigh, the nearer to the trunk the bone is divided the greater is the risk to the patient.

Dieffenbach, in one of his lectures on amputations of the thigh, pithily expresses this in the sentence, "Zollweisi steigt die Gefahr," which, freely rendered in English, means, "the danger increases by the inch." Any modification, therefore, of the methods of the rectangular amputation, which has for its object the saving of bone, and which, in all other respects, affords equally good results as in the cases where the operation has been performed without any deviation from the plan laid down by Teale, must obviously be an improvement. The modification may be given in Mr. Wharton's words:—"Let the measurements for Teale's amputation be accurately taken and mapped out, but instead of dividing the bone—I am now specially referring to the thigh, at the site directed by him—let it be sawn at the situation corresponding to the inferior termination of *his* posterior flap, and let the superior boundary of the anterior flap be limited by the same plane. The saving of bone thus effected will be considerable, and therefore tend directly to diminish the mortality of thigh amputations. Ac-

(Continued on page 341.)

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price* 5*d. Stamped* 6*d.*

By Post to Annual Subscribers, £1 2 6
„ *If paid in advance,* 1 1 8

⁂ Post-Office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William-street, Strand, London,
„ 3, Lincoln-place, Dublin,
MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.
MESSRS. KELLY and PIET, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 21, 1869.

INEBRIATE ASYLUMS.

(Continued from page 313.)

INEBRIETY A DISEASE.

WE find in a biographical notice of a celebrated man, who himself was an instance of the case described, the following words: "In the same unfortunate direction was the tendency of a habit grown insidiously upon him—a habit against the damning control of which he wrestled with an earnestness indescribable, resorting to all remedial expedients which professional skill, or his own experience, could suggest, but never delivering himself entirely from its inexorable mastery."

No thinking man can be blind to such qualities and struggles in one who is near and dear to him, and whose character he intimately knows, without being convinced that of whatever faults he may be guilty, it is not the result of that wilful malicious preference for evil which constitutes criminalty and justifies punishment; consequently the more intelligent of the community have been led to the conviction that inebriety is a disease, an abnormal condition of nerve matter, and a proper subject for remedial, rather than coercive, treatment.

The fundamental basis upon which all hopeful treatment must rest, lies in the desire of the patient himself to escape from the slavery that enthralls him. But little if anything can be accomplished in opposition to the wishes of the person to be treated, and it is a melancholy fact that cases do exist of those so naturally base, or debauched by long indulgence, that no aspirations for better things can be excited within them, and no effort can stimulate them to that personal exertion which their salvation demands. But in a vast majority of cases we may confidently rely upon the hearty co-operation of the patients themselves. It would surprise one not familiar with the fact to be made aware of the almost universal desire for reformation, and of the power of self-control which animates the soul, even of those who are hopelessly abandoned by their friends as sunk in irreclaimable degradation and vice.

We know from experience in hundreds of cases, and from extensive intercourse and correspondence with this very class, that it would not be too much to say, that thousands in our land are listening with unutterable longing for some authentic voice to sound the glad promise of relief—who make it their prayer by day, and their dream by night, that some brazen serpent may be lifted in the wilderness in which they have fallen, to which they can look and live again.

In over two thousand cases of which I have been cognizant, ready submission to, and co-operation with, treatment have been universal, and in a large majority of cases this compliance with the means of recovery has been prompted solely by the patient himself, whose eagerness would not allow him to wait even for the advice or urgency of friends.

Indeed, one of the foremost and prominent advantages of seclusion is found in the fact, that, on entering upon it, the patient tacitly admits the necessity of remedial treatment in his case, and stands committed by this step to active measures in his own behalf. The man who will consent to the sacrifice of personal pride for the success of any object, has given the strongest evidence of his desire for its attainment, and can no longer be considered hopeless. All experience shows no more potent spell for the recovery of lost freedom, than the consciousness that "who would be free, himself must strike the blow."

But perhaps the strongest reason why seclusion and restraint are recommended to the inebriate in search of restoration, is because by that means, and by that only, can the great desideratum—total abstinence from everything that can intoxicate—be ensured. This is the absolute *sine qua non* to which all other treatment is subsidiary. So long as the appetite is fostered and kept alive by stealthy and repeated indulgence, all other treatment will be futile. The question of total abstinence then—now and forever—covers the whole ground of remedial treatment.

I think a large proportion, even of those deeply interested in this work, lack a correct understanding of the extent of our skill in this matter, and what is the utmost limit to which human science and effort can go in the treatment of inebriety as a disease. The appetite—whether it be idiopathic, as is sometimes the case, or induced by the habits of the past life, as it more often is—*can never be removed by any human skill*— It may be weakened by a long lapse of time, but it will never die so long as its possessor himself may live. But while it shall still have a dormant existence, so long as no drop of inflaming stimulants is allowed to feed it, it must abrogate all its vast power for evil and become the slave and subordinate to that which is strong enough to stand firm to the total abstinence principle.

Experience has shown a thousand times, with sufferers by this disease, that after the most solemn promises, and often, no doubt, with the best intentions to keep them, even after precautions have been taken to cut off the supply, the patient, by the exercise of astonishing cunning, would still nullify every effort by continual indulgence.

Even in the Asylum it is necessary to stand guard with unceasing vigilance over every avenue by which stimulants can reach those from whom it has been recently withdrawn.

A residence at the Asylum has also the merit of placing the patient constantly under the eye of the physician who has his case in charge.

No effort for renewed self-control can be made with a fair chance of success, without the co-operation, as far as possible, of a healthy physical system. The first attention then in any rational treatment must be given to a searching and patient diagnosis of whatever malady may suggest itself, and the application of the proper remedial agents.

The brain, if not already diseased, is in imminent danger. The stomach is almost sure to exhibit a morbid condition, while *Renal* and *Hepatic* diseases are very common, and we have reason to believe that the most fatal diseases, such as consumption, apoplexy, &c., often result direct from the intemperate use of stimulants. The effect of these alcoholic and narcotic poisonings can be traced in *post-mortem* examination, by lesions all through the physical system. Indeed, it is hardly too much to say, that there is not an organ of the body that is not impaired in their functions by this fatal habit.

It has often been noticed that self-control, which seemed impossible of attainment, has been found easy and natural on the removal of some physical ailment, which has had the effect to cloud the moral perceptions and demoralize the will. It will therefore be seen that the exercise of the most judicious moral restraint will often be of no avail, unless supplemented by proper medical treatment. Such treatment, dealing with diseases, sometimes of long continuance and always dangerous, must often be the work of months, and the physician will labour with greater advantage when a prescribed diet and proper sanitary regimen can be enforced, with that opportunity for close observation allowed, which can only be the case when the patient is under the physician's immediate control.

Concerning the nature of this restraint I wish to say a word or two. We know well that everything which has the appearance of restraint upon the freedom of the individual is looked upon with suspicion and aversion by our free people.

Our rule in the matter is a simple one. We impose no restraint that will not be readily acceded to by any one sincerely desirous of accomplishing the result for which he has entered the asylum. The amount of liberty granted must vary somewhat with the nature of the case, but it will be the largest that in the judgment of the Superintending Physician the patient will admit of. In cases of those who will not abuse it, the leaning is always towards additional liberty rather than towards additional restraint.

There is one class of patients, however, who are exceptions to the general rule; who, either from absolute weakness and entire deficiency of self-control, or else from mere malice, will abuse every liberty accorded them, and seize every opportunity to violate such rules of the Asylum as are essential to the comfort and happiness of all. There is but one course open to such cases, either to benefit them, or to restrain them from demoralizing and injuring others, and that is to place them in such confinement as will effectually restrain them, until either the power of volition is strengthened up to the point of resistance, or they are coerced into some respect for themselves and others. These are exceptional cases, however, and I have often seen such become new men, and truly reformed.

It is only after patient thought and experiment, sometimes often repeated, that the proper remedies are administered, and such influences brought into action as shall best "minister to a mind diseased."

Such evidences as these furnish us the comforting assurance that "our labour is not vain in the Lord," and that in our efforts to break the strongest link in that chain with which sin has held the human soul, we are following in the footsteps of Him "who came to preach deliverance to the captive, and the opening of the prison doors to them that are bound."

In closing I propose briefly to submit to you the result of our work during the last eight months. As it appears, there have been admitted eighty patients, forty-two from the State of New York, thirty-eight from other States. Their average age is thirty-one years. Thirty-five married, and forty-five single. Forty have been discharged. Forty are now remaining. None have died.

There is not a profession but that has its representatives here, and we see on our roll the names of merchants, artisans, mechanics, farmers, and one or more from almost every trade and calling. With but few exceptions, they have evinced a desire for reformation by obedience to the rules of the Institution, and I have not the least doubt that most of them will attain the high position they seek—a life of sobriety and usefulness.

Should any one estimate the pecuniary value to the state of a sober industrious man, compared to that of a drunken man, who must be only a burden to the State, it will be found that money spent judiciously for the reformation of the inebriate will return to the public treasury a larger interest than any other investment. But this is taking a mere cold pecuniary view of the matter. Look at the father returned to his family a reformed man! His children are now clothed and educated. The vacant place in the Church and Sabbath School is again filled. His farm, his workshop, his counting room, or his professional office is once more attended to, and the life blood of the community is quickened and enriched by the restoration of one of its members. Every fibre of the body politic feels its influence. Therefore we are not engaged in a mere speculative work, without an ample return for money expended.

◆

SCOTLAND.

UNIVERSITY OF ABERDEEN.

THE COURT.—THE GENERAL COUNCIL.

The University Court met on Monday, the 12th, when an important discussion took place as to the admission of reporters. Eventually the following resolution, proposed by Dr. Pirie, was carried :—

"That all cases which involve the exercise of discipline or comparison of professional qualifications, which the Court may deem it for the interest of the University to consider in private, shall be preliminary, and shall be determined before the Court is opened. That representations of the General Council, or other matters of public interest, shall be considered subsequently, and that the probable time of such business being brought on shall be intimated to the reporters for the press, so that they may attend and report any discussions which may take place, if they deem it desirable."

The resolutions of the last General Council, recommending greater facilities in the exchange of books at the University library, and a new catalogue, were then considered, and the following deliverance unanimously adopted :—

"The Court, while most anxious to meet the wishes of the University Council, are constrained to say that they do not know any arrangement under which the object contemplated in No. 1 of this representation could be satisfactorily attained. The Court fully recognise the importance of having a complete catalogue of the library prepared, and they have reason to believe that when the books shall be re-arranged on the shelves of the new library, the whole subject of such a catalogue will be considered by the Senatus, with special reference to the question of having it printed, and a report thereon presented to the Court."

Dr. Alexander Ogston asked the Court to fix his fee for the class of ophthalmoscopy at one guinea, but the Court were not satisfied that they had power to fix the fees of optional classes, though they considered the fee named very moderate.

Some other business was also transacted.

THE GENERAL COUNCIL.

The half-yearly meeting of this body was held on Wednesday afternoon last at Marischal College. The Principal occupied the chair.

Regulations as to printing the proceedings were adopted, which will enable distant members to receive copies on defraying the expense of postage.

The next subject discussed was the library grant, in reference to which Professor Geddes pointed out that by some mistake of making up the returns it was found that the whole value received was only £320 per annum, as compared with £525 given to St. Andrews, £630 to Edinburgh, and £707 to Glasgow. He regretted that they had not the Maitland and Bannatyne series of works in their library, as an instance of what they might have; and it was, he did think, the duty of a General Council to make such a representation to the University Court, and endeavour as far as possible to secure what they only wanted, equity and justice. (Applause.)

Some other speakers having supported these views and furnished statistics, Professor Bain, admitting that great injustice had been done to Aberdeen, said that the cause of the inequality was that other Universities in Scotland maintained their buildings, but they did not from their own funds, but at the public expense. He would state what had actually been voted to the University—1859, £6,000 for new class-rooms, new library, professors' houses; 1860, no vote; 1861, £6,870 to continue the works; 1862, £903; 1863, £1,459; 1864, £580 for repairs; 1867, £3,035; 1868, £4,805, divided in erecting a professor's house and to the library, and to Marischal College. He had not got the estimate for the present year, but he believed it contained the remaining £2,000, making in all a grand total of £25,652. This has been expended rightfully enough, and he was not prepared to say otherwise. In the face of such facts he doubted the expediency of entertainment of Professor Geddes' motion. If the Treasury were, say, to make up the grant to that of St. Andrews (£630) on the condition that they should pay for all repairs on the buildings, they would be losers by the bargain, and consequently he could not agree to the motion. (Applause.)

Professor Black, Dr. Struthers, and others having spoken, a resolution was carried by a large majority to represent the matter to the University Court with a view of the inequality being rectified. On the motion of Dr. Brown, seconded by Dr. Corbett, it was agreed to take steps towards reducing the library fees.

The last business related to the Education Bill, on which the following resolution was agreed to :—

> "That of the parties represented by the proposed Board of National Education for Scotland, none have a deeper interest in that great object than the University Councils ; that this fact has been distinctly recognised in the Education Bill for Scotland now before the House of Lords, in so far as by clause 4 of said bill it is provided that of nine members who are to constitute the board of Education, two shall be elected by the Universities of Glasgow and Aberdeen, and two by those of St. Andrews and Edinburgh, to serve for a period of years alternately ; that, nevertheless, the noble Duke who introduced that bill did, in the discussion on the second reading of said bill, signify his willingness to abandon that provison of it which gives to the University Councils power to elect two members of the Board as aforesaid ; that this Council, deeply regretting that this should be in contemplation, and persuaded that the true interests of Scottish education will be best advanced by allowing to the University Councils the position assigned to them in the bill as first brought in, do accordingly resolve to petition both Houses of Parliament not to make any such alteration in the bill as would deprive them of that place."

UNIVERSITY OF EDINBURGH.

The Professorship of Chemistry in the University has been conferred upon Alexander Crum Brown, M.A., M.D., D. Sc. (of the University of London), who, in addition to Dr. Macadam, has been for some years one of the Extra-Academical Lecturers on Chemistry. Dr. Crum Brown is the author of the graphic method of chemical notation, which has been very generally adopted, and is now used by Kekulé himself. In addition to one or two experimental papers, the new Professor has issued, in conjunction with Dr. T. R. Fraser, a book on the "Connection between Chemical Constitution and Physiological Action." This paper treats of the investigation of the physiological action of the compounds of strychnia, brucia, and other alkaloids, with the iodides of methyl and ethyl.

The installation of the Chancellor and the Ceremonial of Graduation take place this day.

PROFESSOR SYME.

The whole profession will be pleased to hear that our great surgeon is making rapid progress.

THE BLESSINGS (!) OF POVERTY.

A series of articles on "Political Economy and its Application to Popular Science Questions," is being published in the *Weekly Scotsman*. The following extract on the benefits of poverty is a good specimen of the writer's style, and worthy the attention of a profession that sees so much of poverty :—

> "One of the oldest and noisiest of cants of which this world is full, is the cant about the benefits of poverty. Perhaps nobody believes it ; but how ready most of us are to enlarge on the inexpressible blessing of having nothing ! This cant is the cardinal doctrine of asceticism. It is the cry of all the Senecas that ever lived, whether they have come as Roman stoics, preaching in purple and fine linen and with well-weighed epigrams the vanity of riches, or as Puritans, the modern stoics. It is one of the commonest, most Protean, and abiding misrepresentations of Christianity. Yet, an instinct not to be preached out of existence impels men to gather wealth, as an instinct impels bees to gather honey. Moralists and preachers notwithstanding, man goes to the mill, or the field, or the sea, as the bee to range over the wild thyme or clover. Surely for grown men it is time to cease talking as if there were affinity between brown bread and any of the cardinal virtues, or as if charity were incompatible with broadcloth worth so much a yard, and to hint that we are nearer the state of original innocence the less garments we possess, or that a man is in a good way provided he have holes in his stockings. Let him darn them, and a step is taken. We do not deny that on potatoes and dripping may be nurtured the sturdiest virtues ; but some moralists forget that the former do not insure the latter. How many things are impossibilities without wealth ? Civilisation, and all that it brings in its hands—leisure, knowledge, culture, the fine arts, and, vastly more momentous, the hope of a better lot for the millions that must now labour on unenlivened by rays of worldly prosperity, happy if they can deaden their desire of that smoothness of life which all of us at some time or other dream of—are possible only with a large accumulation of wealth. Without it there is no immunity from famine. Our ancestors, being poorer than we are, lived lives that were on an average shorter than the lives we live now ; and, if things march as we desire and hope that they will march, our children will live longer than we live. To the increase of wealth, we owe in great part political emancipation ; to the poverty of the world, we owe the very existence of slavery; for, as Aristotle long ago remarked, if the chisel and axe could work of themselves, there would be no slaves. And when a country becomes so wealthy as to be able to yoke wind, water, and steam, so that the chisel and axe do work of themselves, slavery is rendered unremunerative and antiquated—in his own interest, the master frees the slave."

THE LATE DR. SELLER.

Dr. W. Seller, whose name from his early youth has been familiar to Edinburgh men, died on Sunday week, after a severe illness of nearly three years. By his learning and talents he had gained a reputation in the profession. For many years he edited more than one medical journal. In 1862 the Royal Society presented him with a medal for his memoir of Dr. Whytt. He was President of the Royal College of Physicians from 1848 to 1850, and President of the Medico-Chirurgical Society from 1854 to 1856 ; and was honoured by the Royal College of Physicians to sit for his portrait, which now adorns their new Hall.

The remains of Dr. Seller were interred on Friday last, the Colleges of Physicians and Surgeons were represented at the funeral. The Fellows of the College of Physicians met in their hall, where they were joined by Mr. Spence, President of the College of Surgeons, and many Fellows of that body. There were also present Dr. Ormond, President of the Medico-Chirurgical Society, and many members of that association who are not Fellows of either College. These medical friends joined the funeral procession in carriages. On nearing the cemetery the carriages of the Fellows of the College of Physicians (of which body Dr. Seller had been twice President, for a long series of years a Councillor, and, at the time of his death, Morrison Lecturer), left the main body, and driving rapidly on, reached the gate before the arrival of the body, which they received drawn up and attired in their crimson and black official robes, headed by their President, Dr. Moir. The coffin having been removed from the hearse at the gate, the Fellows of the College formed two deep and preceded it to the grave, the College officer bearing the mace covered with black crape. Sir James Y. Simpson, Bart. ; the Hon. Lord Deas, Dr. Moir, President of the College ; Dr. Alex. Wood, Mr. Arch. W. Dickson, F.R.S., were pall-bearers.

PUBLIC HEALTH IN MARCH.

The Registrar-General's monthly return is unusually important :—During the month of March, there were registered in the eight principal towns of Scotland, 3,574 births, 550 marriages, and 3,218 deaths. These numbers are the highest recorded during any month of March since the Registration Act came into operation in 1855 ; and, allowance being made for increase of population, the births are 222, the marriages 47, and the deaths 618 above the average of the month during the last ten years. Previous to this, the highest monthly number of deaths was recorded in January 1864. In Glasgow, the mortality has been high beyond all precedent, the registered deaths being 53 in excess of the births. The high mortality has not been caused by the prevalence of any epidemic, but by atmospheric agencies, and in especial by the biting severity of the northerly and easterly winds which have been the prevalent aërial currents during March. These not only raised the mortality from all disease, but causes an immense increase and fatality of inflammatory affections of the respiratory organs. The zymotic (epidemic and contagious) class of diseases proved fatal to 688 persons in the eight towns, and thus constituted 21·4 per cent. of the mortality; but the actual number of deaths from that class of diseases in each town, excepting Perth, was much above what it had been in February, showing the baneful effect of the atmospheric vicissitudes even on epidemic diseases. Fevers still continue the most fatal of the epidemics, having caused 189 deaths, or 5·8 per cent. of the mortality. This rate was slightly exceeded in Glasgow, Paisley, Perth, and Aberdeen. Of the 189 deaths from fever, 126 were attributed to typhus, 46 to enteric, 3 to relapsing, 4 to simple continued, and 10 to infantile remittent fever. Hooping-cough, the next most fatal of the epidemics, caused 141 deaths, scarlatina, 100, measles, 77, diarrhœa 42, croup 32, diphtheria 15, dysentery 7, small-pox 6 (of which 5 occurred in Greenock), and metria 3. Apoplexy caused 41 deaths, paralysis 58, and diseases of the heart 124. The deaths from inflammatory affections of the respiratory organs (not including consumption, hooping-cough, or croup) amounted to 812, being more than double the number during the corresponding month of last year, and 225 above those of February 1869. The deaths from consumption alone were 408.

UNIVERSITY OF ST. ANDREWS.

Dr. Richardson, of London, has been elected Assessor by a majority of 69.

ALVA.—NEW WATER SUPPLY.

A few months ago the Parochial Board of Alva, acting as local authority, resolved to introduce a general water supply for the village. A large cistern or reservoir is in course of erection at the foot of the hill, and pipes are being laid in the streets. A number of wells will be erected at convenient places, while persons who desire it may have a supply into their houses. It is estimated that the scheme will cost between £900 and £1,000.

BLACKFORD.—FEVER.

A severe epidemic is prevalent among the inhabitants of Blackford. Several deaths have occurred, and the lives of a large number are despaired of. The low situation and imperfect drainage, together with impure and unwholesome water, are generally blamed for the outbreak.

CLIMATE OF INDIA.

Sir Alexander Grant, Principal of Edinburgh University, delivered the last of the Winter Course of Lectures under the patronage of the Young Men's Christian Association, in the Queen street Hall, on the 12th inst. The subject was his "Recollections of Western India." Speaking of its sanitary aspect, he says:—

> "As regards the question of health, the risks were undoubtedly greater in India than in this country; but he did not think they were so great as implied by the Life Assurance Companies, who nearly double a man's premium in going out to India. Much depended on the constitution and on the local climate in which a man was placed in India. There was on the whole nothing absolutely alarming in the climate of India, speaking generally, for a man of sound constitution and accurate habits. European children, from the ages of six to sixteen, could, however, hardly bear the climate, and India would hence ever remain to Europeans an encampment of warriors and pro-consuls, in which man's most abiding residence seemed after all an abiding tent only for a night."

THE SEASON AT NICE.

(FROM OUR SPECIAL CORRESPONDENT.)

Nice, April 1869.

Having given you in my last, particulars of the last illness and death of Prince Stirberg, and of the sad drowning of poor Mrs. Hill, and the accident to the Duke Caylus, I need not say we have had plenty of sensation here lately.[*] You will remember that Prince Stirberg was a Hospodar of Wallachia, and is said to have amassed a large fortune during his tenure of that office. He had resided here a dozen seasons. Like a good many other ex-potentates, he found this cosmopolitan town rather agreeable, and was content to idle away his time after the approved fashion. The drowning of Mrs. Hill made some sensation amongst the Anglo-Saxon community. She was an American, and, like some others of that go-a-head nation, would bathe on the beach at this early time of the year. This was most imprudent, considering the weather we have had to endure. Indeed, no one should attempt so summer an enjoyment here till after May. It seems to me a great absurdity, and very few will be found to do the same.

No amendment has taken place in the state of our drainage. The weather has been anything but at its best. I fancied that what we suffered early in the year would be made up to us by the beauty of this season, but I find I was mistaken—my prophesies were not fulfilled. From Cannes and Mentone just the same sort of complaints arrive. The latter, indeed, does all it can to conceal the hateful fact that it is no better off than the rest of us, and goes on declaring that the railway will really be opened to its station in time for next season, and that it will reap a golden harvest. *Nous verrons.* I have my doubts. People are beginning to find out how slight are the variations along this coast, and how foolish it is to place reliance on the differences between the climates of towns only a few miles apart. We have our attractions; they have theirs. Which are the greater, who can tell?

◆

Notes on Current Topics.

Malvern Rural Hospital.

We have received the first report of this institution, which seems likely to be a further proof of the success of the cottage hospital system, and that on an important scale. At an expense of £1,593 18s. 5d. a building has been erected for the hospital. We note with pleasure a statement that all qualified gentlemen in the district have been invited to act as surgeons to the hospital. Such union is highly commendable. The hospital is not entirely charitable, but partly provident, as each patient has to pay 5s. weekly to help the expenses. After the autumnal rains the roof let in water, and it is stated that at a trifling cost this will be remedied. We would suggest that the builders should perfect their work at their own expense.

Delbriel's Sewage Scheme.

At a meeting lately held at the Inns of Court Hotel, the proposals of M. Delbriel were brought before those present, and it was decided that full details of the scheme should shortly be published, and that at a future public meeting the machinery should be exhibited. The system is known in France, where it is practically applied in several places, as *vidance à vapeur*. By means of a locomotive or traction engine, the sewage is pumped from cesspools into a closed iron tank, from which the vapours can only escape through the fire of the furnace, being thus consumed. Even very nearly solid matter can be lifted ; and the mode of applying is to irrigate the land, by a hose from the tank, with the liquid portion, the solid being subsequently used as best it may be.

---

[*] Our Correspondent's letter referred to here has never come to hand. This is another instance of the irregularities of the post. No less than six or seven letters from Nice have miscarried lately. It is time to ask our authorities in St. Martin's-le-Grand to remonstrate. There is disgraceful mismanagement somewhere. Can it possibly be partly on this side!—Ed. M. P. & C.

Coroners.

A DEBATE in the House of Commons on the election of coroners cannot be altogether useless. The present system is so bad that any change must be an improvement.

Life Peers.

CLEARLY the day is coming when life peerages will be conferred. Will the healing art then be recognised in England? or shall we remain behind all other countries? It was once hoped that Sir B. Brodie would enter the House of Lords. Sir T. Watson would gracefully fill a senatorial seat.

Festivals.

THE anniversary festival of University College Hospital has been postponed to June 23rd. The dinner of the North London Consumption Hospital is to take place on the 30th of this month, when the Lord Mayor of London will preside. On the 24th the British Orphan Asylum Festival will be held at Willis's Rooms. The Duke of Cleveland in the chair.

Pharmacy in Italy.

FROM an official report of the Italian Minister of the Interior it appears that there are at present 10,005 *pharmaciens* in the kingdom, that is one for 2,426 inhabitants. The republic of St. Marin, on the contrary, which contains 8,400 inhabitants, has only two apothecaries. The Pontifical dominions, estimated at 800,000 inhabitants, has 300 *pharmaciens*, that is 10·307 for the whole peninsula, or one to 2,433 persons.

Fasting in Wales.

A GOOD deal of speculation has been rife respecting the so-called Welsh fasting girl, who is declared to have existed since October, 1867, without having tasted food, and for about four months last past not even water. It is said that she has been closely watched without any deception having been detected, and that a medical student took his turn in the continual watching to which the girl and her friends submitted. Tales of this kind have often been circulated, and it is to be regretted that a system of constant watching, in which a medical student took part, was not carried out more fully with a view of satisfying the many inhabitants of the place whose curiosity has been excited.

The Late Mr. Bruce.

AT the early age of twenty-seven, Alexander Bruce, M.B., M.S., F.R.C.S., one of the most promising of the hospital surgeons of London, has been carried off by fever. It is not long since we noticed a pamphlet of his, and we had hoped that our columns would contain some valuable contributions from his pen That expectation cannot now be realised, and we have only to express our sympathy with those who have lost such a relative. Since he became assistant surgeon at Westminster Hospital he had, if possible, increased the esteem in which he was held. As a teacher and friend, he was deeply respected and thoroughly loved, and his devotion to his professional duties could not but excite admiration. His race has been nobly run—brief though it was. It is impossible to say the position he might have attained had his life not been cut short.

The Dead House of St. George's-in-the East.

A DAILY paper reports the proceedings that took place at the meeting of St. George's-in-the-East vestry on Friday, when Dr. Rygate, the medical officer, referred to the report which had appeared in the morning papers of the 13th inst., as to the defective accommodation at the dead house of the parish. In the report it was stated that Dr. Budgett, the medical man who made the *post-mortem* examination in the above case, gave evidence at the inquest to the effect that in the dead house there was neither table nor chair ; and that so open was the place to the public gaze, that a mob collected to witness his proceedings, and owing to the want of light he was compelled to take the stomach out into the churchyard to examine it. Also, that there was neither towel, water, nor soap in the dead house, and that the doctor only obtained the latter by giving a pauper attendant a pecuniary consideration. The medical officer said he had visited the dead house that day and found that the charcoal bench provided by the vestry four years ago had been removed, and he recommended this should be replaced and water laid on. He could see perfectly well in every part of the building, which was, moveover quite free from being overlooked, being 180 yards from the back of the rectory. In the conversation which ensued, it was stated by various members that the mob alluded to consisted of only three persons ; that soap and towels were always kept on the premises, and that the pecuniary consideration to the pauper was not for providing any of these articles, but for sewing up the body. The attendant also declared that the stomach was never removed from the body at all, and could not have been taken into the churchyard by Dr. Budgett. It was also stated that the dead house was altered during the cholera year at the instance of the Government inspector, and every request of his complied with. Mr. Herbert complained that a *post-mortem* examination in the case was wholly unnecessary, there being ample evidence of the man having been brutally murdered by being thrown on the pavement and jumped upon in the presence of three or four witnesses, and some strong observations were made as to the overdrawn and false character of the statements which had been made.

Mr. Bird's Inhaling Pipe for Smoke or Vapour.

AMONG various interesting matters brought before the London Medical Society, at the meeting on the 14th, was the recently invented inhaling pipe of Mr. Bird, of Seymour street, which was brought forward by the President. In this pipe the solution to be inhaled is poured upon a sponge of felt wadding, attached to the lid of the pipe, and then by the act of inhalation, or suction, air is drawn in through the perforations in the lid, and so caused to pass over the saturated sponge. A small aperture in the pipe stem that can be closed at will by the thumb of the smoker, serves to dilute the vapour, if need be, with common air. When it is desirable to raise the temperature of the pipe, a small pellet of heated pipe clay is inserted before the sponge and lid are put on. The sponge is secured to the lid by a small curved wire, like a corkscrew, so that it can be removed and replaced by a fresh one most readily. Through the kindness of Messrs. Savory and Moore, a series of ethereal tincture of the Datura tatula, stramonium, pellitory, &c., were shown before the Medical Society, as adapted for use in the pipe. The President, Dr. Morell Mackenzie, Mr. Henry Lee, Mr. Dunn, Dr. Thorowgood, Dr. Routh, and other Fellows present, remarked on the utility and capabilities of the pipe. All the speakers insisted much on the importance of *inhaling* any medicated vapour for the relief of asthma, and not merely puffing the vapour in and out of the mouth as is the practice of those who smoke tobacco.

St. Andrews M.D's.

At the late meeting of the St. Andrew's Graduates Association, a memorandum was adopted, urging the propriety of abolishing the restriction to ten persons annually, as the number on which non-residential degrees should be conferred. It is not common to see such an opinion maintained by the possessors of a degree, and therefore the fact before us deserves especial attention. The whole matter of degrees and licences is at present in a very unsatisfactory state. All sorts of variations exist, but without for the most part any reason. We hope the memorandum of the association in question may be productive of some good.

Bequests to Medical Charities.

By the will of General Sir A. B. Clifton, G.C.B., whose personalty was sworn under £140,000, St. George's Hospital, London, the Sussex Hospital, Brighton, and the General Hospital, Nottingham, each become entitled to £1,000. Miss Anne Wells, has bequeathed the sum of £100 to the Norwich Hospital. By the will of the late G. H. Lawrence, Esq., the Liverpool Royal Infirmary, and the Blue Coat Hospital, each receive £100. The Bradford Royal Infirmary is entitled to £100 bequest, from the late W. Rand, Esq., of Bradford.

The Ulverston Guardians and the Poor Law Board.

Some few weeks since, a series of charges were preferred by the medical officer, Mr. Cranke, against the master and matron of the workhouse, for wilful interference with his duties, neglect of instructions, and tampering with the diet of his patients. An investigation was also made into the conduct of the schoolmaster, and although no specific charge was made against him, the Inspectors, nevertheless, considered the evidence sufficient to call for his resignation, as well as that of the master and matron. The enquiry occupied the attention of the Poor Law Inspectors for the space of three days; and when the decision of the Board was communicated to the Guardians, a meeting was convened on Thursday last, at which it was determined to set aside the resolution of the Poor Law Board, and to memorialise the Right Hon. G. J. Goschen, to withdraw the same. Whether this petition will be successful, remains to be seen, but we do protest against the unwarranted assumption of the Board of Guardians, that after a patient hearing, before two able officers of the Crown, they should thus seek to set aside a decision, which was founded alike upon evidence and justice. True, one of the guardians admitted that, if the committee had had their way, the matter would never have gone before the Poor Law Board; but the medical officer considered it to be his duty to press the charges for an official enquiry, and the decision should, therefore, be respected.

Dr. Steele's annual report of Guy's Hospital has lately appeared, and is full of interesting statistics.

Mr. W. E. C. Nourse, F.R.C.S., has been appointed Surgeon to the Brighton Hospital for Sick Children.

The order of the Iron Crown of Austria, has been conferred by the Emperor, upon Dr. Petermann, for his services to the cause of science.

The "Sharpey Memorial" is assuming a solid appearance, and the committee hope to found something more than a scholarship.

It is presumed the appointment of Dr. Smart to the rank of Inspector-General of Hospitals and Fleets will necessitate his retirement for the present upon half-pay.

The vacancy in the Greenwich Hospital Pension, created by the death of Mr. James Hall, M.R.C.S., has been awarded to Deputy Inspector-General of Hospitals Charles H. Fuller. The pension is worth £50 per annum.

At the late meeting of the Parliamentary Committee of the British Medical Association, on the motion of Dr. O'Bryen and Dr. Ramsay, the Draft Medical Acts Amendment Bill was referred to the sub-committee, with power, if necessary, to confer with the General Medical Council and the Committee of Council.

The statement of a contemporary, that the appointment of Dr. Armstrong as Director-General of the Medical Department is but for a period of five years is incorrect. The duration of the office was not named, nor any condition of the kind imposed when the appointment was so deservedly given to Dr. Armstrong.

Mr. Shaw having resigned his surgeoncy at Middlesex Hospital, Mr. Nunn, till now extra surgeon, takes his place. Mr. Hulke will most likely take Mr. Nunn's office. Mr. Tay, as we predicted, has gained the assistant-surgeoncy at the London Hospital. Mr. Paget resigns his lectureship on surgery at St. Bartholomew's. Mr. Holmes Coote and Mr. Savory will conduct the course conjointly. Mr. Pearse is a candidate for the assistant-surgeoncy at the Westminster, vacant by the lamented death of Mr. Bruce.

We understand that the committee of the Metropolitan Free Hospital have decided, by a case which was brought lately before them by Dr. Charles R. Drysdale, that ladies are not to be permitted to study medicine at that hospital. This is, we believe, the second time the case has been tried by our *confrère*. It seems that, if ladies desire to acquire any knowledge of their profession, they must make up their minds to have a hospital of their own. Probably the example of Miss Garrett may relume that enthusiasm for the career of medicine, which has recently been rather flickering than blazing, owing probably to the rejection of Mr. Mill by Westminster.

◆

SURGICAL SOCIETY OF IRELAND.

(Continued from page 336.)

cording to this method the anterior flap will be shorter by a fourth than Teale's, and there will be no posterior flap." As this proposal appeared to me to be based on sound surgical principles, I determined that I would give it a trial the first opportunity that occurred.

Shortly after this a patient, aged thirty-four years, whose occupation was that of a sailor, was admitted into the Richmond Hospital on account of very extensive lupoid ulceration of the right leg. It commenced about eight years ago, after a fall over a rope, against which the lower part of the leg struck, which he sustained while running along the deck of the vessel during a dark night. Shortly after this, ulceration appeared in the situation where the injury had been received, and commenced to spread extensively.

For some time after his admission into the Richmond Surgical Hospital the case was actively treated both locally and constitutionally, and very considerable improvement took place. So much so, that he was making arrangements to return home, when suddenly a sloughing process supervened, having many of the characters of hospital gangrene. This spread rapidly, engaging the dorsum of the foot, and laying bare the tendons, muscles, and arteries. From the latter, which became ulcerated and opened, very sharp hæmorrhage occurred, which was with much difficulty controlled; indeed, it was not satisfactorily arrested until I passed acupressure needles under the vessels, and made pressure on the arteries by passing loops of wire across the needles. The "third method of acupressure" was adopted, and proved in every respect perfectly satisfactory. As the disease spread close to the knee-joint, I did not think it advisable to amputate below the articulation, and I was also deterred from doing so from the fact of the disease attacking the stump, and I did not think either that I could get sufficient healthy integument to cover the broad cut surface of the tibia in front. Behind, I admit, I might possibly have obtained a sufficiency, but I was deterred from making the attempt by a very strong objection which I have to long posterior flaps taken from the calf of the leg. All things considered, I deemed it preferable to amputate above, but as near to the knee-joint as I could, and I have not, I must allow, been disappointed in the result, whether as regards situation of the amputation or the method adopted.

It is unnecessary to enter into any of the minute details, either as regards the operation or the subsequent progress of the case. The former was performed without any deviation from the proposed modification of Teale's amputation, and of the latter, one mishap has to be recorded (though, in truth, it might be adduced as an argument in favour of the operation to those who object to the modification on the grounds of there not being a sufficiency of flap), and that was, that four or five days after the operation a small portion of the anterior flap sloughed away; but, notwithstanding this, there appears to me to be an ample covering of soft parts on the face of the stump. Now, what are the objections which have been urged by surgeons against the modification?

They are six in number, and may be briefly enumerated as follows:—

1.—The cicatrix being too near the face of the stump.
2.—Tension of soft parts on the face of stump.
3.—Insufficiency of covering.
4.—That, owing to retraction of the tissues, the posterior surface of the bone projects, and is denuded of soft tissues.
5.—Liability of cicatrix to become adherent to the immediately subjacent bone.
6.—Increased risk of pyæmia.

As regards the first of these objections, I would remark that it appears to me that instead of the cicatrix being too near the face of the stump the chances are that, owing to the retraction of the posterior tissues it will be further away from the face of the stump than in the operation as originally suggested by Mr. Teale. When the posterior tissues are divided they immediately retract, and the retraction does not cease at the time of the operation, but continues during the process of healing,—a fact recorded long since by Alanson—and consequently the cicatrix is drawn high up on the posterior surface of the limb. So much, then, for the cicatrix being too near the face of the stump.

The second objection is the liability to tension of the soft parts on the face of stump. This, it has been said, exists in the case which you can presently have an opportunity of examining. It may, I confess, be thus to a certain extent; but I do not think that it will in any way interfere subsequently with the usefulness of the stump. As regards this point, too, it must be remembered that he had a certain loss of tissue from sloughing of the anterior edge of the flap. Had that not taken place there can be no doubt we should not have had the amount of tension, such as it is, which has been observed.

The result of my case shows that the third objection, viz., insufficiency of covering, is not a valid one.

The fourth objection is one which Mr. T. Pridgin Teale, the son of the originator of the rectangular flap operation, has made in a letter which he published in the *British Medical Journal* for Nov. 7, 1868. He observes, "if, however, the posterior tissues be divided opposite the point selected for sawing through the bone, they immediately retract to a point higher up, and thus have the posterior surface of the bone projecting and denuded of soft tissues." At first sight this appears a grave objection; but we need not fear this so much when we reflect "that," as Mr. Lister observes, "it fortunately happens that the bone lies forward among the muscles, so that even its posterior surface is considerably anterior in position to the longitudinal axis of the limb." The tendency is always for the bone to come forward; and if a proof of this were wanting, we have only to bear in mind the fact that in the cases where ulceration of the flap takes place, it is in the great majority of cases through the anterior and not through the posterior or lateral position of the stump that the bone protrudes.

Projection and denudation, therefore, of the bone posteriorly need not, I think, be apprehended.

The remaining objections to this modification, viz., the liability of the cicatrix to become adherent to the immediately subjacent bone, and the increased risk to pyæmia, made by a house-surgeon of Leeds, whose name escapes my memory, need not, obviously, be dwelt upon.

Such, then, are the advantages of this modification of Teale's amputation, the chief objections which have been raised against it, and the way in which it appears to me they may be best answered. Although I have performed the operation frequently on the dead subject, I have only performed it once on the living, and the result you will have an opportunity of judging for yourselves.

I should be sorry you should think that I advocate this operation in preference to all other methods of amputation of the thigh. This I do not wish to do. But I think the case is of considerable surgical importance, as it affords a proof of the unsoundness of many objections that have been raised against this modification, which, I am bound to say, I never should have been induced to test on the living subject had not the suggestion come from one who has given to this as well as to all other subjects connected with his profession an anxious as well as a wise consideration.

Mr. Croly said he had had the great advantage of learning the rectangular flap operation from Mr. Teale himself. He had also published in the *Quarterly Journal* a few years ago, a series of rectangular flap operations, and advocated that mode of proceeding very strongly. He had not in any case since, except in the middle of the leg, performed any other operation. The point now before the society was the modification of the operations suggested by the chairman. He did not believe there was so much difference between the extent of surfaces exposed in the rectangular and the circular operations. One objection to Teale's operation was the length of bone to be removed. In a machinery accident they were unable from obvious reasons, to take a long anterior flap and a short anterior one, without going higher up on the thigh than would be necessary by other methods; but in a case of disease in operating by the rectangular flap method, they could take a skin flap from below the patella, and they all knew that a skin flap was the best they could have. With regard to the modification suggested by the chairman, he had long ago expressed his opinion, and Dr. Geoghegan, one of his colleagues in the City of Dublin Hospital, agreed with him, that in future cases of amputation by Teale's method, they ought to shorten the long flap. The only difference which he could see between the stump exhibited by Mr. Stokes, and those which he had produced by Mr. Teales method, was that in the former, the cushion on the anterior part was not so moveable. One of the advantages of Teale's amputation was, that when the finger was placed on the stump there was a bursa, and they could move it about; while in Mr. Stoke's case there was more tension. It was when the patient began to walk about with an artificial limb, and the weight of the body came upon the end of the stump, that the usefulness of Teale's rectangular flap operation was more particularly observed. The modification which he (Mr. Croly) would adopt, was to shorten the anterior flap for an inch or two, but not to do away with the short flap altogether. With regard to mortality in Ireland, as far as he could ascertain, there had not been a single death from the rectangular flap operation, and not only that, but there had been no sloughing. Surgeons had sometimes been disappointed with the result of this operation, finding that the anterior portion sloughed. No doubt, what the chairman had suggested was a step in the right direction, but he would say that shortening the long flap and leaving the short one as it was, and so giving a flap movable on the stump, thereby preventing the tension that existed in this case, was the only modification that Teale's operation required.

Mr. Hamilton said they must give the stump exhibited by Mr. Stokes that evening credit for being a very good one. He thought too much importance was attached to the idea of pressure on the face of the bone; for after the operation, in his opinion, the pressure should be borne chiefly upon the circumference of the limb. He had performed Teale's operation three times, and he did not think he would ever perform it again, except under very special circumstances. No doubt the case did very well, but he did not see why they would not have done as well, had some of the older methods of operation for amputation of the thigh been adopted. He was much more in favour, especially near the knee, of the circular operation; and he saw a good many cases going about which were evidences of the good old surgery of Cusack, Abraham Colles, and Wilmot—the individuals having exceedingly useful stumps, after operation by the old circular method.

Mr. Collis said Mr. Hamilton had apparently overlooked the freedom from mortality that attended amputation by Teale's method, which alone was a reason for giving that method a further extended trial. Surgeons ought not to rush into a fashion of always performing Teale's operation, for there were some cases for which it was not suitable. He had no doubt there were cases in which the surgeon might be tempted to perform Teale's operation, where the cutting through the thigh might be avoided by an operation through the joint. He though if they were able to get a long skin flap from the front of the leg, they might be able to get a flap from the back, which would enable them to go through the joint. The leaving of the cartilages had been made an objection to amputation through the joint; but he had no hesitation in saying that cartilages were no obstacle whatever to union by primary intention. He had seen an amputation through the joint, where there was not a drop of matter, and the stump was perfect. He would therefore throw out the suggestion, that while they approved of Mr. Teale's operation and such modifications of it as the chairman had suggested, they must not allow their preference of Teale's method to blind them to the fact that there were other modes of operation which might be resorted to with advantage.

Mr. B. Wills Richardson observed that Mr. Stokes alluded, in his prefatory observations, to a name which, at a meeting of the Surgical Society of Ireland, deserved more than a mere passing notice, he (Mr. Richardson) meant that of Benjamin Bell, a member of this college, whose anterior flap operation above the knee differs so little from the thigh anterior flap operations recommended since his time, but associated with the names of other surgeons. He (Mr. Richardson) would read to the meeting Bell's description of his operation above the knee, and he had no doubt that the members would then recognize how closely he has been imitated by more modern surgeons. According to Bell, "the extreme point of the (anterior) flap should reach to the end of the limb, unless the integuments be in any part diseased, in which case it must terminate where the disease commences, and its base should be where the bone is to be sawn. This will determine the length of the flap; and we must be directed with respect to the breadth of it by the circumference of the limb; for the diameter of a circle being somewhat more than a third of its circumference, although a limb may not be exactly circular, yet by attention to this circumstance, we may ascertain with sufficient exactness the size of a flap for covering a stump. Thus, a flap of four inches and a quarter in length, will reach completely across a stump, whose circumference is twelve inches; but as some allowances must be made for the quantity of skin and muscles that may be saved on the opposite side of the limb, by cutting them in the manner we have directed, and drawing them up before sawing the bone, and as it is a point of importance to leave the limb as long as possible, instead of four inches and a quarter, a limit of this size where the first incision is managed in this manner, will not require a flap longer than three inches and a quarter, and so in proportion according to the size of the limb. The flap at its base should be as broad as the breadth of the limb will permit, and should be continued nearly, although not altogether, of the same breadth to within a little of its termination, then it should be rounded off, so as to correspond as exactly as may be with the figure of the sore on the back part of the limit. This being marked out, the surgeon standing on the outside of the limb should push a straight double-edged knife with a sharp point, to the depth of the bone, by entering the point of it at the outside of the base of the intended flap, and carrying the point close to the bone, should push it through the integuments at the mark on the opposite side. The edge of the knife must now be carried downwards, in such a direction as to form the flap, according to the figure marked out; and as it draws towards the end, the edge should be somewhat raised from the bone, so as to make the extremity of the flap thinner than the base, by which it will apply with more neatness to the surface of the sore. The flap being supported by an assistant, the integuments and muscles on the back part of the limb should, by one stroke of the knife, be cut down to the bone about an inch beneath where the bone is to be sawn; and the muscles being separated to this height from the bone with the point of the knife, the soft parts must all be supported with the leather retractor till the bone is sawn." It was unnecessary, Mr. R. further observed, to read the completing steps of the operation, his object being to remind the Society how closely Bell's anterior flap resembles that of Teale in being nearly rectangular. In his (Mr. R.'s) opinion, Bell's flap has an advantage over the rectangular one in being free from the angles—the angles of soft parts raised from underlying structures we know by experience being very liable to slough. In the dissection of the muscles from the bone before it is sawn, in Bell's operation, a modified short posterior flap is thereby formed, and thus the analogy between it and Teale's amputation is still more striking.

The Chairman observed that the modifications he had suggested was not of recent date. The first time he saw Teale's operation he thought there was an enormous amount of cutting, and mentioned the modification to the late Mr. Smyly, who agreed with him, but did not seem to take much interest in the subject. He then mentioned it to Mr. Ledwich, who performed the operation on the dead subject, and came to the conclusion that there was ample covering for the stump. In consequence of a recent paper by Dr. MacCormac, of Belfast, he wrote to that gentleman, who, in a letter which he had received that day, informed him that he had operated on the dead subject according to his (the Chairman's) suggestion, and found that the parts when brought together were all that could be desired in a stump. It was unexceptionable in form, there seemed to be ample covering, and it appeared to possess every advantage that could be claimed for Teale's operation. He (the Chairman) tried the operation on one occasion on the dead subject in the presence of Dr. Mapother, who was amply satisfied with the result. He had spoken to his friend, Mr. Stokes, on the subject, but the first thing he heard of this case was by a letter which he received from Mr. Stokes on the 9th of December last, stating that he had performed the operation with a result fully bearing out what Dr. MacCormac had stated.

Dr. Mapother said he had the pleasure of seeing Mr. Wharton perform the operation on the dead subject, and it seemed to him to be a very beautiful one, and he fully agreed with him in the advisability of trying it whenever an opportunity arose.

Mr. Stokes, in reply, said the two advantages of the modification suggested by Mr. Wharton appeared to be, that there was a diminution in the extent of cut surface and a decided saving of bone. Mr. Croly did not think there was so very much cut surface in Teale's operation, but in the modification suggested by the Chairman there was less; for in the latter there was but one flap, while in the former case there were two. With regard to the tension of which Mr. Croly had spoken, he agreed with Mr. Hamilton that tension on the face of the stump was not of much importance, because the pressure should be made on the circumference of the limb. It should be borne in mind that, although there might be a certain amount of tension here, it arose altogether from the partial sloughing of the anterior flap. Mr. Croly said that no death had occurred in Ireland after Teale's operation. He was not altogether correct, for he (Mr. Stokes) was the unfortunate exception. It was the second operation of the thigh he had performed, and he adopted Mr. Teale's method; the patient got on very well for the first fortnight, but gradually sank and died with symptoms of pyæmia. They should congratulate themselves on this, that, notwithstanding the objections Mr. Croly had made, he modified them by saying that the Chairman's suggested modification of Teale's operation was a step in the right direction. There was no doubt that Teale's operation was very similar to Bell's.

The Society then adjourned.

◆

Correspondence.

NITROUS OXIDE IN DENTAL SURGERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I had written a letter in reply to my respected and venerable friend, Mr. W. S. Whatford, when I discovered one in your columns from Mr. Braine, who must be regarded as an authority in this matter and whose, reply is to the point, and renders my own quite unnecessary; I will, however, trouble you with a modification of what I had written, as the subject is full of interest to those who are anxiously looking for a safe anæsthetic.

Without referring to the great success of this agent in America, where upwards of 200,000 cases are reported in five years with but one fatal result, and that in a phthisical patient who ought not to have inhaled it, I cannot do better than refer objectors to the report of the scientific committee, appointed by the Odontological Society to consider this question, which was published in the Society's "Transactions" for December last. The very favourable conclusions of the committee as to the superiority of this anæsthetic in dental surgery were founded on 2,431 recorded cases.

My own experience only extends to about 200 cases (and I think an administrator should see something like 1,000 cases before he writes in very positive terms), but I am able to endorse Mr. Braine's remarks, and I would direct attention to that part of his letter where he refers to unpleasant dreams, arising from the unequal pressure of the gasometer. Mr. Whatford alludes to cases with "very alarming symptoms," but did not inform your readers what those symptoms were; if by that he means a cyanosed appearance of the patient, I admit that to those accustomed only to chloroform administration such symptoms are alarming, but it is a very striking fact in these cases, that as soon as the inhaler is removed, the colour returns instantly with the re-organization of the blood. Some persons are alarmed at the snoring which sometimes takes place during the inhalation, and call it stertor, a dangerous condition, but the sound heard no doubt, arises from the vibration of the relaxed palatal muscles and may be legitimately called snoring.

As to the "kicking and screaming," it need scarcely be remarked that in hysterical patients these symptoms are easily produced with any anæsthetic and with nitrous oxide especially, if the administration is loosely or carelessly conducted. It is important that the respiratory organs should have full play, and that tight stays, or fastenings round the waist and throat, should be strictly forbidden. In cases where I suspect hysteria, I have learnt not to be afraid of giving the gas; my aim is to produce a profound anæsthesia; I am supported in this by the practice of eminent administrators.

The patient's recovery is much more pleasant when silence is strictly observed during the exhibition of the gas. The sense of hearing is so acute under its influence that any talking disturbs.

The most unpleasant cases I have had were among the first 50—owing no doubt to timidity and want of experience, and I therefore infer from this that Mr. Whatford's cases will improve as he advances in his investigation.

I have found that the greatest objectors are those who, either have not seen the gas given, or have witnessed it carelessly administered by inexperienced persons.

That we shall hear of accidents with so subtle an agent is, I think, probable; even careful and skilled practitioners will have their serious cases which time alone will bring to light; but what the public have most to dread is, I think, an unskilful administrator.

If some eminent physiologist would investigate this subject closely, and publish his results, it would be of much service in the meantime, practical hints from practical men would be helpful. It is with the hope that some simple hint or two might be usefulto some of your readers, that I have ventured to intrude upon your valuable space.

I am, Sir, yours truly,

J. Dennant, L.D.S., R.C.S.,
Dental Surgeon to the Brighton Hospital
for Sick Children.

◆

Medical News.

Unwholesome Food.—Dr. Ballard, the Medical Officer of Health for Islington, last week obtained a magistrate's order for the destruction of a large quantity of cod-fish which had been seized as unfit forfood. The fish had been purchased in Billingsgate market as fresh, and when it was got home it was found to be quite unfit for food. Under those circumstances the fish was brought to the vestry for condemnation, and a certificate was given to the person who brought the fish that it had been condemned, so that the buyer might get his money from the salesman. Dr. Ballard said that in every case but one those who had received a certificate from the parish authorities had recovered his money. The fish in question was so putrid that it was quite unfit to be brought into court

Deaths in the Metropolis.—In the first 13 weeks of the year 1869, the first quarter of the year, there have been 20,088 deaths in the metropolitan district a number about 1,200 less than the average for this, the most fatal, quarter of the year, allowing for increase of population. In almost every week of the quarter the mortality has been below the average. 9,228 of the deaths were of persons under 20 years of age, 2,800 of persons 20-40; 3,455 of persons 40-60; 4,605 of persons 60 and upwards. There were in the 13 weeks 69 deaths in the metropolitan district from small-pox, 300 from measles, 648 from scarlet fever, 81 from diphtheria, 886 from whooping cough, 266 from typhus fever, 331 from enteric fever, 189 from simple continued fever, 177 from diarrhœa, 2,294 from phthisis, 2,993 from bronchitis, 1,231 from pneumonia, 1,010 from heart disease.

The Royal Hospital for Incurables.—In 1854 Dr. Andrew Reed founded this institution to afford a home for those who, discharged uncured, needed an asylum; and, secondly to give a pension of 10*l.* a year to those who, having a home were still in need of partial relief. The building belonging to the institution is situated at Putney, and contains 120 inmates, while the pension list amounts to upwards of 4,000*l.* a year. The 15th anniversary of the charity was celebrated last week. In the course of his address the noble chairman, Viscount Sydney, dwelt upon the special claims which the charity had upon the public. He observed that it did not come into competition with any other hospital, and it was only when the physician intimated that art had done her utmost that the institution stepped in and gave the benefits it was peculiarly designed to confer. Mr. Andrew, the secretary, in announcing the amount of the subscriptions to be 2,500*l.*, reminded the subscribers that, in consequence of the building of the new wing to the hospital, a debt of some 7,000*l.*, had been contracted, which it was earnestly hoped the friends of the institution would speedily discharge.

We have been requested to announce in consequence of the domestic bereavement sustained by his Royal Highness the Prince Christian, the annual festival of University College Hospital which had been advertised for the 20th inst, has been unavoidably postponed to the 23rd of June, when his Royal Highness has graciously consented to preside.

A Committee of the Medical Society of London, has Drawn up the Following Questions for Circulation.—"1. Do you consider the formation of biliary concretions to be influenced in any way by age, sex, hereditary tendency, mental conditions, food, climate and the like? 2. Is the natural formation of a biliary concretion to be detected by the manifestation of any peculiar symptoms of dyspepsia? 3. Do you consider it possible to determine symptoms of the presence of biliary concretions in the gall bladder, or the ducts of the liver? 4. Can you narrate any cases of (*a*) biliary fistula, (*b*) communication between the biliary passages and other internal organs? 5. What plan of treatment have you found efficacious for the general dyscrasia, and the relief of pain during the passage of biliary concretions?

Prudential Assurance Company.—We do not know that there is any surer investment for the family of a prudent man, than that of a well managed Life Assurance Company, whether as a shareholder or assurer. The former it is true may sometimes find himself unfortunately allied to an office that is a perpetual source of anxiety to him, but the latter is always secure if the business is only conducted with ordinary care, every policy posessing a distinct value which can always be transferred from one company to another, for the protection and convenience of the assured. That the Prudential is carefully managed we think will be evident from the report which appears in another column and from which we extract the following figures.—The premium income at the close of the year amounted to £220,978 after making allowance for all policies lapsed or surrendered, the assurance fund amounted to £241,301 against £172,959 at the close of 1867, being an increase of £68,341; the new premium income for the year ending 31st December 1868 amounted to £87,749, the corresponding amount for 1867 being £54,819.

City Gas.—Dr. Letheby, the Chief Gas Examiner to the Board of Trade, has, in accordance with the City of London Gas Act of last year, reported on the quality and purity of the gas supplied to the city during the last three months. The results of the examinations as to the illuminating power in sperm candles were as follows:—City of London Gaslight and Coke Company, *maximum* 16·27, *minimum* 14·03, and average 14·83; the Gaslight and Coke Company, *maximum* 16·28 *minimum* 14·38, and average 15·26; Great Central Gas Consumers' Company, *maximum* 16·85, *minimum* 14·26 and average 14·99. The examinations were made three times daily, at intervals between the hours of 5 p.m. and 10 p.m. He also reports that ammonia has constantly been present in the gas of the Chartered and Great Central Companies, but that all the gas had been invariably free from sulphuretted hydrogen. The following were the amounts of sulphur in 100 cubic feet of gas:—City of London Company, 18·92, 11·70, and 15; Gaslight Company, 24·15, 15·75, and 19·49; and Great Central Company, 24, 7·03, and 12·28.

◆

NOTICES TO CORRESPONDENTS.

SPECIAL NOTICE TO SUBSCRIBERS IN IRELAND.

The Subscribers are respectfully informed that the offices of this Journal have been removed to Moffat and Company, 6 D'Olier street, Dublin, to whom all business letters should henceforth be addressed. Editorial communications should be sent to Dr. Jacob, 23 Ely place.

NITROUS OXIDE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In my last note to you, "On the Administration of Nitrous Oxide in Dental Operations," by a printer's error you make me say that I should be sorry to have a tooth removed *with* being previously put under the influence of the gas. What I really said was, that I would not have a tooth extracted *without* being under its influence. Trusting you will correct the mistake,

I am, faithfully yours,

F. Woodhouse Braine, F.R.C.S.

Mr. T. Dalston, Brough.—We shall be happy to accede to your request.

Dr. W. D. Moore.—Aneurism of the Aorta cured by Acetate of Lead, received with thanks.

Cantab.—The candidates intending to offer themselves for examination for medical and surgical degrees at the University Anatomical Schools are required to signify the same to the Regius Professor of Physic on or before the 17th of May, and to send at the same time their certificates. A fee of three guineas is paid to the professor by each candidate when his name is sent in for his first examination for the M.B. degree. The first and final examinations for the degree of M.B. will begin on Monday, the 31st of May, at nine a.m. The second examination for the M.D. degree and the examination for the degree of Master in Surgery will begin on Monday, the 7th of June, at nine a.m.

Dr. Lamprey, Portsmouth.—The three blocks received are in the hands of our engraver. Proofs shall be sent you shortly.

Mr. Crane.—A paragraph of the decision was in type for our last issue, but was crowded out at the last moment for want of space.

Dr. Madden.—Proof will be sent you this week.

Dr. Bean, Ashburton.—We will endeavour to procure and give you the desired information in our next.

A Graduate.—Dr. Richardson has been elected to the Assessorship of the University of St. Andrews by a majority of 60 votes.

◆

VACANCIES.

Member of Council, Royal College of Surgeons, Ireland.—Vacant by the death of Dr. Mackesy. Election, April 26th.

Newport Union, Achill District.—Medicall Officer. Salary, £80, exclusive of fees. See advertisement.

Newport Union, Ballycroy District.—See advertisement.

Charing Cross Hospital.—Surgeon to the Skin Department.

Carlow Union.—Medical Officer. Salary, £100, exclusive of fees. See advertisement.

New Ross Union.—Medical Officer. Salary, £70, exclusive of fees. See advertisement.

Ely Union.—Medical Officer. Salary, £45, with fees for Midwifery Cases, &c. Election, to-morrow (Thursday).

Wandsworth and Clapham Union.—Salary, £75, with Operation and Midwifery Fees. Election, to-morrow (Thursday).

◆

APPOINTMENTS.

Auchinleck, G., M.D., Staff Surgeon-Major, after 20 years' full pay service.

Abercromby Anderson, C., M.D., and W. R. E. Smart, C.B., M.D, were on Friday last promoted to the rank of Inspectors-General of Hospitals and Fleets.

Bangay, R., M.D., Surgeon to the Eastern Dispensary, Bath, vice W. Bush, M.R.C.S.E., resigned.

Dickson, Dr. J. T., Resident Medical Superintendent of St. Luke's Hospital for Lunatics, vice J. Ellis, M.D.

Falls, Dr. W., resident Surgeon-Apothecary to the Warrington Dispensary, vice Bagnall.

Gourley, S., M.D., Surgeon to the Hartlepool Hospital, vice G. Kirk, resigned.

Advertisements.

CORONERSHIP FOR WEST MIDDLESEX

THE QUEEN v. DIPLOCK.

THIS CASE has been EIGHT TIMES before the Judges of the Court of Queen's Bench, and the illegality of the votes recorded for Mr. Diplock has been substantially decided.

Dr. Hardwicke, in the full conviction that he had a majority of the freeholders in the Western Division of the County of Middlesex, was urged by his friends, as the most fitting candidate, to continue the contest till the end.

Dr. Hardwicke was returned by the legitimate votes of the freeholders, by a majority of two to one. By the illegal tender of votes by persons assuming to be freeholders on the ground that they possessed graves or were watermen, which votes were wrongfully recorded, and the legal votes were out-numbered, and Dr. Hardwicke's opponent was illegally returned as Coroner for the County.

The great expenses incurred by Dr. Hardwicke in his election has been upwards of £1,700. He is unprepared to continue the contest in the Court of Queen's Bench without further assistance, and the Committee appointed to secure his election have no hesitation in recommending to his friends of the Medical Profession, as well as those who are anxious to maintain the integrity of popular institutions and the purity of our electoral system.

Subscriptions to Dr. Hardwick's Election Fund are earnestly solicited, and will be received by the following gentlemen:—

Chairmen of Committee ... George Cooper, Esq., J.P., Brentford; Edwin Lankester, M.D., 23 Great Marlbro' street.
Treasurer ... W. G. Farnall, Esq., Isleworth.
Hon. Secs. ... Dr. Holt Dunn, Hereford road, Bayswater; G. Benson Baker, M.R.C.S., 42 Grove rd., St. Jn.'s wd.
Bankers ...... London and County Bank, and Branches.

CARMICHAEL SCHOOL OF MEDICINE,
NORTH BRUNSWICK STREET.

THE SUMMER SESSION will COMMENCE on MONDAY, APRIL 26, 1869.

Practical Chemistry	Dr. E. Davy	Tues., Thurs., Sat., 12 to 1 o'c.
Materia Medica	Dr. Fraser	Mon., Wed., Fri., 12 to 1 „
Medical Jurisprudence...	Dr. O'Reilly	Mon., Wed., Fri., 1 to 2 „
Botany	Dr. Campbell......	Tues., Thurs., Sat., 1 to 2 „

Carmichael Medals and Prizes will be awarded in each of the Summer Classes. For particulars apply to

Dr. CORLEY, Registrar, 14 Summer hill.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 28, 1869.

CONTENTS.

PAGE
Address of the Right Hon. John Inglis, LL.D., D.C.L., Lord Justice General of Scotland.—Delivered on his Installation as Chancellor of the University of Edinburgh, April 21, 1869 345

Use of Toads 350

LECTURE.

On Fibrous Tumours of the Uterus. By James Palfrey, M.D., Assistant Obstetric Physician to the London Hospital; formerly Obstetric Physician to the Farringdon Lying-in Charity, and to the Metropolitan Free Hospital, and to the Surrey Dispensary, &c., &c 351

Treatment of Rupture of Ligamentum Patellæ and of Transverse Fracture of Patella 352

HOSPITAL REPORTS.

METROPOLITAN FREE HOSPITAL AND FARRINGDON DISPENSARY.—
Further Cases of Syphilis treated without Mercury. By Charles R. Drysdale, M.D., M.R.C.P., F.R.C.S., and Robert W. Dunn, Esq., M.R.C.S. 353

LEADING ARTICLES.

PAGE
SENSATIONALISM 354
SCOTLAND TO THE FRONT 355
EXEMPTION OF HOSPITALS FROM TAXATION 356

SCOTLAND.

Edinburgh University Court 356
General Council of the University of Edinburgh 356
Installation of the Chancellor of the Edinburgh University 358

NOTES ON CURRENT TOPICS.

Sanitary Commission 358
The late Dr. Dunglison 358
A Veteran 358
Female Doctors 358
The Societies 358
Contagious Diseases 359
Pogontrophy 359
Another Case of Prolonged Fasting 359
London Pauperism and the Poor-law Board 359
Coal Superseded 359
Pauperism in the House of Lords 359
The Health of Dublin 359

CORRESPONDENCE.

James Little on Medical Appointments in the Royal Navy 360

LITERATURE.

PAGE
Journal of Anatomy and Physiology. Conducted by Profs. Humphry and Turner. 360

GLEANINGS IN MEDICINE, SURGERY, AND THE ALLIED SCIENCES.

Extirpation of the Uterus for Complete Prolapse 362
Typhoid Cutaneous Spots 362
Phosphates of the Urine increased by Mental Exertion 362
Experimental Researches on the Action of Quinine 362
The Microscopic Component Parts of Vaccine Lymph 362
Poisoning by Nitro-Glycerine 363
Employment of Phosphide of Zinc in Medicine 363
Remarkable Case of Prostatic Calculi 363
Prevention of Pain from Blisters 363

MEDICAL NEWS.

Waste of Fuel in the United Kingdom 364
The Public Health 364
The President of the Royal Society's Soiree 364
Birth in a Railway Carriage 364

Royal College of Surgeons in Ireland 364
Sir Patrick Dun's Hospital, Dublin 364
Notices to Correspondents, &c. 364

Address

OF THE

RIGHT HON. JOHN INGLIS, L.L.D., D.C.L.,

Lord Justice-General of Scotland,

DELIVERED ON HIS INSTALLATION AS CHANCELLOR OF THE UNIVERSITY OF EDINBURGH,

APRIL 21ST, 1869.

Theory of University Education.—I proceed at once to offer you some suggestions which may be available in carrying on that liberal and comprehensive course of improvement which has already done much to promote the usefulness and enhance the reputation of our University. The great principle which lies at the foundation of every sound theory of University education in this country is so obvious as almost to amount to a truism, and yet requires to be kept constantly present to the mind. It is, that the Professors are made for the students, and not the students for the Professors. Were we possessed of wealth sufficient for such an extension of the professoriate as would furnish a complete and effective body of teachers, and yet enable others to devote themselves more to the pursuit of scientific research, and the cultivation of the highest scholarship; it would indeed be well both for the University and for Scotland; and the day may not be so far distant but that some of our younger graduates and of our students may live to see an adequate portion of the rapidly accumulating wealth of Scotland applied to the noble purpose of securing not only the highest and best education for our youth, but places of literary leisure for our matured scholars and leaders of scientific inquiry. But we must deal with existing facts; and while we confess, with regret, that no such provisions form, for the present, any part of our academic system, we may yet console ourselves with the reflection that by perfecting and completing the teaching powers of our professoriate, we are doing good work in the meantime, and by gradually and certainly raising the standard of attainments among our students, and in the same proportion increasing the aggregate of scholarship and scientific acquirement, both in the University and in the country, are laying the surest foundation for that full recognition of the claims of learning which will in the end attract to the seats of our Universities all who are most renowned for their erudition, and who desire the repose of an academic life, with an assured competency, and the command of their own time for the further prosecution of their favourite studies.

The Professors.—In our day the Professors of our University must all devote themselves chiefly to practical teaching; and therefore the first and leading question will always be how to find the best Professors—that is, the Professors who will make the best students—who will impart the greatest amount of instruction of the best quality, in the most acceptable and useful form—guiding and counselling the clever, the ardent, and the ambitious student, exciting and encouraging the timid and the backward. The first pre-requisite to the constitution of such a body of Professors as will most efficiently discharge these duties plainly is that the patronage of the chairs should be administered with a single view to fill every vacancy by the election of the best qualified person that can be procured. But to this end, in what hands ought academical patronage to be placed? This is the subject of an old controversy; but it is a theme of paramount importance to the well-being of our University, the consideration of which, in a calm and candid spirit, seems to me neither inopportune nor unappropriate to this occasion.

University Patronage.—That University patronage is a trust and not a right—a trust for the promotion of a great public object, and not in any degree for the benefit of individuals or of classes; and, consequently, that those who rightly administer the trust cannot derive from it any selfish advantage or even any personal gratification, except what may arise from the consciousness of pure, intelligent, and successful discharge of duty—are propositions which, stated in the abstract, cannot be seriously impugned. The burden which such a trustee undertakes is a high responsibility; his reward the approval of his own conscience. There are three great qualifications for the exercise of patronage—honesty, firmness, and the capacity of making a discriminating choice; and it will be found that the men who possess these gifts, and who know best how indispensable is their use in the administration of such a trust, are, generally speaking, the most apt to shrink from undertaking its duties. It is no easy task, at least for most men, sternly to disregard the claims of kindred, the appeals of friendship, the pressure of influence, to cast aside political and politico-religious prejudices and sympathies, to wade, it may be, through a morass of faithless and verbose testimonials in the almost vain hope of gathering a few modest blossoms of truth, to exhaust all other available and trustworthy materials for forming a sound judgment, and at last to address one's self to the task of selection with a single eye to the fitness of the person selected for the special office to which he is to be appointed. And yet such are the qualities, and such the amount of honest labour, indispensable to the right administration of University patronage.

The Distinction of Appointments.—How intimately the prosperity and reputation of a University are dependent on an honourable and wise administration of patronage may be further illustrated by the consideration that much of the dignity and repute of an office arises, in the estimation of scholars and gentleman, from the high character of those who have the power of appointment. To be selected, out of a large number of men recommended by their proved abilities and great attainments, as the one person best qualified for a Professor's chair, is a gratifying distinction, and an object of honourable ambition, provided the choice be made by persons whose character and qualifications afford a guarantee that it is a just, a pure, and a discriminating choice. But reverse these conditions, and the value of the distinction is lost. The emoluments and the duties of the office may continue the same; but its attractiveness will be sadly impaired in the eyes of those who would fill it with the greatest advantage to the University. The more honourable and worthy the patron, the more honourable and more honoured will the office always be.

Result of Bad Appointments.—On the other hand, it is difficult to exaggerate the evil effects of even one or two bad to indifferent appointments. For such misfortunes are apt or repeat themselves, and that from two causes—the University injured and waning in its reputation, will gradually fail to attract men of the best stamp as candidates; and the patron, will become by habit familiarised and satisfied with mediocrity.

Plurality of Patrons.—I do not propose to detain you by any detailed exposition of the various reasons assigned by Sir William Hamilton—in which, however, I entirely agree—for preferring a small plurality of patrons to either an individual or a numerous body, and for condemning the practice of vesting the appointment to chairs in the hands of the existing body of Professors, The Universities' Act of 1858, by transferring the patronage previously administered by the Senate to the University Court in all the Scottish Universities except Edinburgh, came very near—as near, perhaps, as was practicable—to the constitution of the small board projected by Sir William Hamilton, which should combine the exercise of patronage with a direct influence and control in the administration of University affairs. Since the new Courts entered upon their functions, nine appointments have been made by them—four in St. Andrews, four in Glasgow, and one in Aberdeen—and I believe it will be generally conceded that, so far as experience goes, the change has operated beneficially.

Objections to Crown Patronage.—Of that large portion of University Patronage which is vested in the Crown, and of its exercise by the Secretary of State for the time, it would be unbecoming to speak otherwise than with caution and respect. But as I entertain an opinion on the expediency of the existing arrangements, I do not see why I should withhold the expression of it from you. I think there are cogent reasons for objecting to the Crown, or, in other words, to the Government of the day, as the depositary of University patronage, at least to so large an extent as at present. It is impossible that in this or any other country similiarly situated, where the existence of opposing political parties affords one of the practical securities for the maintenance of free institutions and of personal and politicial liberty, patronage vested in the Crown should be exercised independent of political considerations or of the political tendencies of candidates for office. There are, no doubt, important exceptions; but I fear it is vain to attempt to classify professorships as falling within the exceptions and not within the rule. If, then, these appointments are influenced by political considerations at all, I conceive that an element is introduced which is entirely alien and irrelevant in the inquiry. Who will make the best Professor, in the department either of classical leasning, of mental philosophy, or of physicial science, and, still more, in the faculties of divinity, law, and medicine? The consequence is, that many men of acknowledged distinction in literature and science, who have no natural inclination to mingle in political strife, or to proclaim themselves the disciples of any political leader, are seduced from their more congenial and more useful occupations and studies, and taught to rely, not on their own merits as scholars or philosophers and teachers of others, but on their connection with one or other of the political parties in the country. This creates a relation between the patron and the class from whom he is to select, which impairs if it does not destroy that freedom and purity and highness of purpose which, I have said is, indispensible to the right administration of University patronage. Though a minister be animated by the most honourable desire to discharge this duty aright, he has neither the time nor the opportunity to make himself master of the subject; therefore, he must either rely on his own imperfect information, or he must trust to testimonials, or, lastly, he must take advice from better-informed persons. Practically, the last course is the one which will be followed, as being the best attainable. But this involves a delegation of judgment to persons of local information or special means of knowledge, and thus the choice comes in the end to depend on the suggestions of persons who, being exempt from the influence of public opinion and sensible of no direct responsibility are liable, unconsciously to themselves, to be swayed by motives which, in the public and direct exercise of patronage, the very same persons would entirely discard; while the minister who is directly responsible loses to a great extent his sense of responsibility and contents himself with the reflection that he has taken the best advice he could command.

Restriction of Crown Patronage.—Notwithstanding these disadvantages I am bound to confess that there are some compensating advantages (chiefly, perhaps, of a material kind, but not on that account to be despised or overlooked) in maintaining the intimate connection between the University and the Government which the Crown patronage of professorships, perhaps, as much as anything else is calculated to secure. It would, therefore, be a dangerous experiment, even if it were practicable, to abolish the whole of the Crown patronage and transfer it to the University Court or any other body; but it may at least be fairly asked, whether the amount of such patronage in the hands of the Crown be not excessive? For if this question be satisfactorily answered in the affirmative, though it may not lead to a diminution of the present amount, it may tend to prevent its increase in the event of the institution of new chairs.

Board for Administering University Patronage.—Now it appears to me that, in addition to the selection of well-qualified persons to constitute a board for administering University patronage, no better incentive could be found to a zealous and painstaking exercise of this important function than a generous emulation and rivalry, not among the Universities merely, but among the boards who, in the different Universities, are charged with the appointment of Professors. But, unless there be a separate board or set of patrons for each University, if the same individuals or bodies of men are entrusted with the patronage of more Universities than one, this wholesome rivalry is destroyed. The Crown patronage is obviously liable to this objection, as long as it continues so extensive as it is at present, and the objection will be aggravated by any future addition. For there cannot be the same zeal and anxiety to procure the very best man for a vacant chair, where the spirit of rivalry is entirely wanting, and the patron may be called on within a few weeks or a few years to fill up a chair in another University devoted to the teaching of the same science or branch of learning,

Our National University System.—The Scottish Universities are, and ever have been, teaching bodies. In conformity with the true theory of a University, and with all the ancient models, we hold it to be the condition of our right to confer Degrees that we should furnish a full course of instruction in every Faculty in which such honours are bestowed. And this teaching is the public and primary function of the University itself through its Professors, never delegated either to separate or affiliated colleges, or even to private teachers within the University, though private tuition is recognized as an important useful auxiliary. It follows that one of the great distinctive features of our system is the Professoriate—an active, efficient, and, so far as our resources permit, a complete, Professoriate. Again, the Scottish Universities have, without interruption in the course of their history, opened their gates freely to students of all classes and creeds and countries without distinction, the one qualification for admission being a healthy thirst for learning. Nor has this large and comprehensive invitation to all who desire the blessings of the highest education been coupled with any serious condition of a pecuniary nature. On the contrary, these advantages have always with us been attainable, not by the more wealthy classes of society only, but by the great bulk of the middle classes also; the consequence of which has been the formation of a body of students of a singularly manly and independent spirit; early trained, many of them, in the school of adversity, or, at least, of poverty and thrift, unsparing in their assiduity to profit to the utmost by that University career which has been procured for them, it may be with difficulty and sacrifice, and bearing with them out into the world all the natural fruits of these academical experiences—a stout heart and a well trained mind, with such stores of knowledge as form the best foundation for the larger, more extensive, and more varied education which is the proper business of the whole after life. No proposal of change can be listened to which shall shut out this body of students, or any part of them, from the University. We cannot spare such students as these. They are the very heart's blood of our nation, the men who have carried the name of Scotland and Scottish education to the uttermost parts of the earth; who are everywhere known and recognized as true representative Scotchmen—brave and self-reliant, acutely observant and yet deliberate, upright, energetic, and constant. To the production of this national character, probably nothing in the University system has contributed more than the catholic tone and spirit of our teaching. Some philosophers of the present day may perhaps look back with a feeling of pity allied to contempt to the days when our Professors were all nominally of one Church and one creed. But surely, even in those days we were in the enjoyment of great freedom of thought. Could the Scottish school of mental philosophy have ever been founded, or could it have attained its great eminence, if there had not been scope for the unfettered expression of speculative opinion? The test which was at one time imposed as a condition of the induction of Professors, was abolished by a statute which was carried through Parliament by our learned Rector, much to his honour; for the test was an anachronism. It was imposed at the Revolution, and renewed at the Union, for a great political object—the security of the Protestant religion. The occasion of the enactment was gone, and it was fitting that the enactment should itself also disappear from the statute-book. But though I approve of the removal of an invidious and useless statute, I cannot admit that the Professors who, before that time, carried on the teaching business of our Universities, either those who have since departed or those who still survive, were, or are, in any respect inferior to the younger men we see around us adorning and illustrating the various departments of learning which they teach. The instruction of twenty, thirty, or forty years ago, not to speak of earlier periods in the history of the University, was as liberal, as catholic, and as well adapted to attract students of all classes, and from all places, as it is at present, saving the advance which the world has since made in physical science, and in every other department of learning.

English and Scotch University Systems.—These peculiarities of our University system are well understood among ourselves and within Scotland. But much misapprehension has prevailed elsewhere, both about what we profess and what we achieve. When, fifteen or twenty years ago, the first serious attack was made on the two great Universities of England, and some rather unfavourable points of contrast were suggested between those magnificent foundations and our poor establishments in the north, a stout champion of the old Oxford and Cambridge school thus expressed himself:—"The Scotch Universities, are, indeed, institutions for all classes; they give a professional education to the medical man, and the curtailed general education to the tradesman. But Scotland is not on this account better off but worse off than England. . . . We have Scotch University education in our grammar schools and our medical schools, and we have also what Scotland has not, that which is called University education." A great deal of the truth or falsehood of a statement depends on the precise sense in which terms are used. In the English sense the English had, at the time of which I am speaking, a University education which we had not. But the true question was, Whether the education the English youth received at Oxford or Cambridge was, upon the whole, more worthy of the name of University education than that which was to be obtained at a Scottish University? The writer whom I have quoted seems to revel in the idea of the venerable English Universities rejecting professional studies and instruction as vulgar and grovelling. These Universities, according to him, had practically abolished all teaching in two if not three of the faculties Law, Physic, and Divinity—and devoted themselves exclusively to the Faculty of Arts. Such, too, was the conception that Professor Huber, of Marburg formed of the English Universities of that time, when he represented them as charged with the duty and vocation, not to form divines, jurists, and physicians, but "gentlemen," whom he describes as "a necessary and honourable element in the national existence." While the men of the English Universities were imbued with such ideas, it was no wonder that they should misunderstand our position. While they thought themselves entitled to confer degrees in law and medicine, without giving any efficient instruction in these sciences, though they had foundations and professorships in both, they might naturally believe that we were throwing away our time in educating men to professions. But now that a better spirit prevails, and the old Universities of England have become alive to the larger and more important duties that belong to them as national institutions—now that they are endeavouring to restore the just influence and action of the University as the proper teaching body, and to render the professoriate efficient for its original and proper purpose—they may be expected to have more sympathy with what we have been doing for centuries, and to acquire a more accurate knowledge of what we accomplish with our slender means. A desire of better acquaintance with us will also be enhanced by the conviction now spreading among them, that, even in general education, in the amount of instruction necessary to the attainment of an ordinary Degree in Arts, the standard of qualification is higher with us than with them. This important fact was confidently stated by my lamented friend the late Principal Forbes, of St Andrews, in 1861, when, as a Professor of this University, he was addressing such a body of young graduates as I am happy now to see before me:—"We know (he says) and have long known that the honours of a degree, such as you now bear, and such as your predecessors have in smaller numbers for many years borne before you, are only to be obtained by a struggle more varied, arduous, and prolonged than that which is required for the ordinary degrees of Oxford and Cambridge, which yet practically bestow a passport to most professional and official dignities. This important fact is only now becoming apparent to many educated persons at home. It is, then, hardly surprising that the knowledge of it has not yet penetrated to a distance." No one will charge a man so scrupulously honourable, and so strict an investigator of truth, as Principal Forbes, with any tendency to exaggeration or loose statement; and therefore his authority standing alone would carry with it the greatest weight. But he lived to see his statement confirmed by the opinions of unprejudiced and highly qualified judges, and nowhere more unreservedly than in the report recently presented to the English Schools Enquiry Commission by a very competent judge (Mr. Fearon), who says:—"The Scotch 'pass' Degree in Arts is, at least in two of the Universities (Edinburgh and Aberdeen), one which implies a much more real amount of reading and thought than the Oxford and Cambridge pass; and this not purely on account of the nature and number of the subjects prescribed by the course, but still more on account of the difference in habits and character between the Scotch and English students."

Average and Individual Scholarship.—But let us not attach too much importance to such admissions or testimonies. Above all, let us avoid that complacent self-satisfaction which would lead us to believe, or lead the world outside to think that we believe, that there is not before us a serious struggle which it will require all our energies to sustain. We must not rest satisfied with sending out our graduates in arts no better furnished than to compete successfully with the passmen of Oxford and Cambridge; for we must remember that, while we thus beat them upon the average, we have not yet succeeded in producing scholars of such accomplishments as those who carry away the highest honours of these Universities, and that much is in the course of being done, in an enlightened spirit, to improve their course of study preparatory to graduation, as well as largely to extend the area of English University teaching, both as regards the classes of society from whom their students are drawn and the subjects and departments of instruction.

The Honour of the University.—We shall always have powerful and worthy rivals both at home and abroad. We have also watchful critics, who will be satisfied with nothing short of constant progress and expansion. But, what is better than all, we have within our own walls an ardent and ever-growing spirit of jealousy for the honour of the University, which regards increasing activity and advance as the essential condition and proof of academic vitality. It is no part of the duty of those who hold any share in the government of the University to repress (even if they could) such honourable aspirations. They are the wholesome fruits of that change in the constitution of our Universities which gave a collective existence and privileges to the great body of the graduates. Attached to the University by closer ties than formerly, the members of the General Council feel a deep and personal interest in its welfare ; and the very fact of their not being directly engaged in the government of the University makes their opinions the more valuable, because they are removed from the immediate influence of academic conventionalities. But even those who contemplate with unmixed satisfaction a constantly progressive career of University reform, may accept my friendly words of warning, not to dissuade from immediate action, but rather to counsel a more close attention to those fundamental principles of our system, to which, in times past, Scotland has owed all the higher culture she possessed. Let us build on the old foundations, whose stability has been well tried, and if we extend our lines, and add to the ancient structure, let us at least not depart far from the original style, lest in the end we find ourselves, as the result of our labours, in possession of nothing better than a tasteless and incongruous pile, without unity or cohesion.

Foundation on Continental Models.—The architecture of Scotland is chiefly of foreign origin. But the rich turreted château and the church of flamboyant Gothic, when transported from France to our own more rugged shores and sterile moorlands, adapted themselves, under the hands of our ancestors, to the necessities of their new position, and underwent a series of almost imperceptible, but useful and inevitable changes, which suited them better to the available materials, to the climate, and to the tastes and habits and wants of the people of Scotland. So it was with our Universities. Founded on continental models, they have yet grown to be essentially distinct, not only from the parent institutions, but from all Universities of modern times. They have become Scottish and national. Possibly in some things they may have degenerated even from what Scottish Universities were ; and if it be so, no task can be more agreeable than that of restoration. But the work must be done by a careful and loving, as well as a skilled hand, guided by a discriminating knowledge of those peculiarities which are essential characteristics, and on which the utility of the institution mainly depends.

Constitution and Practical Working of Other Universities.—From the ancient Universities of England we have not hitherto borrowed much ; nor, indeed, was it expedient or possible while the principles on which they were conducted were so repugnant to those on which our own system was founded. But we can never forget that to them we owe some of the most distinguished men and most successful teachers that have ever occupied our chairs, and that the very dissimilarity of their training and of their feelings and habits of thought to those of our native professors has been an element of much practical utility, tending by friendly conflict to enlarge and liberalise the opinions, and to stimulate and guide the energies of both the one class and the other. From Oxford and Cambridge, too, we have borrowed the idea of providing rewards for high attainments among our graduates, not only by the system of class honours in the different departments of classical literature, mental philosophy, mathematics, and natural science, but also by the endowment of scholarships, which serve the same purpose with the fellowships of England, by holding out substantial inducements to the cultivation of more advanced learning, and affording to those who obtain them the means of prosecuting their studies after their university education has formally come to an end. The benevolence of our ancestors was for the most part exhibited in the foundation of bursaries, to enable young men to obtain a university education who could not otherwise have afforded it. These foundations have been productive of much good in times past, and within moderate limits they are calculated still to be beneficial. But there is, I believe, little difference of opinion now among those qualified to judge, that in some of the Scottish Universities at least they had become too numerous, and were in their excess productive of no good, or even positively mischievous. I am happy to think that the views propounded and the example set by the Universities' Commissioners appointed in 1858 have been received with favour, and have led, among other useful results, to the formation of an association for the better endowment of the University of Edinburgh, which proposes as its first object the foundation of additional scholarships open to competition by all graduates in arts. The success hitherto achieved by this Association, though it may not satisfy the sanguine expectations of some of its supporters, seems to me to offer encouraging promise for the future.

Social or Gregarious Study.—The most essential, probably, of all the distinctions between the English and Scottish university systems is, that in the former the undergraduates have hitherto had access to the University only through the medium of the colleges they have received their whole education and training, with slight exceptions. I need not disclaim any intention of recommending, even if it were practicable, an adoption of the English system in this respect. But while we are here, I presume, all agree that the delegation by the University to colleges of its own proper function of teaching is a reprehensible and inexpedient innovation on the ancient and true theory of university work, it may be worthy of consideration whether some benefits of English college life may not be attained without its drawbacks. A number of students living together under one superintendence, associated, not merely in their studies, but in their social hours and amusements, contribute largely and usefully to educate one another. If the head of the establishment be suited to his place, the tone of the society will be high both morally and intellectually, and the life will be cheerful and happy. The last is of the highest importance ; for the natural condition of the youthful mind is sprightly and impulsive, and whatever tends to unnecessary depression or sombre thought will impair its elasticity and vigour. Students placed in such cirtumstances as I have supposed will, generally speaking, be preserved not only from demoralising associations, but from debasing and vulgarising influences. The solitary student, if he be true to himself and firm of purpose, and particularly if his comparative poverty place him beyond the reach of strong temptation, may secure more hours for study, and accomplish a greater amount of intellectual work. But even in his case it may be doubted whether the gain is not purchased at too high a cost, and whether the training of the moral and social man is not too much subordinated to intellectual culture and attainments. The great majority of students, however, are not of the temper and disposition supposed, but, on the contrary, both desire and need variety and relaxation. To such men in early youth, when the character is in process of formation, the pleasures and the vices of a large city are perils and snares—not to the wealthy among them only, or to those who have money enough though to purchase pleasures that combine with their allurements something of a refining influence, but still more to those who, in the pursuit of pleasure, are constrained by their scanty means to rest content with what is coarser and more ignoble. It may be objected that the social or gregarious students' life will be found too expensive for many who come to the University. I do not believe the objection to be well founded in fact. A common table and sleeping accommodation for twenty or thirty students does not imply that they are to indulge in luxuries which, if they lived separately, they could not command ; while all experience of analogous cases leads one to conclude that, *cæteris paribus*, such accommodation can be provided more economically and of better quality for a large number than for one, two, or three. But even were it otherwise—were it true that this common or social life is not attainable by all—surely that is no reason why, if it be a good in itself, it should be denied to all. Entertaining these views, and being firmly persuaded of their general soundness, I have observed with pleasure the success of such an institution in St. Andrews, and with pain and disappointment the apparent abandonment of all attempts to follow the good example here. But I still hope that, ere long, reflection and experience will induce a revival of the project, which, even as a commercial enterprise, might, I am satisfied, be conducted to satisfactory results.

The German Universities.—The German Universities, much more than the English, have been suggested as models for our imitation by some university reformers distinguished both by their ability and their enthusiasm. Nor is this suprising. The external aspect of those centres of learning in Germany is most imposing, whether as regards the number of their professors and other teachers, the amount and variety of the subjects of their prelections, or the reputation for scholarship which the professors enjoy among the civilised nations of Europe. [After describing the German system at some length, the Lord Justice-General proceeded] :—The result of this system is described by its admirers to be not only a professoriate of unrivalled learning and intellectual activity, but a body of students who, when they leave the University, are distinguished by attainments more extensive, varied, and useful than are to be acquired in any other school. It is a bright picture. But as we gaze, some dark shadows flit across it. The German Universities, we are told by Germans themselves, have been hitherto engines in the hands of despotic Governments for the promotion of their selfish ends. Every academic interest, it is said, "like everything else, is merged in the State—that ideal of false worship tending to the dominion of egotism in its worst form." The concentration of learned men at the university seats, and their isolation from public and political life, which gives them leisure to produce learning so profound and universal, is a result obtained at the expense of the country, which is thus deprived of the active services of the best minds of the day, while the professors, as might be predicted, are, when called to take part in public or political life, found practically useless. To the Frankfort Parliament of 1848 no less than 118 professors were returned, and every one knows the result. It must seem at first sight a great advantage that, at the age of eighteen or nineteen, when he enters the University, the student's classical education is completed. But listen to the sequel as described by Professor Huber—"The preference might be well given on our side, if we were to take it for granted that upon this foundation we erected a proportionate structure of learning, or at least preserved the foundation itself. That this, however, is but little the case—that young men seldom keep up, while studying in other professions, the general cultivation bestowed or forced upon them in rich and over-rich abundance at school, none will deny but those who (knowingly or unknowingly) help to weave that great web of lies which envelopes our much-praised civilisation." When we read a general syllabus of the lectures delivered in one year in a German University, we are dazzled and almost blinded by the splendid variety and apparently unlimited extent. But here again Professor Huber dispels the illusion: "If we judge of this part of our public education by our pompous pretensions, by the signboards of our gymnasia, by the praises of modern Liberalism, the jargon of speculation, and the insipid oratory of our public functionaries, we shall appear to stand infinitely higher in every point of universal preparatory education than any other nation whatever." "However, I must declare my conviction and give my testimony that all true and living results decrease in proportion as the means and the pretensions increase in number, artifice, and complication. History, modern languages, and their literature, and even geography and natural history, are studied less generally, less zealously, and less successfully than in the corresponding academic spheres in England." I need hardly remind you that I have been speaking of the German Universities as we have hitherto known them. What effect the recent revolution in Germany may have on the interests of learning and education in that country, this is not a proper occasion to speculate. But the admirers of the German Universities seem to look with some apprehension on the consequences of their contact with free institutions and political liberty.

Free-Trade in Teaching.—The most striking points of resemblance, as it appears to me, between the German system and our own, occur in the classes of the population from which the students are drawn, the absence of religious or other exclusive tests, the cheapness of the student's life, and the freedom of thought and speculation enjoyed by the professors. With a special view to these points of resemblance, it has been suggested that another feature in the German system might be adopted in Scotland, subject to some limitations—I mean that free-trade in teaching within the University itself which gives the student a choice of teachers on any subject which he is about to study. In our Faculty of Medicine this principle has already been to a great extent recognised and acted on. In the Faculty of Theology it is, for obvious reasons, more difficult to give it full effect, though even within this Faculty extramural teaching has in our University been liberally recognised as a considerable portion of the qualifications for a degree. In the Faculty of Law, the number of students, is scarcely large enough to afford encouragement to competition among teachers. It is, therefore, in the Faculty of Arts that the adoption of this principle is seriously recommended as a novelty. The project, as originally propounded and ably maintained in argument by two gentlemen connected with the University of Aberdeen, is that graduates should be allowed to teach any subject or branch of science or learning taught by a Professor in a University, and that this teaching should be as available as that of the professor to qualify for a degree in Arts; the conditions being, that to enable any graduate to undertake such teaching, he should receive from the University Court *licentia docendi*, that in granting such licence the University Court should be limited in their choice to graduates who have distinguished themselves by taking their degree with honours or the like, that the graduate receiving the licence should exact fees of equal amount with those paid to the Professors, that he should not be connected, as a teacher, with any other educational institution, and that he should not engage in private tuition. The chief advantages of this new arrangement are represented to be that when by any accident a chair is filled by a professor who, though learned and able, has not a special talent for teaching, it may be in the power of students to resort to a better teacher, and that liability to competition may act as a stimulus to activity and zeal on the part of all the Professors. The object, it is said, is not to force competition, but only to permit it when required. And therefore the competing graduate is to be placed in a position of disadvantage, without endowment, dependent on the fees of the students for his emolument without the prestige of the Professor's name and office, without a seat in the Senate, perhaps also without the advantage of delivering his lectures within the walls of the University. No graduate, it is contended, will compete on such terms with the Professor unless there be urgent need for his services; and if there be, why should the students be deprived of these services only to maintain a monopoly? The monopoly protects the Professor only when he is unable to protect himself. If he be efficient, he requires no such protection. Even if a graduate should be found adventurous enough to embark in a competition with an efficient Professor, the loss to the Professor of a few of his students would be amply compensated by the wholesome effect of rivalry in stimulating his own energies and rendering his work more satisfactory to himself as well as to others. Thus dull Professors only will suffer from the change; while dull Professors will be dull no longer, but break forth into new vigour and life; a race of teaching graduates will be brought into existence, and to some extent encouraged, who will contribute to raise the reputation of the University, and in the end be eligible candidates for Professors' chairs; while any Professor who has not the faculty of communicating his learning may be left to the enjoyment of that leisure which some so much desire, for the cultivation of high scholarship, or the uninterrupted pursuit of scientific investigation. Such, I think, is a fair statement of the grounds and reasons of a project which, even if liable to grave objections, is entitled to respectful consideration. Regarded as an abstract question, the arguments in its favour are difficult to answer. But we are bound to examine its merits in the light of practical expediency as affecting our own University. Its supporters entirely avoid the danger which is incident to a general recognition of extramural teaching as a qualification for a degree. Such indiscriminate recognition is only the first step towards a realisation of that false theory which leads a University to demit its high prerogative of training those who are to receive its degrees. A University which does not teach is, in my view, not a University at all. It is the embodiment of a modern idea—an examination board created for the purpose of graduating all who can come up to a certain standard in examination. This may be a useful institution. It may, in the opinion of some, be preferable to a University. This is not my opinion. But, at all events, it is not a University, however it may usurp the name. But while the supporters of this project guard against so dangerous a tendency, I cannot help thinking there is a fallacy pervading their arguments from assuming too lightly that the Professor's office and teaching constitute a monopoly. A Professor in a University is no more a monopolist than a teacher of a special subject in any other educational institution. Those who don't like his teaching can go elsewhere for instruction—that is, they can go to some other institution where the teaching of the particular subject is in better hands. The only monopoly is in the University itself, or rather in the whole of the national Universities; and that monopoly consists in the power of graduation, coupled with endowments which secure, or are intended to secure the best men that can be found to fill the Professors' chairs. Speaking in this place, I cannot permit the lawfulness and expediency of that monopoly to be brought in question. On the contrary, we are all bound to do what in us lies to support and justify and strengthen it. The case supposed of an incompetent Professor constitutes no objection to the monopoly enjoyed by the University, or to the system which it represents, but only indicates mal-administration somewhere, probably in the exercise of patronage. It may, however, happen that, with the best patrons, and the purest exercise of their functions, an eminent man may be placed in a Professor's chair who is devoid of the peculiar gift of teaching; and how shall we resist the argument that, for such an evil there ought to exist within the University a possible remedy, by allowing competition on reasonable conditions? This is a question of importance and difficulty on which I am by no means prepared to pronounce an opinion. I have offered for your consideration some views in connection with it, which I think it would be unwise to overlook. I would further suggest that the salaries of our Professors are not such that it is safe to try experiments. For if we create competition which has the effect of starving both competitors, we shall probably do little practical good immediately, and may do great mischief in the end, by deterring men of the stamp we should desire from offering themselves as candidates for our chairs.

Increasing necessity and demand for the Institution and Endowment of additional Professorships.—The development and cultivation of new sciences, the creation of new professions and employments requiring the exercise of cultivated and matured intellect, as much as those which formerly monopolized the name of the learned professions—these are facts in the progress of the world's history which demand something more than improvement of our existing means of instruction. That this extension of our teaching must be provided without delay, if our Universities are not to abandon their noblest function, of providing adequate instruction for all whose prospects in life, or whose personal desires, lead them to seek the benefits and blessings of the higher culture, is a conviction which, the more I consider the subject, I find it the more difficult to resist. But these considerations need cause no uneasiness or alarm to any friend or admirer of our ancient Universities; for such extension is not incompatible with the maintenance of these institutions in their integrity, and the introduction of new sciences or branches of learning will not necessarily interfere with the existing curriculum of study in any of the Faculties. No one, I think, who is practically acquainted with the working of our academic system, particularly as regards its capacity of expansion, can share in such apprehensions. So far am I from dreading any evil consequences from what I venture to call, for the sake of distinction University extension, that I believe one of the most important boons which have been conferred on the University of Edinburgh of late years has been the endowment of the Chair of Engineering by an enlightened and judicious benefactor, to whom we are otherwise under deep obligations. In the development of the material resources of the country, the work of our engineers is second to none in importance and in immediate and startling effects. Natural wealth is rendered available, and the latent energies of a population are awakened into useful and productive action, only in proportion as the country is rendered accessible by roads, bridges, canals, and railways. Foreign commerce, as we now understand and practise it—intercourse with every race of mankind in every corner of the habitable world—might have remained a hopeful dream rather than a present reality, had it not been for the application of steam to navigation, the advance in the art of shipbuilding, and the construction of improved harbours, docks, breakwaters, and lighthouses. But for the employment of practical engineering in aid of agriculture, large tracts of land which yield abundant crops, and are fitted for human habitation, would have remained in their original condition of unreclaimed bogs, salt marshes, or sterile moors. The great works of the engineers, stupendous and overpowering as they seem to the outward sense, are yet more interesting and impressive as monuments and landmarks of the advancing tide of civilisation. The men by whom such works are planned and executed must not only possess unusual vigour of mind and body, but must have been subjected to a special and laborious training; for these ends could not be attained without a thorough knowledge of the principles of mathematical and physical science, and an aptitude and readiness in their application to every new want and emergency. It is true that some of the greatest of our engineers have been men of humble origin and imperfect education. But while this lends the charm of romance to the story of their lives—their struggles, disappointments, and triumphs—it cannot be disputed that greater advantages of education might have saved them much useless toil and consuming care, and that their successors will be best prepared for their work by such an education as will not only furnish them with the highest professional knowledge, but cultivate and develop the intellectual and moral powers to the fullest attainable perfection. If this be anything like the truth, it cannot be below the dignity, or inconsistent with the functions of a University, to provide such education; nor can anyone be heard to dispute the claim of engineering to a place among the learned professions. Should Scottish Universities be among the first fully to recognise this claim, so much the better, and the more natural; for Scotland is the native land of Rennie and Telford, and their countrymen can never forget that most of the great engineering works in the United Kingdom during the past generation bear the impress of their genius, and that within Scotland itself notable triumphs of skill and perseverance over the powers of nature were achieved by two Scotchmen, father and son, less known beyond the limits of their own country, but whose name stands for ever associated with the Bell Rock and Skerryvore. I trust that the institution of the Chair of Engineering may be followed by other additions to the Professoriate which are greatly needed. It requires no argument to show that the great department of natural history (even when botany is otherwise provided for) is far too wide a field for the labour of one professor. If the domain of natural history embraces the globe and all that it contains—earth, air, and water, and every description of animal and vegetable life—it would seem naturally to resolve itself into these corresponding divisions—(1) Geology and mineralogy, (2) metereology, (3) hydrography, (4) zoology, (5) botany. It would be perhaps to ambitious too propose that each of these divisions should form the subject of a separate professor's work. But when we have it already practically admitted that botany alone furnishes ample work for one Chair, and we consider the vast recent progress of knowledge in natural history, it is surely not too much to require that the two great branches of zoology and geology should be represented by separate professorships, Leaving zoology to be taught by the present Professor of Natural History with such an addition to his salary as will compensate him for any consequent loss of students, I hope we may ere long witness the endowment of a chair of Geology and Mineralogy, embracing the widely interesting subjects of metallurgy and mining. I might easily run up a catalogue of other subjects in which the teaching power of our University is still defective. The great department of history and the philosophy of history, modern languages and their literature, political philosophy and economics, including the pure science of jurisprudence, have all strong claims on our attention when we are thus reckoning our possessions and our wants. But I trust the interests of physical science, and the admiration which its wonderful progress commands will not blind us to the still greater importance, in an educational point of view, of other and old-fashioned studies. The cultivation of physical science alone has never yet in the world's experience produced a great statesman, orator, philosopher, or poet; and I am much mistaken if the best men in the department of physical science itself, the most successful in investigation and discovery, the men of highest inventive genius, have not enjoyed the full benefit of that culture and training of the mind which, according to the Scottish theory, ought to precede the acquisition of all professional or other special knowledge. I am not about to enter upon the great controversy between "culture" and "useful knowledge," on which so much has been recently spoken and written. I have more than once had occasion in public to state my opinions on that question, and I abstain from repeating them now, the more especially as you have by this time heard quite enough, perhaps more than enough, of my opinions; and the tone of my address has been throughout so dogmatic that I almost expect the Professor of Greek to rebuke me in hexameter verse:—

"*Δόξα μὲν ἀνθρώποισι κακὸν μέγα, πεῖρα δ' ἄριστον.*"

Let me conclude with the expression of my earnest hope that whatever diversity of opinion on this question may exist even within our own walls, the University may be enabled to meet and satisfy all the educational wants and desires of modern times, without deserting any part of her great duty to teach men to know themselves, to fathom the depths of their own life, and, by the study of the laws of thought, of the science of spiritual language, and of the rules of human conduct, to grow in wisdom and virtue as they increase in strength and in knowledge.

◆

USE OF TOADS.

The *Connaisance Médicales* states that of late years French horticulturists have followed the example of the English ones, and peopled their gardens with toads. These reptiles, it seems, are determined enemies of all kinds of snails and slugs, which, it is well known, can, in a single night, destroy a vast quantity of lettuce, carrots, asparagus, &c. In Paris, toads are sold at the rate of 2fr. 50c. a dozen. The dealers in this uninviting article keep it in large tubs, into which they plunge their bare hands and arms, without any fear of the poisonous bite to which they expose themselves. Toads are also kept in vineyards, where they devour during the night millions of insects that escape the pursuit of nocturnal birds, and might commit incalculable havoc on the buds and young shoots of the vine.

Lecture.

ON FIBROUS TUMOURS OF THE UTERUS.

By James Palfrey, M.D.,

Assistant Obstetric Physician to the London Hospital; formerly Obstetric Physician to the Farringdon Lying-in Charity, and to the Metropolitan Free Hospital, and to the Surrey Dispensary, &c., &c.

Lecture II.

If, gentlemen, the somewhat extended remarks I made to you in my first lecture upon the pathology of fibroids appeared wearisome, I shall ask you to bear in mind the great importance of that portion of our subject, and remember, I pray you, that we are now investigating conditions that will every day come before you as practitioners, for of all organic diseases of the womb fibrous growths are the most frequent, hence I am sure you will not regret the time spent in a careful and complete study of these matters. Before, however, proceeding to the consideration of the etiology of these hard tumours of the womb, I am anxious to supply an omission which has occurred in my former lecture. You will remember that when speaking of the changes that take place in these growths I pointed out to you that they were liable to undergo a kind of false ossification, a change to which the term calcareous degeneration has been given. To this remark permit me to add that very rarely these tumours become the subject of an exactly opposite condition. Now and then they soften; very seldom indeed do we see examples in which this change takes place; and when it does present itself it is usually the result of some great pressure or actual injury to the uterus in which the neoplasm is developed. The tumour, I say, softens down, becomes disintegrated, and is discharged *per vaginam* in pieces, the size of which varies. This process, which I need hardly tell you, is usually accompanied with severe constitutional disturbance, is one of considerable danger, and occupies some weeks or even months in its completion. One case only in which this change has fallen under my own observation can I describe to you. It occurred in 1857 in the person of a married woman aged fifty-one, who had for several years been under the care of Dr. Lever, at Guy's. During that time she had been treated for a large fibrous tumour which with the uterus had risen out of the pelvis. While crossing a road she had been knocked down by a light cart, the wheels of which passed obliquely over the lower part of her belly and lower extremities. Dr. Lever was called to her on the second day after the injury, when I saw her with him and watched the case to its termination. For twelve days after the accident this poor woman presented all the conditions observed in post-partum hysteritis in its most active form. On the thirteenth day a uterine hæmorrhage of considerable quantity supervened, and with this occurred an amelioration in the pain and uterine tenderness. This again on the fifteenth day was preceded by a most offensive vaginal discharge consisting of putrilage and masses of softened tissue, which were expelled in considerable quantities. This continued (with well-marked hectic) until the twenty-ninth day from the accident, when, upon being moved from one side of the bed to the other, she complained of sudden and severe pain in the left groin extending to the median line. Vomiting and collapse ensued; and this woman died with all the symptoms of perforation of the peritoneal sac on the morning of the thirtieth day from the receipt of the injury. I regret to say no *post-mortem* was permitted in this case; but the rapid diminution in the size of the tumour, the decrease corresponding with the date of the appearance of the discharge from the vagina left no doubt in our minds at the time that we were dealing with a case of softening and expulsion of a fibrous tumour, such softening being caused by injury to the growth itself. Had this woman's life not been cut short by the deplorable accident of perforation, she would, I believe, have recovered not only from the effects of the injury, but she would also have been rid of her voluminous uterine fibroid.

And now let us for a few minutes consider the causes of fibrous tumours; and here I much regret to tell you that our present knowledge is of the scantiest possible nature, and upon no portion of our subject is the information I have to present to you of so unsatisfactory and uncertain a character. Such facts, however, as we are in possession of I will place before you; and

First, I will remark that *age* appears to exercise very little, if any, influence upon the production of these hard tumours of the womb. Not long ago I was able to show you an undoubted case of fibroid, attended with profuse hæmorrhage, occurring in a girl of eighteen years; and only last week a woman of sixty-two years of age was sent down to my room by one of my colleagues. She was found to be the subject of a large fibrous growth. This patient had been *apparently* in excellent health until a period dating but three months before her application at the hospital for the relief of a persistent vaginal tenesmus. These instances, however represent the extremes in age. I think upon this point you may with safety accept the rule that these tumours appear for treatment in the largest number of cases in women between the ages of thirty-four and fifty-two years; but always bear in mind the probability that growth in these cases has been present in the uterus for some years before their presence became manifest to the patients by any symptom that would lead them to seek your assistance.

Social condition likewise has but little to do with the frequency with which we meet with these cases, for the married and single alike are the subjects of them, but this one circumstance has long been apparent to me that women who have from any cause (syphilis I believe, excepted) been the subjects in their early sexual life of long continued, uterine engorgement appear at a subsequent period to be peculiarly obnoxious to fibrous growths. Again, there exists no doubt that by far the larger number of cases of this disease are found in women who have not borne children, and my own observation has led me to conclude that single are oftener found to be sufferers, than married women, although it is right that I should tell you that this experience does not coincide with that of other observers; for Dr. West tells us that of ninety-six women affected with non-pediculated fibrous tumour, eighty-two were married—however that may be certain it is, that these growths exercise a great influence in fecundity, for as soon as they have attained a size sufficiently large to alter the normal position of the womb and so interfere with the healthy circulation through that organ, they are (if left to themselves) an undoubted cause of sterility, and even where the growth is yet of small size and conception occurs, abortion almost invariably results in the earlier months of pregnancy. Again, the conditions we are considering are not found I believe, in women of any particular temperament. Dr. McClintock has noticed that a considerable number of his cases of fibroids occurred in women of a scrofulous habit. Since reading his work some years ago I have watched this point, but I cannot say I have noticed a greater number of these fibroid cases in this class of patients than in women of other diathesis or temperament. I must not forget to mention to you that Dr. Gardner, of New York, has made known to us a very interesting fact, he tells us that fibrous tumours of the womb are more constantly met with among the negroes, than among the white population, so common are these neoplasms met with in blacks, that the women of forty years of age and upwards without a fibroid, would be the exception, rather than the rule, and few *post-mortems* take place of coloured women, without one or more of these tumours being found in the uterus. This remark, gentlemen, concludes all I can tell you of the causes which produce these bodies. We will now pass on to consider the symptoms which are found to accompany fibrous tumours, and upon this point let me at once ask you ever to bear in mind the facts I have already stated, but which I venture to repeat that it is quite possible, and more, it frequently happens, that a fibrous body may exist within the uterine wall, and may progress in its development to a considerable size, and yet may give no evidence of its presence there, the patient being wholly ignorant that any change is impending in her uterine health, and not unfrequently I am sure you have seen women present themselves to us complaining only of a " little whites," or a " slight bearing down " upon prolonged exertion, who, upon examination have been found the subjects of large fibrous tumours. Again, have you not been present in the dead-house, at the inspection of the uteri of women, who during life have presented no symptom of disorder of the uterus, but in the examination of whose sexual organs was revealed a growth or growths of this character which was wholly unsuspected when alive. I am sure you have, and this fact it is important at all times to keep before you. It is, however, fortunate that in the majority of instances the presence of a fibrous growth is soon manifested by phenomena, both of an objective and subjective character of great importance; and let us see what are the symptoms which we usually meet with in these cases. Taking them in the order of their appearance: hæmorrhage undoubtedly stands first, and you will find the amount of the bleeding bears an intimate relation to the position of the growth in the uterine wall. Very early as a rule in the history of a case of fibroid disease, the patient notices that her menstrual period is not only prolonged, but is profuse, being attended with the expulsion of clots of greater or less size, this bleeding being ushered in with pain of greater or less severity which at times, constitutes in these cases a true dysmenorrhœa. After a time, this bleeding is apt to occur *during the interval of a period*, and then it constitutes a "*metorrhagia*" in contra-distinction to that prolonged bleeding which happens *at the period*, and which we denominate "*menorrhagia*." When the growth becomes very large, this hæmorrhage may continue many days, and be very profuse, exhausting and draining the patient, reducing her powers to the lowest degree. Respecting the cause of this frequent and serious bleeding, opinions are divided, some obstetricians believe the hæmorrhage is the result of profound congestion of the whole organ, others again consider that the cervical canal being gorged with blood, which being subject to pressure from above, is unable to return, nature from time to time relieves this engorgement by pouring out some portion of the contents of the loaded vessels through the cervical mucous membrane; many other theories on this point have been promulgated, none of them, however, have appeared to me completely satisfactory, and at present, my mind being unsettled upon the question, I cannot with certainty instruct you upon the precise cause of this hæmorrhage. Certain it is, that the symptom is more constantly present in the submucous than in either of the other varieties of fibrous tumours—in fact, it seldom proves a troublesome complication of interstitial disease, and still less often in sub-peritoneal growths. Another symptom, also, which early makes its appearance in the interval of the bleeding, is a *mucous discharge*, which you will find, as the disease progresses, gives place to a discharge of a more watery character. The same observation, however, applies here that we made just now when speaking of the hæmorrhage; in cases of the sub-peritoneal and the interstitial bodies—the disease may run its whole course without any such inconvenience presenting itself, and I have, at this time, under my care a lady, the subject of a considerable interstitial growth, which has certainly been present for eight years, but which has been unattended by either prolonged menstruation or any notable leucorrhœa. In the next place, we must speak of lumbar and hypogastric pain, which is usually of a shooting or tearing character, and which is often described to us by sufferers as resembling the pains which precede abortion. I need hardly remark that this pain varies in intensity in different instances and at different times in the same instance, from a painful sensation merely to a continual wearing symptom of unbearable severity. You will readily believe, I am sure, that to the above-named symptoms are soon added vaginal tenesmus. This, I may remark, is a condition which, more than any other, taxes our resources to relieve. Passing on, we find dysuria a constant trouble in these cases. In some, the painful micturition alternates with a simple difficulty in emptying the bladder; in other cases, the first symptom we are called upon to prescribe for is a continual desire to pass water, and this incessant effort I have often seen followed by profound exhaustion. These latter symptoms depend upon the size and position of the tumour; if it be small and placed in the fundus they may be altogether absent; should the growth be of moderate size and situated in the anterior wall of the womb, these vesical symptoms will give great anxiety and trouble. In the larger growths, but which have ascended beyond the pelvic brim, these bladder symptoms will not be complained of; but if this tumour not only be of considerable size, but have become œdematous, which not unfrequently happens, and is still contained *within* the pelvis, pressure symptoms of a grave nature may at any time supervene. Among the less important symptoms which attend the development of fibroids in the uterus may be mentioned, frequently recurring uterine colic, flying pains in the lower extremities, œdema of the feet and ankles, difficult or painful defæcation, descent or even prolapse of the uterus; and the presence of most of these, you will at once see, is indicative of pressure more or less great. The duration of these various and variable symptoms which I have just mentioned to you is very uncertain; usually these cases progress year after year, the distress of the patient increasing with the size of the tumour; the repeated hæmorrhages sooner or later producing a state of intense anæmia, this condition in turn being frequently complicated by cerebral or nervous symptoms, such as convulsions, cephalalgia, or cardialgia, one or other of these troubles preponderating in proportion to the gradual or more rapid diminution in the quantity of the blood; or it may be that symptoms appear the result of changes that have ensued in the composition of that fluid, or long continued attacks of pain may be succeeded by vomiting, nausea, or troubles of digestion and assimilation; or to the patient's malady is not unfrequently added all the tortures of confirmed hysteria, or it may be that many, of these complications combined present for our observation a scene of constant suffering and distress. Let me close this very general outline of the symptoms of fibrous tumours by remarking to you that happily it is a circumstance which we comparatively seldom meet with, that an attack of bleeding proves immediately fatal, although very frequently the hæmorrhage is so violent as completely to blanch the patient. On two occasions only have I seen death immediately result from this form of hæmorrhage; in both instances the women were the subjects of sub-mucous growths of large size; in both, the patients were already greatly reduced by previous bleedings and want of care and attention, and so wholly unable to withstand any longer the effects of this flow—draining from their blood vessels. At our next meeting I propose to consider the interesting subject of the diagnosis of fibroid growths.

(To be continued.)

◆

TREATMENT OF RUPTURE OF LIGAMENTUM PATELLÆ AND OF TRANVERSE FRACTURE OF PATELLA.

M. SISTACH is of opinion that position and immobility for a sufficient length of time are quite sufficient to effect a good cure, without any use of the compressive bandages and apparatus so generally used, which are liable to do harm rather than good, preventing the nutrition of the limb, and specially the formation of the new material which is to unite the divided ends of the tendon, causing atrophy of the limb and local scurvy.—*Gaz. Med. de Paris.*

Hospital Reports.

METROPOLITAN FREE HOSPITAL AND FARRINGDON DISPENSARY.

FURTHER CASES OF SYPHILIS TREATED WITHOUT MERCURY.

By Charles R. Drysdale, M.D., M.R.C.P., F.R.C.S.,

AND

Robert W. Dunn, Esq., M.R.C.S.,

A part of which was read at the Harveian Society on March 18, 1869.

(Continued from page 331.)

Case 20.—A. P. came under the care of Mr. Dunn, February 1, 1865, suffering from syphilitic sore throat and roseola. His body, face, and extremities were covered with the eruption. Patient had contracted the infection some time before he appeared, and there was a hard indurated cicatrix on the penis, with multiple enlargement of glands in left inguinal region, for which he had not had any treatment. ℞ Potassæ chloratis, gr. v.; acidi hydrochlorici diluti, ♏x.; aquæ ad., ℥iss., t. d.; and gargle with the following gargle:—Infusi catechu, ʒiv.; acidi sulphurici dilute, ʒj.; aquæ, ℥viij. The patient was seen frequently after this, and gradually recovered. March 20th. He was discharged, as being too well to require to attend. Induration not quite gone. No relapse has been heard of since that date.

Case 21.—M. H., a man seen by Mr. Dunn, July 14, 1865, with indurated sore on foreskin and penis. Four weeks before this he had observed a sore. ℞ Mist. potassæ chloratis and lotio nigra to sore. August 9th. Sore quite healed; glands in groin still indurated. ℞ Potassæ iod., gr. ij.; decoct. cinchonæ, ℥j., t. d. 29th. Syphilitic angina; induration still remains. Repeat mist. potassii chloratis. ℞ Potassæ chloratis, ʒj.; pulveris aluminis, ʒij.; aquæ, ℥viij., for a gargle to be used frequently. September 6th. Feels much better; a very slight attack of roseola. 21st. Better. October 14th. Discharged. No relapse since then.

Case 22.—B., aged eighteen, indurated sore on labium, enlarged glands in both groins. First noticed something wrong four weeks before seeing Mr. Dunn, February 22nd, 1868. At that time had slight syphilitic roseola. ℞ Misturæ potassæ chloratis, ℥j., t. d. March 22nd. Rash well out. May 3rd. Sore healed; rash gone; sore throat. Gargarisma acidi cum catechu. June 6th. Discharged, all symptoms having disappeared.

Case 23.—H. B., a young man, aged twenty-five, Aug. 10, 1868, seen by Mr. Dunn, with indurated glands in the groin and indurated sore on penis. Patient had contracted a sore two months before. Under local treatment, without any particular internal remedy, on August 29th the sore was healing, but still indurated, roseola appearing. ℞ Syrupi ferri iodidi, ʒj., t. d. Sept. 10th. Sore healed. 16th. Syphilitic angina and roseola; induration nearly gone. ℞ Misturæ potassæ chloratis, ℥j., t. d.; and gargarisma catechu. October 4th. Psoriasis palmaris; roseola gone; throat well. May. Discharged free from symptoms. No relapse since.

Case 24.—A. G., aged twenty-four, seen by Mr. Dunn, August 26, 1868, with indurated sore on penis, and enlargement and induration of the glands in the groin. The sore on the penis had not appeared until ten or twelve days after intercourse. To take misturæ potassæ chloratis, ʒj., t. d. September 10th. Sore healed. December 4th. Roseola syphilitica. Repete misturam. January 6th. Much better. Repete. February 13th. Mucous tubercles on tongue and lips. March 2nd. Discharged cured. No relapse since.

Case 25.—J. O., seen Jan. 28, 1869, by Dr. Drysdale, with indurated sore of foreskin, and enlargement of glands of groin of both sides. Five months ago this patient had connection with a prostitute in Christiania, and he asserts, with great appearance of truth, that this is the only time that he had deserted his own partner's couch. On Jan. 4, 1869, he saw first the small sore on the foreskin. No sore throat or roseola. The sore was dressed with lint and water dressing, and the patient is still under observation, the sore having disappeared April 15, 1869. No further symptoms as yet.

The following cases show how well infants affected with syphilis do without mercury, far better, the authors think, than they do when mercury is administered.

Case 26.—John I., aged eight months, was seen by Dr. Drysdale on the 27th November, 1866, with a syphilitic dry papular eruption on the face, buttocks, and scrotum; the child was hoarse, and snuffled a little. Mother had perceived the eruption first when the child was five months old, and it at first covered the whole body. The patient was treated by Dr. Lomas for a time by oleum morrhuæ and steel wine, and also by syrup of the iodide of iron. This treatment was continued by Dr. Drysdale, and the child recovered. The mother, aged thirty-one, at the age of twenty-six had suffered from secondary eruption, and her husband at that date was in the London Hospital with a "bad arm." Before she had the eruption she had borne four healthy children. She was pregnant when suffering from the eruption. She was then delivered of twins, one of which died aged five weeks, the other still lives, and is well. She had herself been treated by pills and lotion for some months. No more births since until this one.

Case 27.—James Bailey, aged twelve months, seen by Dr. Drysdale, April 30, 1862, with swelling of the right knee and elbow, snuffles, and afterwards papular eruption. The mother of the child was scarcely affected, at least no history could be made out; the father had some syphilitic rash. This child was treated by Dr. Drysdale, and afterwards by Mr. Allingham, by two grains of chlorate of potash in water thrice daily, by cod-liver oil, and by syrup of the iodide of iron in small doses, and recovered perfectly in two months. It was a very severe case, as the joints were much inflamed, and there was considerable constitutional excitement, caused by the joint disease.

Case 28.—George Dods, eleven weeks old, was seen by Dr. Drysdale, May 17, 1862, with papular eruption of a dry character on buttocks and arms, and with cracks at the side of the mouth and great enlargement of the suboccipital glands. The mother had, before this one, had three children and a miscarriage; she had been married five years. One of the children born alive lived one month, one lived two and a-half hours, and one lived six weeks. The father was reported to be "gay," and to have suffered from eruptions; but, curiously also in this case, the mother had neither any present symptoms nor any past history of having been infected. She was rather pale. This little patient was treated by small doses of chlorate of potash in water, two grains three times a day, and was seen by Dr. Drysdale, in 1867, quite well and without any symptoms of syphilis. This case is instructive, as showing how the system gradually becomes able to generate healthy children, and also as being apparently in contradiction to M. Cullerier's law, that the mother is *always* infected when syphilitic infants are borne by her. Mr. Hutchinson's views are quite opposed to those of Cullerier on this point.

Case 29.—John Spillan, aged five months, was seen by Dr. Drysdale, 21st April, 1864, with a dry eruption on the buttocks, snuffles, and much enlargement of the posterior cervical glands. It appears that, previous to her bringing this child, the mother, eight years ago, had been ill from syphilis, for which, she says, she took a great deal of mercury. Her first child, born before her attack, was well; but, since then, she had always miscarried. The child made a good, though slow, recovery in two months on small doses of chlorate of potash, gr. ij., t. d., and cod-liver oil, with syrup of the iodide of iron subsequently. Here, again, the system seems gradually to have got rid of the poison, so as to enable the mother to have a viable child at last.

CASE 30.—Charles C., aged forty-five, suffered in 1851 from secondary syphilitic eruption, crusts in hair, and other slight symptoms of constitutional syphilis. His treatment was hardly to be called treatment—*i.e.*, patient took occasional doses of iodide of potassium, and recovered his health completely. In 1869, this patient has three healthy children by a second wife, the first partner having succumbed to phthisis; none of the children were infected. This case is given as an illustration of the frequently observed exemption of children from all taint when only the father has been syphilitic.

CASE 31.—John B., aged five months, seen by Dr. Drysdale, February 4, 1863, with eruption over body, squamous and dry in character, snuffles, and posterior cervical glands enlarged. This was a most unfavourable case, as the child's mother was a wet nurse, and had left her own child to be brought up by hand. Nevertheless, the child recovered by careful attention to diet, and under doses of two grains of chlorate of potash thrice daily at first, and a few drops of syrup of the iodide of iron subsequently. The child was alive in 1865.

CASE 32.—Sophia Aldridge, aged seven weeks, seen by Dr. Drysdale on the 2nd July, 1866, with snuffles and dry eruption on buttocks, and with posterior cervical glands enlarged. The mother had eruption two years before, and the father also. Snuffles are reported to have been seen a week before coming to the hospital. This child recovered by simple treatment.

CASE 33.—John Thomas, aged eight months, seen first by Dr. Drysdale, 27th November, 1866, with dry papular eruption on buttocks, snuffles, and mucous tubercles on scrotum. The mother, aged thirty-one, had secondary eruption five years previously, and husband also. No birth since then. Treatment by chlorate of potash was successful in this case.

◆

COCKSCOMBS.—An ingenious individual, knowing the immense consumption of cockscombs in Paris for *ragouts*, *coquilles* of cockscombs, and *vol-au-vents*, and seeing the high prices they commanded, owing to the limited supply, set to work to minister to the demand, and duly established himself as a manufacturer of cockscombs. So extensive was the trade done by him that he found it necessary to set up a small steam-engine. He was a great enthusiast, and was accustomed to pride himself upon the artificial cockscombs which emanated from his *atelier* being greatly superior to the natural article. With a modesty uncommon among his countrymen, he styled himself as a "rival" only of nature, who was not thus subjected to a too humiliating comparison. Nevertheless he would say, "Nature's productions, in the matter of cockscombs, abound with unpardonable defects; there are not two of them alike; whereas, all of mine are not only beautifully proportioned, but dentilated at the edges with the utmost exactitude. Mine, in fact, are the work of an artist, and art is simply nature perfected by the genius of man. Nature makes the marble, but it is man who carves a statue out of it; nature produces a woman, but it required a man to produce the Venus de Medicis, an ideal that nature is incapable even of imitating." This is the way our artist goes to work. He takes the palate of a bullock, calf, or sheep—either will do, though he prefers the first. After having blanched it in boiling water, he macerates it, and detaches the flesh of the palatic vault without in the slightest degree deranging it, and then places it under a stamping machine, which punches out cockscombs more perfect in shape than those produced by nature, yet sufficiently resembling them to deceive the connoisseurs. Still, there is a way of detecting the artificial production. The cockscombs of clumsy nature have *papillæ* on both sides, whereas those of art have them only on one. Counterfeit cockscombs are sold as low as four sous the dozen to poulterers, keepers of restaurants, pastrycooks, &c., and at six sous to cooks in private families. The inventor, seeing the multitude of statues set up under the Second Empire, is naturally astonished that one has not been erected in his honour; but he sensibly resign himself to what he calls the fate of genius, which is, he says, never to be really appreciated until after death.—*Once a Week.*

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price* 5*d. Stamped* 6*d.*

By Post to Annual Subscribers, £1 2 6
,, *If paid in advance,* 1 1 8

⁂ Post-Office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William-street, Strand, London,
MOFFAT & Co., 6, D'Olier-street, Dublin.
MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.
MESSRS. KELLY and PIET, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 28, 1869.

SENSATIONALISM.

THESE are days of sensationalism! Nothing will go down unless it is sensational!! Advertisements must be sensational. If "Shoddy and Co." wish to advertise their coats in the *Times* newspaper, they do not, as we say, put an advertisement in, but they have a whole column to themselves, repeating the word "coats" seventy times in large letters in seventy paragraphs; and it would be a hard thing, indeed, if one of the seventy repetitions did not strike the eye of a few. Look, again, at the titles of modern novels and modern plays. Anything quiet is voted dull, heavy, and a bore; and the world at large, whose favourable appreciation of an undertaking is necessary for its pecuniary success, would place on one side volumes whose sole merit consisted in the fact that they were the learned productions of learned writers, who had laboriously worked out facts and then given them to the world. We have no doubt Mr. Mudie would tell us that some novel, teeming with murders and the suicides of ardent though wretched and refused lovers, and such like trashy sensationalisms, have a hundred times greater circulation than the work of some great literary genius, who does not merely write to feed the morbid appetites of some young ladies who have just left school, but for the instruction of those whose minds crave and thirst for knowledge. People now-a-days care little for the stage unless there is something terrible to be witnessed in the shape of a young lady being torn to death by a locomotive. Our forefathers were contented with visiting a quiet exhibition of conjuring, but now, nothing short of "beheading a lady" will go down with visitors to such like exhibitions.

We regret to say sensationalists in medicine are not wanting. Some two years ago there was an outbreak of cholera in the East End of London. Dr. Letheby, who probably knows more of the water supply than any man living, and who may be regarded as the parent of the water question (for he was the first to direct serious attention to its influence on disease), carefully investigates all the circumstances of the outbreak, and comes to the conclusion, for reasons it is unnecessary to state here, that there was nothing to justify the opinion that the water was the cause of the mischief. In this the Health officer of the district agreed with him. But this carefully considered opinion did not suit some of the public, nor some of the public officers; and if Dr. Letheby was unable to prove that water was the cause of the cholera, why somebody must be found who will be able to prove it is. A certain gentleman (of course we do not question but what he was fully convinced in his own mind) succeeds in this, and his ideas are instantly adopted by the Registrar-General in his report; and thus a truly sensational report is prepared, and one exactly suited to the requirements of a sensational age. Is it to be wondered at that the public now-a-days trace every disease to the water from cholera down to a whitlow? "Don't you think, Sir, it is the water?" said a patient to us the other day, suffering from rheumatism; and we are bored with that question incessantly.

A sensationalist, however, is only the creature of a day, passing like a butterfly through a mere ephemeral existence; and what is more, with all this public love for sensationalism, which we deeply deplore, we find out it is possible for people to have too much of it. One of the gentlemen who declared water was the cause of cholera in the East End of London proposes himself for a medical officership of health. He is opposed by gentlemen of high professional, and in one case high chemical, attainments. We are not surprised at the non-medical world in the *Times* newspaper being indignant at his being declared ineligible for the post (by the bye, did he ever make a determination of the amount of sulphur in gas?). It is true the gentleman elected has never been a sensationalist, and therefore, of course, he receives no commendation from newspaper editors. He has no connection with the *Lancet*, and therefore is free from the exorbitant praises the staff of that paper so absurdly lavish on themselves.

Yet the last idea of the sensational *Lancet* caps all. A week last Saturday Dr. Letheby read a paper at the Metropolitan Association of Medical Officers of Health, on the water question, in which he took exception to the method of analysis employed by Dr. Frankland, criticised the phrase "previous sewage contamination" used in the reports of the Registrar-General, and protested against sensationalism in reference to water analysis.

Dr. Frankland, who was present, defended the phrase "previous sewage contamination," said that the position he occupied was not one of his own seeking, and expressed continued confidence in his process. He gave his views with that ability for which he is well known, but without any attempt to impugn the authority of Dr. Letheby, or the propriety of that learned gentleman bringing on such a discussion. Mr. Hawkesley, Dr. Carpenter, of Croydon, Mr. Wanklyn, Professor Ansted, and Dr. Odling, were all in, more or less, close agreement with Dr. Letheby, so that few would be disposed to deny there must be some force in his criticisms.

However, the last number of the *Lancet* contains a silly annotation on the discussion, pooh-poohing all this array of authority. The writer, with an audacity not given to higher orders of intellect, rushes madly into the arena, and then, overcome with his own impudence and apparently unable to comprehend the points at issue, turns on the assailant of the hypothesis he has too hastily endorsed, accuses him of "party spirit and temper," and objects to the "unwarrantable assumption of improper motives" that he supposes to be contained in a "protest against the 'sensationalism of the Registrar-General.'"

And so our sensational medical contemporary thinks the word that best describes it, opprobrious. We are sorry to prick so thin a skin, but cannot help asking, if sensationalism be so wrong would not the *Lancet* do well to eschew it, in fact, instead of evincing dislike of the term?

SCOTLAND TO THE FRONT.

Our space is not nearly enough to do justice to the medical topics of the day supplied by Scotland. We have postponed a mass of valuable matter in order to make the necessary room for our Scottish Medical Press on this interesting occasion, and we trust our efforts in this direction will be appreciated by all our readers. The address of the Lord Justice-General cannot fail to interest everyone at a time when education is the question of the day, and when the Universities are, as it were, on their trial. No one is more competent to speak than his Lordship, and no one will be listened to more attentively. His election is in itself a proof of the value set on his opinion in University matters and his labours in the Commission.

This, however, is but a small part of the pressure on our columns from Scotland. We should have been glad to find room for some elaborate criticisms on the installation address, as well as for a quantity of matter supplied by the editorial staff of the Scottish Medical Press and some able correspondents. With such a plethora of material we can only do our best, ask the forbearance of some of our contributors, congratulate ourselves on what we have accomplished in making the Medical Press *the* professional journal of Scotland, and take courage for the future. Scotland is just now well to the front in matters of interest to medical men, and, with a weekly journal at her disposal, has now an opportunity, she has never before enjoyed, of being heard not only in her own schools, universities, cities, and provinces, but throughout the sister kingdoms.

◆

EXEMPTION OF HOSPITALS FROM TAXATION.

A Bill has just been brought into the House of Commons by Mr. Wheelhouse, of Leeds, and Sir Herbert Croft, which is intended for the relief of public hospitals from liability to rating. Its provisions are briefly as follows:

> Whereas it is expedient that institutions established and continued exclusively for the treatment and cure of the sick should be exempt from the charge of county, borough, parochial, and other local rates, in respect of land and buildings occupied by them for the transaction of their business, and for carrying into effect their purposes. Be it therefore enacted, that from and after the first day of October next no person or persons shall be liable to pay to any county, borough, parochial, or other local rates or cesses, in respect of any land, houses, or buildings belonging to any institution mentioned in the schedule of this Act; provided that such institution shall be supported wholly or in part by the annual voluntary contributions of not less than *twenty* subscribers, and shall not make any dividend, gift, division, or bonus in money, unto or between any of its members; and provided also that such institution shall obtain the certificate as hereinafter mentioned.
>
> Before any institution shall be entitled to the benefit of this Act, such institution shall cause three copies of all laws, rules, and regulations for the management thereof, to be submitted in England, Wales, and Ireland, to the barrister appointed to certify the rules of Friendly Societies there, and in Scotland to the Lord Advocate, and such barrister or Lord Advocate shall give a certificate that the institution is entitled to the benefit of this Act, or shall state in writing the grounds on which such certificate is withheld; and one of such copies, when certified, shall be returned to the institution, another copy shall

be retained by such barrister, and the other shall be transmitted to the Clerk of the Peace, and shall by him be laid before the justices for such borough or county, and the justices are authorised and required to allow and confirm the same.

Provided always, that the fee payable to such barrister shall not at any time exceed the sum of one guinea.

Provided always, that in case any such barrister shall refuse to certify, it shall then be lawful for any such society to submit the laws, rules, and regulations thereof to the Court of Quarter Sessions; and justices may, if they think fit, order the same rules to be filed.

Schedule of Institutions to which the Bill applies.

Public general hospitals, general infirmaries and dispensaries; hospitals for sick children; hospitals, infirmaries, and dispensaries for cancer, consumption, and diseases of the chest, epilepsy, eye and ear diseases, fistula, fever, diseases of the heart, contagious diseases, diseases of the bladder, and syphilitic diseases; convalescent hospitals; dental hospitals, infirmaries, and dispensaries; foundling and incurable hospitals; hospitals for midwifery and lying-in women.

◆

SCOTLAND.

EDINBURGH UNIVERSITY COURT.

The University Court met on Monday, the 19th April. Present—Principal Sir Alexandar Grant, Bart., in the chair; Mr. Gordon, Mr. Nicholson, the Rev. Mr. Phin, and Dr. Christison. The following is the official account of the proceedings:—

> "An arrangement made by the Senatus, under which Professor Syme's class is to be conducted during the summer session by Dr. Joseph Bell, was approved of. On further consideration of the best day and hour for stated and other meetings of the Court, it was resolved that they should, as far as possible, be held on Mondays at two o'clock. After hearing parties on the matter of appeals by Professors Muirhead, Turner, and Laycock, and considering a petition from medical students against a resolution of the Senatus to admit a lady to certain of the medical classes this summer session, the following resolution was adopted:—'The Court, considering the difficulties at present standing in the way of carrying out the resolution of the Senatus as a temporary arrangement in the interest of one lady, and not being prepared to adjudicate finally on the question whether women should be educated in the medical classes of the University, sustain the appeals and recal the resolution of the Senatus.' A deliverance upon the General Council's representation of 21st April, 1868, regarding the addition of subjects in natural science to the Arts curriculum was adopted. A communication from the St. Andrews University Court was received, taking a favourable view of the proposal that members of the General Council of any one of the Universities of Scotland should have the use of the library of any other."

GENERAL COUNCIL OF THE UNIVERSITY OF EDINBURGH.

The statutory half-yearly meeting of the General Council of the University of Edinburgh was held on Tuesday afternoon, April 20th. There was a very small attendance of members. The chair was occupied by Principal Sir Alexander Grant, Bart., Vice-Chancellor of the University; and among the other gentlemen on the platform were—Professors Christison, Balfour, Masson, Stevenson, Crawford, Macpherson, and Calderwood; Dr. Lyon Playfair, M.P.; Mr. E. S. Gordon, Q.C., Chancellor's Assessor; Rev. K. M. Phin, Assessor for the General Council; Mr. Alexander Nicolson, advocate, Rector's Assessor; Mr. David Milne Home, of Milne-Graden, Curator.

Some formal business as to the Chancellorship, and the extension of the University building was first of all transacted.

STUDENTS' FEES.

A proposal to charge a fee of 10s. for the preliminary examination for medical students was approved.

ARTS' DEGREES.

It was reported that the Senatus Academicus and the University Court concurred in the changes to be made as to graduation with honours in Arts.

SCIENCES.

A communication was also made from the University Court respecting the addition of science to the arts curriculum. Final decision was postponed for a time.

UNIVERSITY LIBRARIES.

It was then reported that Aberdeen and St. Andrew's Universities were favourable to a proposal to admit the members of the General Council of any one of the Universities to the use of the library of any other, but the reply of Glasgow had not yet been received.

EDUCATION.

Principal Sir A. Grant related what had been done by the deputation sent to London by the members of the Senatus of the Scottish Universities. He disclaimed altogether the idea that the deputation assumed to represent the Universities, and said:—

> We were received in London officially—1st, by the Duke of Argyll, the Lord Advocate being present at the meeting; 2d, by Mr. Forster, the Vice-President of the Board of Education; 3d, by Lord De Grey, President of Council; Lord Granville also being present. We had separate interviews (at which full explanations of the resolutions were given, and objections stated and answered) with the Duke of Buccleuch, Lord Stanley, Lord Kimberley, Lord Cairns, Lord Minto, Lord Colonsay, and Lords Kinnaird, Airlie, and Camperdown. We had shorter interviews, at which briefer statements were made, with Mr. Gladstone, Mr. Lowe, Mr. Bruce, Mr. Crawfurd, Mr. Grant Duff, Sir E. Colebrooke, Mr. Loch, Mr. Ellice, Mr. Parker, and many other Scotch members. We invariably represented that our sole object was to prevent the character of Scottish parochial schools from being impaired by the levelling action of the Revised Code. We pointed out the close connection of these schools with the Universities, and some of the best features of the national character. We urged that the code of regulations for grants to these schools should be drawn up, not by the Privy Council, but by a Scotch board: and in order that such a board might have the confidence of Parliament sufficient to justify its being entrusted with wide powers, and the actual distribution of public money, we suggested that the board should be one, not of an elective character, but appointed by Government, and directly responsible to Parliament. We pointed out that our chief object in these proposals was to obtain a graduated system of grants, not only admitting grants for subjects of liberal instruction—such as grammar, geography, history, mathematics, and Latin—but even assigning higher grants for the higher standards. We were frequently met by the objection that it might not be considered justifiable to apply the taxpayers' money in aid of what was really secondary education. To this objection we replied that the line of distinction between primary and secondary education appeared to us to be an arbitrary one; that what might be called primary education—that is, education natural and suitable for children of the labouring classes in one country might be quite different from that in another country; that the two hundred years of education in Scotland had raised the people to a level above that of corresponding classes in England; and that such men as shepherds in this country thought it a right to be able to afford their children some tincture of an instruction more liberal than the mechanical rudiments.

Mr. Home, Rev. W. Wood, Rev. Mr. Phin, and Dr. Andrew Wood, spoke. It was agreed that no member of the Council was committed to the views that had been expressed by the Principal.

DEGREES IN APPLIED SCIENCE—IMPORTANT DEBATE.

Dr. L. Playfair, M.P., brought forward a motion of which he had given notice:—"That this Council request the University Court to take the necessary steps for obtaining a legal sanction to degrees in applied science."

He said that the degrees which it was proposed to establish were carefully considered by the Senatus, and referred to the University Court, which also approved of them in a formal manner. Although the Senatus of the University Court believed they had power, first, to initiate and then to ratify such degrees, a doubt having arisen on the subject, it was referred to Sir Roundell Palmer, who gave it as his opinion that the original charter which covered all the powers which any Scottish University possessed, was limited by the clause in one of the Papal bulls with reference to Aberdeen; that any Scotch University might give degrees such as were given at Paris or Bologna, but they had not sufficient power without going also to the Privy Council and asking for sanction to give those degrees. Both the University Court and the Senatus withdrew their intention to give those degrees until the sanction of the Privy Council could be obtained, if the University Council was of opinion that they should proceed. Almost all the early Universities arose from a desire to cultivate professions as professions and arts. In the early history of the Universities, the Faculty of Arts was not incorporated with the Universities themselves, but was a pedagogium or preparatory school for the Universities. It was said in Paris that the University arose with the Faculty of Arts, and that the professions were supplemented upon it. The Faculty of Arts certainly arose very early in the University of Paris; but there was a rule in that University regarding the age of students receiving the degree of B.A. in arts which clearly showed that it was a thing preparatory to going into the Universities. After a time, the Faculty of Arts became absorbed in the University, and had a much larger scope than that with which it had originally started, and it dovetailed all the professions together and liberalised them, and ensured more cultivation. In 1512, the Faculty of Arts in the St. Andrews University—the oldest of the Scotch Universities—was a pedagogium not within the University. When the different Scotch Universities were founded, there was always a clear persuasion that professions should be carefully cultivated. There was an interesting statement in the 7th chapter of the First Book of Disicipline of what St. Andrews was then and what it ought to be. There was one college devoted to philosophy and medicine, another to theology, and another to law; and in the unconfirmed charter of Mary, and the confirmed charter to Edinburgh of James VI., it was stated that the University was intended for professions from the beginning; and the lawyers petitioned the magistrates to the effect that the law had got to the dignity of a profession, and ought to receive degrees from the University. Their question was, had any new professions arisen in the world in recent times; and if they had arisen, could the Scotch Universities, without endowments, consent to ignore those professions? Could they, like Oxford and Cambridge, with their large endowments, and the capability of keeping culture with those endowments, refuse to acknowledge new professions and embrace them within their walls? No one could doubt within modern times engineering had become a profession of the first rank. It involved many sciences and the application of sciences, and no one could doubt that it had been raised to the dignity of a profession. Then, with regard to agriculture, there were few arts that embraced more sciences; and if it had been conducted with empiricism, there was the more necessity for putting it on a proper footing. A great demand had arisen lately for technical education, and that must be supplied if England was to retain its position among the nations of the world. The question was whether they would allow polytechnic institutions to arise outside their Universities, or whether they would enlarge their Universities to embrace them within their walls. In Paris, institutions for technical education had arisen round the University, which were granting degrees, and the result was that these institutions were filled to overflowing, while the University was left high and dry, to the amazement of mankind. The Paris University had lost its position by not granting these degrees, but allowing the polytechnic institutions to give them. The University of Zurich also did not see that it must accept the professions that were rising; and what was the consequence? Polytechnic institutions had arisen to take its place, and the University was nowhere. There had lately been several blue-books issued on scientific instruction. One came out last year from the Science Instruction Committee of the House of Commons, and there were several very significant facts in it. Evidence was given of the Establishment of a school of applied sciences outside Dublin University to give degrees in engineering, agriculture, and various applied sciences, and it was stated that the Privy Council had determined to establish a school of science in Edinburgh in connection with the Industrial Museum. They must take care that they did not repeat Zurich over again. If the Government were to grant degrees for technical subjects to new professions that were rising, where would their University stand? The Industrial Museum had always been on admirable relations with the University of Edinbugh, It had given them access to its collections for instruction, and there was a physical bridge of connection between the buildings. The University, seeing that it depended upon the people, and not upon large endowments, and was most sensitive to the wants of the people, should recognise these professions, and by all means develope technical instructions."

Professor Mason seconded the motion. Universities, if they were to continue powerful, if they were to continue vital in the communities where they existed, could only do so, and ought only to be allowed to do so, when they adapted themselves to new and important exigencies as they arose. No exigency at the present moment, he believed, was more important than education in the round of applied sciences. There was a huge education going on at present, and becoming more and more organised, interesting many of the most eminent men of this land—interesting them so that they were munificently giving large sums of money to prove that they felt that the interests of our country were largely connected with increased technical education. This huge education was going on, and would be organised more and more; and the question was—Was it a thing to be organised apart from our Universities or in connection with them? If it was organised apart from the Universities, the result would be what had been pointed out, that there would be in Edinburgh probably a school or institution of practical science, standing side by side with our University. He did not think a department enough, but that they ought to have a new Faculty of applied science, seeing that education was going on in a new direction, that there was in the country a higher demand for proficiency in all departments—if their University would recognise these, and do what it could to confer these degrees, the result would be, in the first place, great increase of prosperity to the University, and, in the next place, an improvement in that technical education itself by the association with it of what they called the higher culture; but if it did not recognise them, a sucker would be attached to their University which would draw out of it a great deal of its strength and vitality. (Applause.)

Mr. Gibson moved that the motion be not adopted. He thought that they were proposing to put the wrong thing first. They were getting the degrees first, and after that getting the teaching, instead of first getting the teaching to attract the students and then getting the degrees. They should not multiply degrees; they should not institute degrees until they saw that there was full teaching for them. He thought there must be some other cause for the decay of the University of Zurich than the absence of scientific teaching, because the University of Berlin paid little attention to the teaching of the applied sciences, and yet it was one of the most flourishing Universities on the whole continent. There would be room enough for the Polytechnic schools as well as for the Universities even though they should be separate; and if such a school were established in Edinburgh, the result would be not to withdraw scholars from the University, but to attract scholars first to school, who would also attend the University.

Dr. Andrew Wood supported Dr. Playfair's proposition. Agriculture was now really a scientific profession, and few professions required more science than that of engineering. He trusted that this representation would go to the University Court, because, if they stood on their dignity as Universities as opposed to Polytechnic schools, they would be seriously damaged. He was a strong Conservative himself in politics, but the very root of the Conservatism which he professed was to watch the tide of the times and to take advantage of that tide. (Laughter and applause.) Therefore, as a Conservative in relation to that University, he supported the motion.

Dr. Thomas Smith seconded Mr. Gibson's amendment. Their degrees of Doctor of Science and of Bachelor of Science seemed to him sufficient to meet the whole want; and he feared any rash innovation. It appeared to him that this was a case in which they might take a leaf out of the book of Dr. Andrew Wood's Conservative party before they were educated, and "let wellalone." He would like that greater attention should be called to their science degrees. He did not think these degrees had been taken sufficient advantage of, and he believed that if they were more largely taken advantage of they would supply the want that was felt.

Prof. Crawford said the main thing to be aimed at was to obtain an endowment of additional professorships in connection with the University; and the true way to obtain that was to obtain the degrees, and then apply to have the staff of Professors increased.

Professor Balfour said what they wished to do was simply to make the existing Chairs available for degrees in agriculture and engineering.

Professor Calderwood, sympathised with the opinion that there ought to be no degrees granted unless they had sufficient teaching power. It was not intended that the proposed det grees should be at the vote of any one Professor, As to the question whether within or without the University they ought to have such training, he asked whether, if they had within the University proper training in mathematics, natural philosophy, and engineering, there was any need that they should have outside the University, provided by public funds, teaching covering exactly the same ground ? On the other hand, if they had, partly in the Faculty of Medicine, and partly in the Faculty of Arts, provision for proper training in agriculture, was there any need that there should be a further provision of public funds in order to have precisely the same teaching repeated outside the University ! He thought that to put these questions was to answer them, and that the General Council would very readily accept the proposal for the institution of the degrees referred to in the motion, and very readily reject all that had been said against the motion.

Rev. K. M. Phin said, that yesterday in the University Court, which he was sorry to say had not yet opened its doors for the public press, they had listened to a long argument in favour of a change in the constitution of the University by the admission of individuals who were not of their sex as students within the walls of the University. The example of the University of Zurich was then brought forward in order to induce them to agree to the proposed change ; but it now turned out, that the University of Zurich was one which they ought not to regard as entitled to set them an example in anything connected with education.

A show of hands was then taken for, and against, Dr. Lyon Playfair's motion, when the motion was carried by 38 against 4 votes.

INSTALLATION OF THE CHANCELLOR OF THE EDINBURGH UNIVERSITY.

The formal installation of the Right Hon. the Lord Justice-General as Chancellor of the University of Edinburgh, took place with great *èclat,* and the ceremonial of conferring degrees was proceeded with. Honorary degrees in divinity and laws were also conferred. The members of the University Court and the gentlemen selected to receive honorary degrees were attired in academic robes, as were the graduates who appeared to have their degrees conferred upon them. The chair was occupied by Principal Sir Alexander Grant, who was accompanied to the platform by the Lord Justice-General, Chancellor of the University; Dr. Lyon Playfair, M.P. for Edinburgh and St. Andrews Universities ; Mr. David Milne-Home, Bailie Russell, and Bailie Fyfe, Curators ; Mr. E. S. Gordon, Q.C., Assessor for the Chancellor ; Mr. Alexander Nicolson, Assessor for the Rector; Rev. K. M. Phin, Assessor for the General Council ; Professors Kelland, Blackie, Fraser, Calderwood, Tait, Masson, Wilson, Oakley, Crawford, Liston, Stevenson, Lorimer, Muirhead, Macpherson, Maclagan, J. Stuart, Tytler, Balfour, Bennett, Turner, Crum Brown, Sir J. Y. Simpson, Christison, and Spence ; Dr. Moir, President of the Royal College of Physicians ; Mr. Campbell Swinton, Sir David Baxter, Bailie Cousin, Colonel Davidson. The gentlemen who were to receive honorary degrees also accompanied the Chancellor and Principal to the platform.

The following received the honorary degree of LL.D. :— Dr. Henry Acland ; Matthew Arnold ; Professor Bain ; Colonel J. A. Ballard, C.B. ; Andrew R. Clark, Esq., advocate ; E. S. Gordon, Esq., Q.C. and advocate ; Lyon Playfair, C.B., M.P. ; T. Collyns Simon, Esq. ; Professor Swan ; Sir W. Thomson, D.C.L. ; and Sir Charles Wheatstone, F.R.S. The Chancellor then delivered his Inaugural Address, which occupied more than an hour.

The *Conversazione.*—The installation was further celebrated by a brilliant *conversazione* the same evening, in the Library Hall of the University. Visitors were received by the Principal and Professors, and the entertainments provided in all departments of science were worthy of the occasion. We regret that space forbids our mentioning others than the Physiological Section, ably conducted by Dr. Hughes Bennett.

◆

Notes on Current Topics.

Sanitary Commission.

This Commission has been entirely reconstituted. We cannot, however, feel that it is such as it should be. It is a decided step backwards. The medical men on the Commission are reduced from seven to five, Dr. Rumsey and the Rev. S. Haughton, M.D., being omitted. No greater blunder could have been committed, except the other that appears in the same act, viz.—that the city of London is altogether to be excepted from the enquiry. If any good is to be done, it cannot be by piecemeal enquiry, or by the substitution for medical men, eminent as sanitarians, mere lawyers, lords, or members of Parliament.

The Late Dr. Dunglison.

The learned author of the "Dictionary of Medical Science" died lately at Philadelphia, where he had lived since his retirement. Robt. Dunglison, LL.D., M.D., was a native of England, and his medical education was conducted in London, where he actually began practice. In 1824, Jefferson, ex-President of the United States, invited him to a professorship in Virginia University. He was promoted in 1836 to Jefferson College, Philadelphia, where he occupied the chair for the remainder of his career. In England he is most known by his great dictionary.

A Veteran.

The death is announced of Dr. J. Heriot, who had served on the medical staff of Sir John Moore in Sicily, and then under Wellington till the close of the great war. He died at Brighton at the age of eighty-five, having been appointed assistant surgeon in the army sixty-five years ago. Few of his *confrères* of that time can survive.

Female Doctors.

A curious discussion took place at the meeting of the Edinburgh University Court, which does not appear in the official proceedings. An appeal was made against a resolution of the Senatus Academicus to admit Miss Blake to some of the medical classes. A very full discussion of the questions involved ended in the following resolution :—

> "The Court, considering the difficulties at present standing in the way of carrying out the resolution of the Senatus as a temporary arrangement in the interest of one lady, and not being prepared to adjudicate finally on the question whether women should be educated in the medical classes of the University, sustain the appeals, and recal the resolution of the Senatus."

The Societies.

The several medical societies of the metropolis continue their activity, so as quite to steal a march on the journals.

At the Medico-Chirurgical, Dr. Barnes read a paper on operations for chronic inversion of the uterus, giving an account of a case successfully treated by a new plan. Dr. Protheroe Smith, Mr. Brooke, the President (Dr. Burrows), and Sir J. Y. Simpson, of Edinburgh, who was present that evening, took part in the discussion. A case of spontaneous cure of hydatid cysts, by Dr. Charles Kelly, was communicated. This produced remarks by Dr. Charles Drysdale, Dr. W. Ogle, and Dr. Hill, to which Dr. Kelly replied.

At the Clinical Society, Dr. Broadbent has brought forward manganese and nickel as remedies for anæmia and chlorosis. Dr. Greenhow has related a case of tabes dorsalis, which has been reported on by Drs. Buzzard and Moxon. Mr. Holthouse has related a case of sub-glossitis.

At the Epidemiological Society, Dr. Dickson, of Constantinople, brought forward the history of the last epidemic of cholera in Persia. He said that a department of public health has been established in Persia.

The Medical Society of London has had the subject of population brought before it in an able paper by Dr. Routh, on "The causes which lead to the unproductiveness of marriages, considered from a national point of view." The author dwelt at the close on some points of a practical kind in reference to sterility, but it cannot be doubted that many of the larger questions started will not be suffered to rest, but will lead to much discussion.

On Monday last, the paper of the evening at the Medical Society was by Dr. Hughes Bennett, of Edinburgh, on Pneumonia.

Contagious Diseases.

The Bill for extending the Act for the Prevention of Contagious Diseases to the metropolis, of which Marquis Townshend is sponsor, contains a very objectionable detail. It proposes to restrict the choice of medical inspectors to Poor-law medical officers. Now, however excellent a body of men these may be—and we have often urged their good qualities—it cannot be supposed that they aspire to any pre-eminence in this speciality, nor that they are possessed of exclusive knowledge on any point. We should rather argue that they have already plenty to do, and that their duties are incompatible with the proposed new ones. We have not space to enter into the general merits of the Bill, but so absurd a provision must not be suffered to pass.

Pogonotrophy.

Progressive Liberalism is about to be developed in a new direction, and free trade in hair has been declared by Mr. Childers. It would appear as if, at haphazard, the Admiralty has fallen upon a really useful reform, for they are about to issue a manifesto in favour of beards, and in a couple of months the British sea lion will appear in all his glory, instead of in the form of a trimmed poodle, as heretofore. It need, perhaps, have hardly taken all these years for their lordships to appreciate the comforts of a full and warm beard in the face of a bitter gale or driving sleet; and the miseries of blunt razors, a two days' growth, cold water, and a rolling ship. Had Lord Byron been a true sailor, he would certainly never have propounded his query as to whether women or men were most happy—whether 365 shaves were not worse than one lying-in.

Another Case of Prolonged Fasting.

A girl of Ulverston named Addison, eleven years of age, is declared to have gone into a sort of trance last October. In January she gained consciousness for a few days and talked of having had interviews with people in heaven. It is stated that no nutriment has been taken for the last three or four months, not even fluids. The limbs are rigid, and the only sign of life is the movement of the chest. It is not improbable that the public will be regaled with numerous similar stories during the next few weeks.

London Pauperism and the Poor-law Board.

We are glad to see that our predictions as to Mr. Goschen's ability to occupy his office are being fulfilled. He spoke most decidedly to a deputation of Clerkenwell Guardians last week, and assured them that with pauperism increasing at such a rate, although the Guardians only wanted to be let alone he would not like the responsibility of letting them alone, and he should do his best to keep down the expenditure. All the talk about "centralization" and the sacredness of "local self-government" was put aside as irrelevant; and altogether the President of the Poor-law Board clearly showed that he had a will of his own, understood his duty, and was not to be badgered. This is a hopeful sign.

Coal Superseded.

Those who expressed so much alarm at the probable exhaustion of our coal fields may be glad to hear that creosote, so familiar to the druggists, is being tried as a fuel with considerable success. At a sugar refinery in Spitalfields, 1,000 gallons of creosote oil are daily consumed in heating two furnaces of 140 horse-power; 220 gallons, at a cost of one penny a gallon, are said to be equal in heating power to two and a-half tons of coal, and 1 lb. of the oil will evaporate 13 lb. of water, whereas 1 lb. of coal will only evaporate 7 lb. of water. The new fuel is far less offensive than any other kind, as it gives off neither smoke nor smell. The creosote flows from a cistern through a pipe into the furnace, where it comes in contact with red-hot coke and brick, ignites, and burns fiercely with a pure white flame. The combustion leaves no residuum. No stoking is necessary, so the stoker's wages are saved.

Pauperism in the House of Lords.

The difference of opinion evinced in the debate on Pauperism in the House of Lords shows how much remains to be said and done, and how far we are from an ideal knowledge, much more prevention. Lords Houghton, Granville, Overstone, Grey, Carnarvon, and Redesdale all differing in opinion, but all evincing deep interest in the subject, is a sight that should cause all persons to reflect further. The denial by Lord Overstone of any necessity for extraordinary measures, though in opposition to an immense array of evidence and to the popular belief, was thought worthy of serious consideration by his compeers; and the view of Lord Grey that *local* not *general* congestion of the labour market was the cause of all the evils is one that is supported by numerous facts.

The Health of Dublin.

In the Dublin Registration District, which has a population of 314,409, the births registered during the last week amounted to 192. The average of the years 1864 to '68 was 166. The deaths registered were 188. The average was 174. Eight deaths from scarlet fever were registered during the week. The deaths from fever amounted to 9, viz., 5 from typhoid or enteric, 3 from typhus, and 1 from "fever." A female, aged 16 years, and a male, aged 18 years, died from cerebro-spinal meningitis. Measles proved fatal in 2 instances. Forty deaths resulted from bronchitis, and 2 from pneumonia or inflammation of the lungs. Paralysis proved fatal in 7 instances, and apoplexy in 2. Diseases of the heart caused 7 deaths, and diseases of the liver 5. One death resulted from diabetes, 2 from nephria or Bright's disease, and 1 from kidney disease, unspecified. Thirty-one deaths were referred to phthisis or pulmonary consumption, 3 to mesenteric disease, 3 to hydrocephalus or water on the brain, and 3 to scrofula. Cancer was the cause of 7 deaths.

The *Pall Mall Gazette* has inserted a letter from "An In-patient of a London Hospital," complaining that no part of Lord Seymour's legacy has yet been paid. They managed this affair better in Paris, but we suppose the lawyers of England must have their dues.

This evening (Wednesday), the forty-first anniversary festival of the Royal Free Hospital takes place at the City Terminus Hotel, Cannon street. The Lord Mayor will preside.

Charing-cross Hospital festival is fixed for the 12th May, when W. H. Smith, Esq., M.P., has consented to preside. The Hospital for Sick Children is to hold its festival on May 14th, Sir J. D. Coleridge, M.P., presiding.

Dr. Cobbold, F.R,S., will deliver the course of twelve Swiney Lectures on Geology and Palæontology, at the Royal School of Mines, on Monday and Saturday evenings, commencing Saturday, May 1st. Admission is free, and ladies are invited to attend.

The *California Medical Gazette* informs us that in San Francisco there have been during the month of March some very fearful cases of scarlatina. Children have been cut off in a few hours from the intensity of the blood poisoning—the symptoms being vomiting, purging, and collapse, without, or with only a partial appearance of the eruption.

We commend the following facts of which we are reminded by the *Australian Medical Gazette* to the vaccinomaniacs who have recently devoted themselves to the obstruction of the law and the propagation of smallpox :—

When vaccination was *voluntary*, the deaths in London were 16 in the 1,000 of the deaths from all causes, and in Edinburgh 19; but in Glasgow the number was as high as 36, Limerick 41, and in all Ireland 49.

But in those countries where it was *compulsory*,—as, for instance, Westphalia—only 6 in the 1,000 died, and in Lombardy and Venice 2 in the 1,000. In France only 1 in 100 of those attacked with small-pox died; and in Austria, instead of the deaths being 1 in 17 of the deaths from all causes, they diminished to 1 in 7,017.

Serious disturbances have lately taken place in St. Petersburg at the Medical Academy and spread to the University and Technological Institution, as well as to the University of Moscow, in consequence of which the lectures have been suspended in some of these establishments. The cause of these disturbances was a quarrel between the medical students and the secretary of the Academy. One of the students had been obliged to defer his examination, which ought to have taken place in the month of May, to the month of September, but as no public examinations are held in this month the student was privately examined by the professors, who provided him with testamurs. These testamurs the student presented to the secretary, who unfortunately lost them. On the opening of the winter courses the student was not transferred to a higher course, as he should have been, and on inquiring the reason of this, he was answered that his papers had not been received. The whole body of students on this determined to have justice done their comrade, and sent a deputation to the secretary to demand an explanation of the matter. The secretary of the Academy did not reply to this demand, but only said that he did not recognise their deputation. Later, however, the secretary sent the students a letter of apology, but unfortunately it came too late to pacify their anger and indignation, which was now at its height. Breaking through all restraint during a lecture, the students made such a tumult and riot that the police were obliged to be called to restore order. Many have been arrested and sent to the fortress, where they are now awaiting judgment.

Correspondence.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—You will much oblige me by directing the attention of candidates for medical appointments in the Royal Navy to an important alteration that has been made in the regulations.

In those issued by the Lords of the Admiralty on May 7, 1867 (sect. 9), it was announced that "a favourable consideration will be given to those who have obtained the degree of M.D. from any University in the United Kingdom."

The President and Fellows of the King and Queen's College of Physicians remonstrated against this announcement, as it implied that the qualification given in Medicine by a College of Physicians was inferior to that given by *any University* in the United Kingdom; and as it confounded together all Universities—those requiring degrees in arts previous to graduation in medicine, and those not requiring degrees in arts.

In addition to a written remonstrance, Sir Dominic Corrigan, Bart., and Professor A. Smith had an interview, in June last, with Lord Henry G. Lennox, then Secretary to the Admiralty. The result has been, that the paragraph has been withdrawn from the recent Regulations of the Admiralty, issued on the 4th November, 1868, which now place fairly on a level all who pass the examination for the Navy, without regard to their place of education or the corporation from which they have obtained their qualification.

I am, Sir, your obedient servant,
James Little, M.D.,
Fellow and Registrar, K.Q.C.P.I.

Dublin, April 24, 1869.

Literature.

Journal of Anatomy and Physiology (Second Series No. II and III). Conducted by Professors Humphry and Turner.

In the two numbers of the *Journal of Anatomy and Physiology* which are before us, the editors have, we think, fairly earned the support to which honest labour is entitled, and we hope that a just appreciation of the special object of this journal, as well as its special merits, will induce our workers in these branches of knowledge to contribute to its pages. We are inclined to say this because it should be, and doubtless is, the endeavours of the editors to make the journal of sufficient interest to attract the attention of the medical public generally, and not that of a comparatively small number of science-workers; still less should it become a mere compendium of isolated facts and a record of dissection, to be shelved as soon as received, and to be taken down only for reference if at all.

In No. II., we have to notice a tendency to what is certainly an excess of dissection, records without a balance of interest in the other papers. In No. III., however, the papers are of unusual attraction throughout, and we trust this number is more truly a type of what may be expected of the journal than the former.

Drs. Crum Brown, and Fraser, communicate a paper upon a very important subject, and we trust will not let their labours in this direction stop here. Their object is to trace the connection between chemical composition and physiological action, and they examine carefully the physiological action of the salts of the ammonium bases derived from strychnia, brucia, thebain, codeia, morphia, and nicotia. They show that chemical addition produces some important modifications in the action of these poisons—that for instance, iodide of methyl-strychnium acts not as strychnia, but as curare—acts not by inducing a morbid excitability of the spinal cord and muscular system, but by paralysing them; that not only iodide but sulphate of methyl-strychnium acts in this matter, and that speaking generally, when any nitrile base possesses a strychnia-like action, the salts of the corresponding ammonium bases have an action identical with that of curare. There is no doubt that this is an important observation, and that these new substitution compounds being much more definite in composition, and being much more readily obtainable, will be of great value as substitutes for that substance, curare. They also point out the fact that the action of morphia is not simple, but that in addition to the soporific action it exacts a stimulant effect on the spinal cord; soluble salts of methyl-morphium possess a narcotic but no spinal-stimulant action; they may, therefore, prove advantageous substitutes for the salts of morphia especially when given to children.

Apropos of this subject is Dr. Beigel's communication upon the action of curare and of an African arrow poison. He has used subcutaneous injections of the curare amounting to 1-3 grains at a time in cases of epilepsy, producing specific effects; but it does not appear that any special or permanent benefit resulted.

In the paper by Mr. Wood, which opens the third number, there will be found a careful and interesting examination of the true relations of the aorta and mediastina in the human body. We are glad to see this, for there has hitherto been so much discrepancy in the limits assigned by various text-books on anatomy to these all-important parts that we think Mr. Wood has done good service by calling attention to those inaccuracies and pointing out where the error lay. He divides the thorax by a line drawn horizontally from before backwards through the lower part of the first piece of the sternum, to the body of the fourth dorsal vertebra, and passing ultimately out through the lip of the fourth spinous process of the dorsal region. This line divides the thorax into an upper fifth and a lower four-fifths, the lower comprising the three mediastina but the upper or cervico-thoracic portion being above the middle and posterior mediastina and forming the root of the neck; in this upper part, therefore, only the anterior of the three mediastina is represented, and the line marks the upper limit of the aortic arch.

Another line drawn through the third piece of the sternum horizontally backwards through the spinous process of the sixth dorsal vertebra corresponds with the origin of the aorta and pulmonary artery from the heart. Mr. Wood also insists very strongly that the arch of the aorta terminates at the lower border of the fifth instead of the third as is generally vertebra stated. We have one very serious fault, however, to find with this communication. In a paper which professes to correct the errors of others a little care ought to be bestowed in order to make the diagrams which must be constantly referred to for explanation of the text, themselves free from error. We can hardly suppose the irregularity in the branches of the aortic arch and the great separation between the base of the heart and the diaphragm were intentional. These apparent errors may, to many, make it difficult to imagine that the diagram has been taken from an actual vertical section of the subject, and may unfortunately weaken the influence this communication ought to have.

Mr. Lee has a paper upon the ciliary muscle in certain birds, fish, and quadrupeds, and gives a short account of that structure in the fowl, cod, cat, and the owl and falcon, as seen by ordinary dissection under water or spirit. There is not enough, however, to warrant any conclusions being drawn as to the condition of that muscle in the different classes of animals, and no attempt is made to particularize its function, though Mr. Lee does not credit the usually received views in that respect.

After a very careful and elaborate paper by Professor Macalister upon the homologies of the atlas and axis, there follows one by Dr. Chiene, of Edinburgh, upon a curious case in which there was complete obliteration of the cœliac and mesenteric arteries. The points of practical importance in this case are to be found in the fact that all the abdominal viscera instead of receiving their blood supply through their ordinary or peritoneal course, received it by means of extra peritoneal vessels; the stomach, liver, spleen, and duodenum being supplied from the left lower intercostals and left renal and supra-renal, the remainder of the intestines by the internal iliacs, except the cœliac and ascending colon which received blood from the last dorsal artery of the right side. In the employment of depletory measures therefore to different parts of the abdomen a satisfactory explanation is apparent in the readiness of communication under certain circumstances between the skin and the engorged vessels of the inflamed viscus, and the emptying of the former being attended with partial emptying of the latter.

Messrs. Mosely and Ray Lankester drew attention to the unsatisfactory state of dental nomenclature, and the consequent difficulty in denominating teeth with any accuracy, and they propose what appears to be a very simple arrangement and one sufficiently philosophical and sufficiently practicable to warrant adoption. It is founded upon the development of the upper jaw—certain teeth belonging to the præmaxillary and others to the true maxillary portions. These latter are divided into an anterior and a posterior series corresponding with canine and præmolars on the one hand, and with the true molars on the other. Similarly, the teeth of the lower jaw, or the mandibular group are arranged in a median, anterior lateral, and posterior lateral series, corresponding with the series of the upper set of teeth. We must again call attention to the obvious error which has been allowed to stand in the diagram, where the words anterior and posterior are substituted for one another. The authors of this paper point out a curious fact in the dentition of the common mole —viz., that it is the only placental mammal having eight præmaxillary teeth.

Passing by an account by Professor Humphry of the dissection of a case of Ectopia Vesicæ, upon which he makes a few suggestions as to the mode of origin of such malformities, we come to a very interesting paper by Dr. Dickinson, upon the changes in the nervous system, which follow amputation of the limbs. Dr. Dickinson's researches into the function of the cerebellum, it will be remembered, led him to the conclusion that that organ had a special influence over the lower limbs, and he in consequence examined carefully the brain after amputation of one or both lower extremities, in the expectation of finding atrophy more or less marked in the cerebellum. He was, however, driven to the conclusion that no loss of weight, or appreciable change in structure followed in this organ, but he now records the appearances which different parts of the spinal cord present under these circumstances. The nerves of the stump atrophy, although from the increased development of fibrous tissue the naked appearances are not altered; the nerve roots waste, but the posterior or sensory one particularly; and a remarkable shrinking takes place in the posterior column of the cord on the side of the mutilation, attended by a condensation of areolar tissue. These results are interesting, but it does not appear quite evident to him why the posterior columns and roots should become more atrophied than the anterior. We should, however, be inclined to expect such a result; for the functional activity, and therefore, *cæt. par.*, the nutrition of sensory nerves, is excited and supported by stimulation from the periphery, whereas, that of motor nerves is from the centre.

Professor Cleland, of Galway, in a short paper combats the view, which has hitherto been held upon the authority of Mr. Toynbee, that the Eustachian tube is opened in swallowing, and remains closed at other times. He states that the levator and tensor palati must each tend to close the tube, owing to the pressure of the whole body of the muscle below the tube, their fixed point above being the fibrous bone for the levator, and the sphenoidal spinous process and internal pterygoid plate for the tensor. The explanation of Professor Cleland's views are not much helped by the sketches or diagrams accompanying the paper, these, in fact, serve rather to mislead.

Professor Turner communicates a paper on the skull of a new species of arcto-cephalus, and Dr. McBain on that of an otaria; and these are followed by some interesting chemical papers by Professor Heynsius of Leyden.

Dr. Allen Thomson, of Glasgow, examines carefully the ossification of metacarpal and metatarsal bones, and argues from the inconstancy of the epiphyses in number and position in the animal series, that we must distrust their position as the ground for homological distinction between the first and the other metacarpal and metatarsal bones.

This volume "ends with a most valuable and interesting reprint of the Idea of a new anatomy of the Brain," which was submitted for the observations of his friends by Sir Charles Bell; and to this are added selections from letters of th same distinguished author. It is written with the energy and clearnesss which eminently distinguished him, and we are pleased to see the hitherto almost unpublished paper, which created so great a revolution in the anatomy of the brain which, in fact, attempted to substitute a philosophical study for a confused jargon of names, laid before the scientific world by the enterprising editors of this paper. In the extracts from his letters which are here given, we have a view of the enthusiasm with which he pursued his subject, and, side by side with this, little touches of feeling and glimpses of the inner life of a man whose genius has shed a lustre on the scientific world; and these glimpses are pleasant enough to make us wish to see and know more.

◆

Medical Gleanings.

EXTIRPATION OF THE UTERUS FOR COMPLETE PROLAPSE.

Prof. Langenbeck, of Hanover, has recently performed this operation upon a woman 48 years of age, who had suffered from prolapse since the birth of her first child eighteen years previous. She had borne nine children since then. The result was a good one. The patient removed the ligatures herself from the eighth to the tenth days. The operation was performed on the 15th of May; on the 29th she left her bed; and on the 31st she took her first walk in the open air.—*Memorabilien.*

TYPHOID CUTANEOUS SPOTS.

The occurrence, in conjunction with an unusally copious roselar eruption, of another one of a yellowish-brown colour of the size of a two-dollar piece and over, is described by Zulchaur (*Berliner Klin. Wochenschr.*) The latter spots run into one another. They were only observed in very severe cases, which in the first, or in the commencement of the second seven days' period, terminate in death.

PHOSPHATES OF THE URINE INCREASED BY MENTAL EXERTION.

Dr. H. Byasson, in a little pamphlet entitled, "Essay on the relation which exists under physiological conditions between the Cerebral Activity and the composition of the Urine," furnishes a variety of experiments instituted upon his own person which confirm, in an exact manner, the popular belief of an increase in the phosphates of the urine as the result of mental exertion. Dr. B. commences by detailing his method of analyzing the urine with reference to attaining the greatest amount of exactness in determining the constituents quantitatively. For twelve days he made daily examinations of his urine, taking no special precautions as to his diet. For nine days he confined himself to an exclusive diet of bread and water. Under the latter regimen he maintained his weight, and enjoyed ordinary health. He gives details of his daily occupations while performing these analyses, alternating days devoted to study, with days spent in muscular exertion, or in complete bodily and mental activity. While indulging in a mixed diet he found no special variations in the composition of the urine, as the result of his occupation, but when confined to a simple diet of bread and water, he found that when the brain was in a state of activity, there was a more abundant production of urine, and the simultaneous appearance in the urine of urea, and the alkaline phosphates and sulphates in increased proportions. When the muscular system was chiefly called into action there was an increase in the amount of urine, and the simultaneous apparition in the urine of urea, uric acid, and chloride of sodium. So that, provided a man should be subjected for three days to a uniform diet, and placed under nearly similar external circumstances, it would be possible to determine, by anylysis alone of urine which day had been passed in repose and which had been spent in physicial or mental exertion.—*Medical Record.*

EXPERIMENTAL RESEARCHES ON THE ACTION OF QUININE.

Dr. C. Binz has been making an experimental study of quinine, with a view of discovering its mode of action. And he selects for experiment some of the infusoria developed in vegetable infusion; employing the neutral chlorohydrate of quinine, soluble in sixty times its volume of water. He finds that this salt of quinine, even in weak solution, destroys these infusoria much more promptly than much stronger solutions of salicine, morphine, and strychnine: showing there is some peculiar antiseptic action different from that of other vegetable alkaloids. From these low animals, he proceeds higher up the scale; and eventually examines the effect of quinine on the blood, He fed two kittens with half an ounce of milk, and then subjected one of them to several subcutaneous injections of quinine. On examining the blood of these animals under the microscope, some time after, he found a marked diminution in the proportion of white globules on the part of the one which had been subjected to the action of the quinine. Before the experiment, this animal's blood showed more white globules than the other, 294 : 214; after the experiment, the proportion was enormously reduced to 17 : 344. Dr. Binz believes that subcutaneous injection of quinine retards the development of inflammation and moderates its effects if it has been developed. Dr. Binz accepts the views of Dr. Salisbury, regarding the alga of intermittent fever, and explains the therapeutic effects of quinine in that disease, by its action in his experiments upon the lower organisms. He believes the doses of quinine usually given to be too small, and suggest the use of the chlorohydrate in preference to the sulphate on account of its greater solubility.—*Allg. Med. C. Zeit.*, *Berlin Kl. Woch.*,

THE MICROSCOPIC COMPONENT PARTS OF VACCINE LYMPH.

Fresh lymph from normal developed cow-pox, which for the naked eye is of transparent appearance, shows, examined by the microscope, beside the incidental admixture of small particles of duct, débris of epidermis, blood-corpuscles and coagulated fibrin as well as pus-corpuscles, which have been detected by former observers, as a number of peculiar grand cells, innumerable free granules, and punctiform molecules, of scarcely measureable size. The granule cells contain occasionally some more solitary, somewhat larger, round granules; the number of granules in the cells amount from three to twenty and to more; sometimes they cohere so intimately, that it appears as if they were in a state of multiplication by self division. These structures are found in the cow-pox as soon as they contain some lymph; after the ninth day the pus-corpuscles become more numerous. By admixture with distilled water the above described structures do not undergo any change; the granule cells remain on the filter, whilst a number of granules and molecules pass through. The filtered lymph does not lose it efficacy. The coagula which were sometimes observed in lymph which has been kept for a time, consist principally of the above structures, while no traces of them are visible in so-called wild lymph, which is not meet for the production of genuine cow-pox. Crystals are found in lymph, whether in its drying or in its decomposing state. In the writer's opinion, the granule cells and granules which he observed in his experiments, are the bearers of the contagion. Only such lymph, which contains them, can be applied for the successful production of useful vaccine matter, whereas such lymph which contains already acicular and fassicular crystallizations, has no effect whatever. He believes that the fungoid growths and fungi which are found in diluted lymph, are of no consequence in regard to producing vaccine matter. The examinations of lymph taken from variola and varioloid, gave the same results as those which are apparent in the lymph from cow-pox; they even were better to be seen in lymph from variola, the granule cells and granules of larger size, and more conspicuous. The examinations of the blood of small-pox patients, as well as the air of the small-pox wards, did not give any positive result.—*Philadelphia Medical Reporter.*

POISONING BY NITRO-GLYCERINE.

In a restaurant where many young men are wont to dine, there stood one day upon a table a half-filled bottle, which one of the servants mistook for the undrunken portion of a bottle of wine that had been ordered, and he poured himself out half a wineglassful and drank it. The disagreeable taste, the burning in the mouth and œsophagus, retching and vomiting which immediately ensued, and the severe pain in the stomach, showed that he had drunk something else than wine, and it was soon discovered that it was nitro-glycerine, that had just been placed there by a party who intended to make some use of it. The vomiting which ensued rendered the administration of an emetic unnecessary. The patient was given almond emulsion with opium, and demulcents. The result was a favourable one. Terrible pain in the stomach, with loss of appetite and intense headache, was endured for three days, after which the patient recovered entirely.—*Memorabilien.*

EMPLOYMENT OF PHOSPHIDE OF ZINC IN MEDICINE.

M. Vigier and Dr. Curie have recommended the use of phosphide of zinc in cases where the administration of phosphorus is indicated. This substance is a grey crystallized body, perfectly definite in composition, unaltered by moist air, and keeping well, either in powder or in pills; but nevertheless easily decomposed in the stomach, and capable of exercising an action on the system identical with that produced by phosphorized oil. Phosphide of zinc is selected in preference to the other metallic phosphides, because it is at once perfectly stable, and easily decomposed by weak acids. Even lactic acid attacks it, evolving phosphoretted hydrogen; according to Messrs. Vigier and Curie this explains the action which occurs in the stomach. Phosphide of zinc is prepared by passing the vapour of phosphorus over zinc heated to ebullition, in a current of dry hydrogen.

The authors administer it in doses of one milligramme (0·015 grain) several times a day. It is given either in the form of pilules or of powder.

REMARKABLE CASE OF PROSTATIC CALCULI.

Dr. Paulicky gives an account of a prostate removed from the body of an invalid of the Hamburg garrison, 73 years of age, which felt exactly like a gall bladder distended with calculi The urethra was, in fact, surrounded by a large smooth-walled, sinuous cavity, which contained the stones. It occupied almost all the lower half of the organ, only about two lines in thickness of the parenchyma remaining; and the calculi, instead of being embedded in this, were contained in the cavity so formed close in contact with each other. The upper half of the gland retained its ordinary appearance, containing only a few concretions. There were counted two hundred and forty calculi, the largest one measuring six lines in diameter, and weighing three days afterwards 2·7 grammes. Two others were nearly as large, and eleven others had a diameter of two lines. The great bulk of the calculi varied in size between millet-seed and lentils. There were also numerous little stones scarcely recognisable by the naked eye. In form and appearance these calculi much resembled gall-stones, but differed from them by their great hardness. The largest stone mentioned above had perforated the urethra.—*Wien. Med. Woch.*

PREVENTION OF PAIN FROM BLISTERS.

M. Bricheteau states that he has found the hypodermical injection of from 5 to 10 drops of a solution of hydrochlorate of morphia (1 part to 50 of water), executed immediately before applying the blister, a most excellent procedure. When the blister is good it begins to rise in from three to five hours, and, as the effect of the morphia lasts for six or eight hours, all pain is prevented during the process. In some persons, whose skins resist a blister more than ordinarily, the injection may be delayed for an hour after its application. By this means when a blister is applied at night, the patient, so far as it is concerned, may still enjoy his night's rest; and sensitive persons are saved much suffering, as, for example, in the case of the application of blisters to the hypogastric region in young women. The dressing a blister also requires attention. No greasy substance should be applied; but having left as much of the raised epidermis intact as possible, this should be emptied of its serum by a broad clip with scissors, and, after it has sunk down again on the dermis, a thick layer of wadding should be applied. This is to be left on for two days, no other dressing being required. Cicatrisation may also be hastened by the following contrivance:—Cut a good-sized hole in the centre of the blister before applying it, and this central untouched portion great expedites the healing of the denuded zone which surrounds it.—*Bull de Thérap.*

MICROSCOPIC FUNGI AS THE CAUSE OF CONTAGION.

Dr. Lissauer, has made a number of experiments with penicillium, and concludes that fungus is not a cause of contagion, but is an accidental presence. He first found it in vaccine lymph; then he procured some from the surface of a cut lemon, and with this he attempted to produce vaccina in a calf, but without effect. In contradiction to Hallier, he says: "I believe I have shown that we cannot advance pathology by cultivating microscopic fungi from the products of disease; and that, moreover the detected and censured fungus cannot be regarded as the contagium until we have succeeded in producing the disease by art."—*Berl. Kl. Wochenschrift.*

TREATMENT OF PROLAPSUS ANI.

Dr. Schartz advocates for this affection a solution of the ext. of nux vomica, of the strength of one or two grains to the ounce of distilled water. Of this solution he gives six to ten drops every four hours. This is the dose for very small children; to larger children, fifteen drops at the same intervals. Two or three drops should be administered to children at the breast.—*Nashville Journal of Medicine.*

WARM COD LIVER OIL

Dr. Betz finds warm cod liver oil often tolerated when the oil cold cannot be borne.—*Memorabilien.*

MISCARRIAGE WITHOUT PAIN.

Dr. R. S. Kelso, details the following interesting case of painless miscarriage, in the *Chicago Medical Journal.* October 10th, 1867, was called to Mrs. D., pregnant about five months. While engaged in her ordinary household duties, without the least premonition, there was rupture of the membranes, and discharge of the amniotic fluid. 11th. Ordered tinct. ergot in drachm doses, every hour for six hours, but without effect. In the evening I found the os uteri well dilated, right shoulder presenting, with protrusion of the hand and arm, though she had not felt a single pain, but only a weight, or dragging sensation, when she stood upon her feet. Not thinking it necessary to turn, as the fœtus was small, I introduced a finger on each side of the neck, and brought down the head; then with slight traction, and a bearing down effort on her part, it was easily delivered. There was also another fœtus, with breech presenting, which I delivered in like manner, by bringing down the feet. After waiting an hour, I administered chloroform, and removed the placenta, which was so firmly adherent that it was impossible to detach it, except by taking it away in pieces. The lady had a good getting up, and in ten days was able to perform her household duties, not having had a single pain from first to last. I have since attended her in a miscarriage brought on in the same way, but she had a few pains.—*Philadelphia Medical Reporter.*

◆

Medical News.

Waste of Fuel in the United Kingdom.—No less than 104,500,480 tons of coals were raised in 1867—the mineral statistics for 1868 are not yet published—from the coal mines in the United Kingdom; and of this enormous quantity the conjectures of experienced persons would lead us to suppose about one-third was used in fireplaces for the domestic purposes of warming and cooking. If we assume that the average price of coal delivered to the householder is 20s, per ton, the amount expended in that year must have been £34,833,463; and if we further assume the average waste of fuel used for domestic purposes to be equal to a fourth of that which is consumed, there must have been an actual loss amounting to £8,708,373. A little consideration of these figures suffices to show of what great importance is economy in the use of fuel, both in a national and an individual sense. It is deplorable that our mineral treasure should be squandered, and that our wasteful habits should simply entail the diversion of a large sum from its legitimate purpose of promoting the pleasures or alleviating the sufferings and inconveniences of life.—*Westminster Review, April* 1869. Art IV., *Domestic Fireplaces.*

The Public Health.—According to the Registrar General's return last week the rate of mortality in London was 26 per 1,000, while in 13 other large towns in the United Kingdom it was 28. In the metropolis, 2,157 births and 1,595 deaths were registered. The latter exceeded by 75 the estimated amount of mortality, and were more by 45 than the number recorded in the preceding week. The deaths from zymotic disease were 320, the corrected average number being 326. Two deaths from small-pox, 28 from measles, 41 from scarlet fever, three from diptheria, 108 from whooping-cough, 24 from typhus fever, 14 from enteric fever, 17 from simple continued fever, and 21 from diarrhœa were registered. During the last six weeks 480 children have died from whooping-cough, and within the seven days referred to in the report the number of children whose deaths from all causes were recorded was 662. During the week the mean temperature was 55·2, or more than ten degrees above the average.

The President of the Royal Society's Soiree.—On Saturday evening, the second and last conversazione, given by the President of the Royal Society, took place at Burlington House, Piccadilly, on which occasion a numerous company thronged the several rooms. Among the distinguished scientific Fellows, &c., of the Society were Dr. Miller, Dr. Sharpey, Professor Stokes, Professor W. H. Miller, Dr. Carpenter, Mr. Alfred Tennyson, Sir Francis Grant, Mr. Bentham, General Sir G. Pennefather, Sir C. Locock, Sir T. Lawrence, Sir D. Wyatt, General Sir Vincent Eyre, Sir John Rennie, Mr. E. J. Reed, Sir Leopold M'Clintock, Professor Maxwell, Professor Cayley, Dr. Burrows, Professor Williamson, Admiral Ommanney, Mr. Laird, M.P., General Sir G. Lawrence, Colonel Dixon, General Lefroy, Professor Huxley, Professor Tyndall, Dr. Webster, Professor Malden, Professor Owen, Dr. Sibson, Professor Ramsay, Sir N. Madden, Professor Allman, Mr. Spottiswoode, Professor Donaldson, Professor J. C. Adams, Dr. B. Stewart, Dr. Hooker, Dr. Quain, Dr. Odling, Dr. Murchison, Mr. N., North. M.P., Professor Goldstucker, Dr. Bird, Mr. James Rennie, Mr. Tite, M.P., Professor Partridge, Dr. Gilbert, the Earl of Dunraven, the Earl of Mount Charles, Lord Chelmsford, the Earl of Sheffield, the Persian Minister, the Columbian Minister and many others. The several apartments thrown open abounded with objects of scientific interest.

At the Dialectical Society of London, Medical Society's Rooms. On May 5th, Dr. Charles Drysdale will read a paper, "On the Inadequacy of Emigration as a Remedy for Overcrowding and poverty."

Birth in a Railway Carriage.—The *Times* of last Saturday says:—A rather startling incident occurred a few evenings since on the Great Northern Railway. A lady, whose husband possesses a considerable estate in a northern county, feeling herself in an interesting conditioe, summoned to a consultation at the family seat a celebrated London accoucheur. The doctor made the required visit, but the pressing appointments to which he was bound rendered it impossible for him to accede to the husband's urgent request that he would remain with his wife through her confinement. Ultimately, in order to have the advantage of this gentleman's skill, it was arranged that the lady should come to London and take up her residence at the Great Northern Hotel. Accordingly, the parties left home on Sunday last with a local surgeon in attendance. All went well until the train reached Hitchin, when appearances presented themselves which made the medical man anxious to remove his patient from the railway carriage. The exigencies of railway travelling, however, afforded no time for more than a moment's consultation with the guard, and before any decided step beyond the removal of the husband to the next carriage could be resolved upon, the train was again in motion towards London. Between Hitchin and King's cross a "little stranger" was born, and for lack of other swaddling clothes the new comer was carried to the Great Northern Hotel in a copy of *The Times* newspaper. The mother was placed on a stretcher and carried across to the same hotel, where the most efficient attentions were immediately bestowed upon her by Madame Schumann, wife of the manager of the Great Northern Hotel, under whose care both mother and child are doing well.

County Coroners.—Mr. Goldney has laid before the House of Commons a Bill for enacting that county coroners, instead of being elected by the freeholders, shall be appointed by the Lord Chancellor or the Home Secretary. The Bill proposes, also, that every county coroner shall be paid a fixed salary, to be agreed upon with the Quarter Sessions, subject to appeal to the Home Secretary if the parties cannot agree; and that a coroner disabled by age or infirmity shall have a superannuation allowance awarded to him.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The meeting of the College which we announced last week, as to be held for the election of a Councillor in the room of Dr. Mackesy, assembled on Monday last. No less than six candidates presented themselves, enumerated in the ballot list as follows:—Dr. John Morgan, Sir Wm. Wilde, Dr. Kirkpatrick, Mr. Smyly, Dr. Barton, and Dr. Stewart, of Lucan.

The College assembled in force, nearly 100 votes having been polled, and the voting resulted in the election of Dr. Morgan by a majority of 13.

◆

SIR PATRICK DUN'S HOSPITAL, DUBLIN.

The memorial from the Physicians and Surgeons of Clinical Hospitals in Dublin to the Provost and Senior Fellows of Trinity College, to which we alluded some weeks ago, has been, we learn, under consideration of the Board. It referred, as our readers will recollect, to the restriction with which, since the year 1834, has been maintained, that candidates for the medical degrees of the University should attend for nine months at Sir Patrick Dun's. We understand that the Board have adopted the following resolution, and will shortly communicate it as their reply to the memorial.

Resolved,—"That the Board of Trinity College are prepared to recognise for the degree of Bachelor of Medicine certificates of all hospitals in Dublin which shall prove to their satisfaction their willingness and ability to teach all the branches of medicine and surgery, as soon as Sir Patrick Dun's Hospital shall have completed its arrangements for securing the undivided attention of its entire medical staff."

We presume that this resolution is susceptible of interpretation in two respects: Firstly, that the Board of Trinity College will require in recognised hospitals that there shall be wards for the treatment of fever and contagious diseases; and, secondly, that the medical staff of Sir Patrick Dun's who now hold appointments in other hospitals will be expected to confine their services to Sir Patrick Dun's alone.

It may probably be some time before this latter requirement can be complied with; but as the principle of the memorial has been conceded, by the Board, we are satisfied that its practical application will not be long delayed.

◆

NOTICES TO CORRESPONDENTS.

Anti-Vaccinator.—We are not favoured with the name of our Correspondent whom we must ask to take the personal responsibility of his peculiar views.

Cooper.—The College or School will not depart from its system in the direction you indicate, nor will the public departments entertain the proposition. There are, however, many teachers who will, we believe, undertake to do what you propose. Address Dr. Stoney, 80 Lower Baggot street, Dublin.

Professor Huxley's Theory of the Protoplasm.—The criticism has appeared in extenso in the English Mechanic, and is, therefore, declined.

Dr. E. F. Bean, Ashburton.—A new edition of Sir Thomas Watson's Lectures in Medicine will shortly be published by Messrs. Longman, Green and Co.

NITROUS OXIDE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I must ask you kindly to correct a printer's error in my letter last week.

Referring to the cyanosed appearance of the patient while under the influence of Nitrous Oxide, I said that as soon as the inhaler was removed, the colour returned instantly with the *re-oxygenation* (and not the re-organisation) of the blood.

I am, Sir, Yours truly,
J. Dennant, L.D.S., R.C.S.
Dental Surgeon to the
Brighton Hospital for Sick Children.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 5, 1869.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE
Experiences of a Regimental Surgeon in India. By C. A. Gordon, M.D., C.B., Deputy Inspector-General of Hospitals. 36
Overcrowding and Poverty considered as the Main Causes of Disease and Early Mortality. By Charles R. Drysdale, M.D., M.R.C.P.L., F.R.C.S.E., Physician to the North London Consumption Hospital 367
On the Topographical Features of Mauritius, in Relation to the Epidemic of Malarial Fever of 1867. By Wilmot H. T. Power, Assistant-Surgeon, 2nd Battalion, 13th Light Infantry 368
On Polypi of the Rectum. By Abraham Kidd, M.D., L.C.P.I., Physician to Ballymena Fever Hospital 369
On Cutaneous Angioneuroses. By Albert Eulenberg, Privatdocent in Berlin. Translated by W. D. Moore, M.D. Dub. et Cantab., M.R.I.A., L.K.Q.C.P.I. 369

HOSPITAL REPORTS.

Metropolitan Free Hospital and Farringdon Dispensary.—
Further Cases of Syphilis treated without Mercury. By Charles R. Drysdale, M.D., M.R.C.P., F.R.C.S., and Robert W. Dunn, Esq., M.R.C.S. 370
Coombe Lying-in Hospital.—
Two Cases of Vesico-Vaginal Fistula treated successfully by Operation. Under the care of Drs. Kidd and Roe. 371

Hydrophobia in a Flock of Sheep 372

LITERATURE.

Transactions of the Pathological Society of London 372
A Manual of the Diseases of the Skin. By Balmanno Squire, M.D., F.L.S. 373

Another Poisoning Case in Marseilles 373

LEADING ARTICLES.

The Poor-law Medical Meeting 374
Hospital Dinners and Tavern Keepers 374
"The British Medical Journal" 375

SCOTLAND.

General Council of Glasgow University 376
Glasgow University Buildings 377
Aberdeen University 377
Monument to Dr. Adams 377
The Conversazione of the Edinburgh University 377
University Education 377
Edinburgh 377

NOTES ON CURRENT TOPICS.

The Proposed Royal Academy of Medicine 378
A Good Example 378
Statistics of Prostitution 379
The London Hospital 379
Norwich Hospital 379
Hospital Physicians and Teachers in Medical Schools 379
Sagar v. Lancashire and Yorkshire Railway 379
The late Dr. Slyman 380
Pneumonia 380
Under Consideration 380
Dublin Obstetrical Society 380
Hereditary Disease 380
A Surgical Prize 380
Maternity Mortality 381
An Irish Academy of Science 381

CORRESPONDENCE.

Toogood Downing on Suggestions in Medicine 382
William Stephens on a Case 382

Medical News, Notices to Correspondents, &c. 384

Original Communications.

EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

By C. A. GORDON, M.D., C.B.,
Deputy Inspector-General of Hospitals.

(Continued from page 181.)

HEPATITIS.

Soldiers in India suffer more largely from hepatic inflammation than those quartered in other tropical regions, whether in China or the West Indies. This class of diseases vary much in their rate of prevalence at different stations in that country, and, as might be anticipated, are much affected by seasons; thus there exists a general impression in India, the truth or otherwise of which can of course be readily tested by statistics, that not only is the rate of prevalence of liver disease different in the different Presidencies, but that similar variety takes place in the frequency of abscess in that viscus, and in its depth, and even in the circumstance of whether suppuration occurs in one large cyst or in several small ones. These subjects are ably discussed by Geddes and Annesly.

Various explanations have been given in regard to this difference in the rate of occurrence of the disease under apparently similar circumstances. Hunter[*] mentioned the fact in 1808, but attempted no explanation of it. Davy,[†] more recently, in alluding to it, expresses an opinion that the difference depends, in some measure at least, on the amount of out-door exercise in which the climate permits a soldier to indulge, the prevalence being greatest where the men are least out of doors. Other causes, according to him, include the kind of diet and drink used, confinement in ill-ventilated rooms, continued high temperature, and elevation of the locality above sea level. My own experience does not enable me to express a decided opinion regarding the influence exerted by these circumstances, but I enumerate them here as deserving further attention.

With regard to the season during which hepatitis principally attacks our soldiers in India, I find that of 225 cases of which I have statistics, there occurred 68 between April and June, 71 from July to September, 50 from October to December, and 36 between January and March. The rainy season is thus shown, as indeed might have been expected, to be that during which the disease prevails most generally; and as indicating the near approximation that exists between the occurrence of "liver" and malarious fever, I observe that while an average of 4·66 cases of that affection are shown to have occurred per 100 strength during the period in question, the proportion of cases of the latter was 4·22. It has, moreover, been observed that the periods of their greatest prevalence were nearly alike, fevers having been most numerous in August and September, and hepatitis in these months and July.

If we consider the meteorological conditions that characterise each of the periods first alluded to, they may be briefly characterised thus:—From April to June the temperature is high, but its variations small; the atmosphere is dry, its degree of saturation at its minimum; from the occurrence of storms the atmosphere was in frequent and rapid movement; electricity in a frequent state of fluctuation, and evaporation at its maximum. From July to September the general average height of the thermometer is somewhat less, but the diurnal variations still very small; humidity is at its maximum, the air seldom disturbed by electric discharges, and evaporation at its minimum. From October till the end of December the temperature undergoes considerable decrease, and the daily variation increases; the mornings and evenings are cool and bracing, the atmosphere is less saturated, and its capacity for evaporation greater than in the preceding period. In the succeeding three months—namely, from January to March—a gradual increase of temperature takes place, the daily variations diminish, and the dryness of the air still further increases.

With regard to the period of a soldier's residence in which the liability to hepatitis, as well as the rate of mortality by that disease, are greatest, my statistics indicate that in the first year attacks are relatively rare ; but when they do occur, the rate of mortality is very great. From that time to the fourth year the liability to attack fluctuates, but in an increasing ratio, the mortality being small. In the fifth year the proportion of attacks is not very great, but the rate of mortality by them the largest of any period of which I am in possession of statistics. In the sixth year the number of attacks are far more numerous than in any similar period of Indian residence; but the liability to death by these attacks is less than half as great than it is during the first year of residence in India. From the seventh to the ninth year the liability to attack and to death by the disease fluctuates, but with a downward tendency; both to take a most material rise in the tenth ; the rate of mortality even then, however, is about one-fourth of what it was in the fifth year, and liability to the disease nearly equal to what it was in the sixth. To prosecute this inquiry further is now rendered unnecessary, as soldiers are unlikely to continue with their regiments in India beyond ten years.

---

[*] Diseases of the Army, page 304.
[†] Diseases of the Army, page 130.

That this form of disease may, and often does, occur from long-continued exposure to what is called "malaria," and without the intervention of any definite *exciting* cause, is now pretty generally allowed. It is also understood among army surgeons that repeated attacks of intermittent fever sooner or later end in organic disease of the liver, and that, therefore, removal of the affected person from the local influences to which he owed the primary symptoms should take place before the tendency to fever has become habitual. In many cases, removal to the hills will be sufficient; but in others, departure from India is alone effectual. I am aware that the dependence of the disease upon this cause is doubted by Dr. Budd* who, states that he had, when visiting physician to the *Dreadnought*, continually to treat patients arriving from the coast of Africa in the most deplorable state from fever caught on the West Coast of Africa, but in none of whom did hepatic abscess exist. This fact, however, seems to me to indicate what has already been stated in regard to the varying liability of persons to the disease according to locality. Persons who have seen fever of whatever type on the African Coast and in India are aware of differences in their respective phenomena, while those of considerable Indian experience will, I think, agree with me in the belief that there suppuration of the liver is one of the many effects of malarial poisoning. Indeed, Dr. Budd, in the very next page after that to which reference has been made, alludes to such differences, and also to the possibility of the condition existing in India, although not elsewhere observed.

According to my observations, hepatitis occurs in greatest proportion among soldiers, next among officers. There is among women about one case of the disease per 100 persons for every four that occur among men ; and among children, although cases do occur, they are of great rarity. How far the habits of the three first classes affect their liability to this disease is a question that early attracts the attention of medical officers ; and notwithstanding that differences of opinion in regard to it do exist, I may briefly notice a few of the habits which distinguish them in the mass. The soldier, heedless of exposure to the weather, whether there be fierce sunshine, rain, or wind, seeks in "drink" temporary relief from the effects of his recklessness. The balance of circulation is thus upset, and the liver suffers. Officers, as a rule, drink less spirits but considerably more beer than soldiers ; they are not, as a class, so reckless as the men in regard to exposure and other irregularities ; and women are not only far more temperate, but expose themselves in an infinitesimal degree to the elements or to other causes of exhaustion.

It is doubtless more than probable that the great majority of cases of hepatitis in both soldiers and officers owe their cause to the circumstances just noted. It is by no means the case, however, either that exposure and indulgence will necessarily induce the disease, or that none except the drunken and the indiscreet become affected with the disease. Spirits may, and probably do, induce the adhesive form of inflammation or cirrhosis, but not the suppurative form, such as we are now considering. This has been observed to occur in England* as well as in India ; but as the affection chiefly concerns the army medical officer as being a secondary condition found in old soldiers whose service is nearly expired, and who probably would have been discharged had they survived, I need not further allude to it.

In former days, many cases of hepatitis doubtless were produced by the system then in force of allowing soldiers to drink undiluted spirits at the regimental canteen before their dinner, which meal is usually served up at one o'clock. Not only this disease, but others, more especially heat-apoplexy, were attributed to this cause ; and the circumstance led to the objectionable practice being abandoned. No doubt many cases of the disease are still directly induced by excesses at the present date, but I would protest against the theory often so plausibly adduced by authors "who live at home at ease," that the malady, and in fact, all others by which mortality in India is increased to a ratio so far beyond that of Britain, is always attributable to excesses and indiscretions on the part of the sufferers, and not to the climatorial influences of that country. There doubtless are instances as there are in England and elsewhere of individuals by their own indiscretion bringing disease and death upon themselves ; and there may even be a somewhat larger proportion who do so in India than at home. To assert, however, dogmatically, as is sometimes done, that such is the general condition of matters in India is not only in itself erroneous but cruelly unjust to our countrymen, who are defending our national interests in that country.

As we have already seen, children are not altogether exempt from the disease ; the circumstance, moreover, has often been noted that the lower animals brought to Bengal from the neighbouring hills and from Europe, manifest an equal liability to the affection as the human species. Dr. Hooker mentions this with reference to the yâk from Thibet, and there are few officers who have been accustomed to have home-bred dogs there that have not had to treat them for as grievous attacks of "liver" as they may have experienced in their own persons. These are notorious facts in India ; but I mention them here in the hope of being instrumental in removing opinions of an opposite tendency that exist among the inexperienced.

In my remarks on dysentery, I alluded to the value that would accrue, not only to individuals, but to the service, had we the power to state with tolerable precision, whether a particular person was, from his temperament and other characteristics, likely to be attacked by endemic tropical disease, than another of different conditions. This has a peculiar application to Hepatitis, which is believed to prevail in India to an extent equal in proportion to that of pulmonary consumption in Britain. Persons of bilious temperament are usually believed to be most liable to this disease ; but I have reason to doubt the conclusion, and would commend the inquiry to the attention of those who alone can furnish statistics by which it may ultimately be determined. Sir George Ballingale, when serving in the Madras Presidency many years ago, instituted statistics of this nature, but unfortunately they do not appear to have been kept up.

The tendency of inflammation of substance of the liver to run on to suppuration, and the rapidity with which in many cases it does so are both well known to many surgeons in India. They also know that it is not always in cases were the sufferer complains of the greatest pain that this unfortunate occurrence is really most to be dreaded, but that it is so in those where dull, heavy pain deeply seated is experienced, and where pyrexia and other constitutional symptoms are of inconsiderable severity ; and this is especially the case in persons whose residence in the country has extended over a few years. Other cases occur in which suppuration takes place absolutely without the presence of any symptoms, such as might be supposed to indicate the mischief in progress. An example of this will be seen presently in the case of Featherstone; many similar will doubtless present themselves to medical officers with regiments in India, amply confirming the observations on the subject by Andral, Abercrombie, and other writers on hepatic disease. Nor is it necessary that this condition be accompanied by dysentery. It may occur in the absence altogether of that complication. When suppuration occurs in the form of one large abscess, the patient seldom survives any considerable length of time unless, as in some rare instances, the contents of the abscess are evacuated by artificial opening, or discharge themselves by the lungs, or intestines. Even in such cases danger is great that death may occur while the process of evacuation is going on; either by exhaustion; by blood poisoning; by peritonitis or suffocation; yet, rare as recoveries are from such conditions they are sufficiently frequent to justify a hope that, under certain circumstances, this happy result may happen. Perhaps, indeed, recovery in cases such as these, rare, although it be in India, occurs in that country more frequently than it does in other tropical stations; at all events, there is scarcely a hot season in which some case of internal evacuation of a hepatic abscess, terminating in recovery of the patient does not present itself, and every now and then, also one in which a similar result followed the operation of paraceutisis. I had an opportunity, on various occasions while superintending invaliding at Calcutta, from 1862 to 1867, to observe such instances, and yet Dr. Davy * whose experience in the colonies was very extensive, states that he has never known recovery take place from an abscess of the liver, that either broke internally or was opened by the surgeon.

---

* On the Liver, page 95.

* Budd "On the Liver," page 98.]

One attack of the disease is very often, but by no means invariably followed by another, if the person attacked remains continuously in India, or returns to the country after short absence. As a rule, however, soldiers who are invalided to England on account of "liver" are not again efficient if sent back to that country; the exceptions alluded to being chiefly among officers and other members of the better classes, whose education and circumstances enable them to avoid or mitigate the causes to which a former attack may have been attributable. In many of the persons who thus, on their return to India, become again the subjects of hepatitis, they begin early in the hot season to experience indisposition; the symptoms, however, may not be of a nature to indicate the extent of visceral disorganization that is actually in progress, although the medical officer does not fail to observe the change in colour and expression of countenance that gradually take place, the so-called "dyspepsia" of which the patient complains, and finally the hectic flush and diarrhœa that form the alarming indications of the mischief that has been done.

Chronic hepatitis on the other hand, prevails to a great extent during the cold season; attacks of this form of the disease are also observed to be induced by sudden or great alternations of temperature, by the jolting incidental to long journeys, and by the fact of removal to the climate of the Hills. One indication obtained from these facts to which I may now allude, is the propriety of sending all invalids suffering from the affection by long sea journey to England instead of *via* Overland. Change to the Hills has not been shown by experience to benefit, as a rule, persons suffering from this affection, and indeed there is reason to believe that attacks are not seldom induced by it.

Many cases of deranged function of the viscus itself, and many of so-called dyspepsia or indigestion in persons who have spent a number of years in India date their commencement from an attack of hepatitis; others are but manifestations of chronic hyperæmia of the viscus, ending it may be, sooner or later, in suppuration. It is, therefore, unadvisable to retain in India a soldier or officer who manifests either of the above "functional derangements." Their true nature often reveals itself in an attack of dysentery or diarrhœa; and, after death, a succession of small abscesses deep in the liver are discovered. Similar symptoms in other cases are probably the result of induration of the organ, to which allusion has already been made, while cases are by no means rare in which functional disorder confined to the duodenum simulate liver disease so exactly, that correct diagnosis is by no means easy.

Cases are not rare among soldiers and officers in India where the secretion of bile is increased, giving rise to vomiting and to discharge of that liquid by the bowels. Attacks of this nature may, or may not, be attended by symptoms of inflammation, or congestion of the liver; they are generally acompanied by considerable constitutional disturbance; are present among new arrivals, but also occur among those who have been some time in the country. In the latter, such an attack often accompanies malarious fever, and should be held as indicating liability to actual hepatic disease, and the necessity of removal of the person suffering to a temperate climate. Cases also occur in which the passage of one or more gall-stones produces symptoms so similar to those of actual hepatic inflammation as to be distinguished from it with difficulty, if at all. Army surgeons can afford to relate their difficulties, as well as their successes.

I would in this place give an account of two cases in which openings were made into an abscess of the liver. In both the results was unfortunate, yet not under such circumstances as to discourage a medical officer, even had other cases of success, after a similar operation, not been on record. Puncturing, or otherwise opening an abscess in this organ, however, is a very different matter from the system of one time in use of *exploring* the viscus, a system that fortunately for the good of the sick soldier, has been all but abandoned in India. Prior to 1841, it was carried to excess for a short time, and when, during the three years succeeding, I served in that country in the *Buffs*, I had several opportunities of observing marks of the exploring needle in livers that presented no other morbid appearance.

With regard to the operation of opening abscesses of the viscus, Waring gives statistics according to which it would appear that, in 81 cases of hepatic abscess opened in India, there were 15 survivors, and 66 deaths; but I must refer the reader who desires complete details on the subject to French's Clinical Treatise.

(To be continued.)

◆

OVERCROWDING AND POVERTY CONSIDERED AS THE MAIN CAUSES OF DISEASE AND EARLY MORTALITY.

By Charles R. Drysdale, M.D., M.R.C.P.L., F.R.C.S.E.,
Physician to the North London Consumption Hospital.

It is one of the peculiarities of the class of sciences to which medicine and social science belong, that any phenomenon, such as disease and mortality, has so many antecedents that it seems perfectly impossible to some minds to construct any science at all in these questions. Hence the widespread scepticism as to there being any such science as the social science, and the same remark has often been made with regard to the medical sciences—for example, by Voltaire—that they are only conjectural, and want the element of certainty to be found in the more perfect sciences. There is a certain amount of truth in all this criticism, mingled with a great deal of error. Indeed, if we but remember that in the days of Pericles the study of natural science was so little advanced, that the illustrious Socrates considered that the study of the motions of the stars and other heavenly bodies was quite out of the province of the human intellect, we may become convinced, perhaps, that there have been some causes which have for ages retarded the progress of knowledge of the above-named branches of human science, in comparison with those of astronomy, chemistry, and physics. These causes it is not difficult to ascertain. They reside in the dogmatism which mankind has such a tendency to allow to reign over them in all questions of deep importance, and to the superstitions which have never been absent from the mind of man; *à priori* speculations, which fill the intellect full of unscientific ideas, so as to leave no place for attending to the suggestions of experience or scientific research.

---

* **Diseases of the Skin, page 156.**

There are signs, however, that the reign of superstition and false philosophy is fast coming to a close. For example, there cannot be a doubt that, since the decease of the distinguished Edinburgh professor, Sir Wm. Hamilton, the tendency of the best thinkers has been to adopt the views of Locke, instead of those of Descartes, and to admit into the study of the science of mind the same methods which are employed in the investigation of all other sciences, *i.e.*, to refer all knowledge to experience. And thus the illustrious names of J. S. Mill, Alexander Bain, and Herbert Spencer, all of them entirely of the scientific school, are fast becoming the guiding stars of all the best intellects in the kingdom. The positive philosopy, too, of Auguste Comte, although disfigured by many absurdities, and especially absurd in that portion of it which treats of society, has done incalculable service in removing at once, by what has been well called by Professor Bain the "drastic purge," many of the *à priori* opinions which have retarded the progress of the race towards happiness.

When we look at the phenomenon of such widespread poverty as we are at present afflicted with in this country, where there are said at present to be no less than two millions of persons under poor-law relief, there seem to be so many ways of accounting for this extraordinary occurrence in such an industrious and wealthy state, that the majority of persons are utterly unable to propose any remedy for the evil. This, as remarked by Mr. Mill, arises from the fact that the method of the social science is chiefly *deductive*, not, as in chemistry, *experimental*. *The deduction* which explains the overcrowding, the misery of our poor, the early death of themselves, and, above all, of their unfortunate offspring, is to be formed by considering how rapidly the human race, in common with all other animals, can double itself when abundantly supplied with food. Thus, it has been thought by Chalmers and others, that we have an innate faculty of doubling our numbers in not more than fifteen years, if amply supplied with the necessaries of existence.

It has been pointed out by Professor Malthus, in his admirable essay on population in the "Encyclopædia Britannica," that in the United States of America, from the year 1790 to 1810, the population nearly doubled itself, due allowance being made for immigrants, by the mere fecundity of the inhabitants of the states; and the analogy from the lower animals is so striking, when we consider the great rapidity of increase of sheep or cattle when abundantly supplied with food, that it is the more remarkable that this plain truth was not more clearly seen ages ago. Of course men are but animals, in that they require food to eat, and hence, like animals, they evidently may be expected, as they do, to tend to increase faster than they can get food in long-peopled countries such as the European states.

This *deduction* will be found, just as Newton's law of universal gravitation accounted for the paths of the planets, to account for the majority of the evils of civilised society, such as the overcrowding and incessant labour of the working classes, who are in many instances, as all physicians know, habitually living on an amount of food which is insufficient for health and strength. It also accounts fully for the overcrowding and deaths of the children of the poor or overcrowded classes. In short, just as Newton's law or Dalton's law was a short-cut to an explanation of the chief points in astronomy and in chemistry, so the Malthusian law of population throws a brilliant light upon the causes of the misery and disease which so much more frequently affect the poorer than the richer classes.

It is not expected by the writer of this short paper that anything he can say in such a small space as he dares to occupy, will convince his respected brethren of the healing art of the all-importance of the recognition of this "Law of Population," in order to understand the frequency of fever, consumption, infantile mortality, and other diseases among the poorer classes of our fellow-citizens. A prolonged study of the works of Malthus, Chalmers, Whately, Darwin, James and J. S. Mill, Bain, Garnier, Huxley, and other distinguished men will, he believes, end in convincing all that this law is as clearly proved as that of Newton's, by experience. Indeed, of all men, medical men ought most to attend to the question of the science of wealth, since without it the problems of state medicine are insoluble.

What, in the future, is to be the destiny of the race it is not in the writer's power to prophesy; but of one thing he feels convinced, that it is not possible that hygiene can ever be correctly studied apart from political economy, and that he who writes about the causation of consumption or fevers without taking into account the law of population, is in a grievous error. The distinguished physician, Villermé, of Paris, fell into no such mistake. He was well aware of the tendency of population to increase more rapidly than the means of subsistence, and he showed how much the mortality of different classes was influenced by comparative easy circumstances. And so with Professor Traill, of Edinburgh, and George Combe, the philanthropic phrenologist. All statistics show this.

That several able and distinguished members of our noble profession should be ignorant of the fact that this law is now held as an axiom in the science of political economy is deplorable. That they should speak unkindly of those who, knowing its truth, and animated by a desire to apply that great truth to assuage the incessant misery which they daily see before them, is distressing. What do such gentlemen understand by morality? Are they so far behind the positivism of this time as not to know that the only true test of morality is happiness? It is to be hoped that such intolerant addresses as those recently appearing in the pages of the MEDICAL PRESS AND CIRCULAR may soon cease to emanate from any member of a scientific profession; but that, calmly and in full possession of the facts, we may soon proceed to consider in what way we can prevent the miseries of over-population and starvation, whether by the prudent and common-sense practices of the French people—and we believe that is the best plan—or by emigration schemes, or how it may best be done. There is no foe to the human race so great, in the writer's opinion, as he who, by declamation, forbids open discussion on such all-important questions as that of "poverty and its relation to large families."

◆

ON THE TOPOGRAPHICAL FEATURES OF MAURITIUS, IN RELATION TO THE EPIDEMIC OF MALARIAL FEVER OF 1867.*

By WILMOT H. T. POWER,
Assistant-Surgeon, 2nd Battalion, 13th Light Infantry.

THE Island of Mauritius is of volcanic origin, having a lofty central plateau, surrounded by an incomplete rampart of hills, with various secondary hills derived from them. The land runs by slopes, more or less steep, towards the shore, a belt of flat land of varying breadth continuing the slopes to the sea shore. Towards the northern extremity of the island, a sort of irregular plain is formed, made up of alternate ridges and small valleys, the whole bristling with detached basalt rocks.

---

* Read before the Army Medico-Chirurgical Society of Portsmouth.

The *rivers* are far more numerous and with larger volume of water on the windward or eastern side of the island.

The soils consist of a stiff tenacious clay (more or less red according to the amount of contained iron), derived from the wear and tear of the basalt and allied rocks; and along the coast a varying belt of coral sand, which attains some breadth in certain parts of the island. A coral reef surrounds about two-thirds of the island.

Meteorology.—For some eight or nine months of the year the cool south-east trade wind prevails, and during the remaining months *local breezes which vary in direction in different parts* of the island. Thunder storms are rare, but during the hot and rainy season a certain amount of lightning occurs. There are two seasons—a hot and rainy, and a cool and dry season.

The marked characteristic of the hot season of 1866-67 was a want of. rain, and this was particularly the case in the three months September, October, and November, 1866, when, instead of the usual rain-fall, viz., 3·5 inches, only 0·7 inches fell.

In looking for the causation of the epidemic, we must remember that, for the last twenty years, the soil of most parts of the island has become more and more *dry*, owing to the cutting down of the forests, the trees of which act in two ways in regard to the amount of moisture deposited on the earth, viz.:—(1) By the extent of the surface exposed to mists and clouds by their leaves, they arrest much moisture from the air; and (2) by their shade they prevent the rain-fall from evaporating rapidly under the influence of the hot sun. Thus we have an unusually dry and hot season, acting on a soil which has become each year more dry, and has also been accumulating, for past years, an enormous amount of organic *débris*, brought down from the higher levels to the narrow band of flat land which runs round the island at the foot of the mountain slopes. This soil, moreover, is of small depth, is very impervious to moisture, and rests on an impermeable bed of basalt—a rock which parts very slowly with the heat it acquires from the sand.

The fever raged round about three-fourths of the island, forming in most places a narrow belt of fever-stricken land. The parts which escaped the fever are distinguished especially by a far *greater rain-fall always*, and by a somewhat lower temperature.

Thus we unavoidably come to the conclusion, that want of rain, and consequent dryness of the soil, at that season when the sun has most power, was at all events the marked and universal phenomenon which occurred in the fever districts. To my mind, the *drought was the existing cause* of the fever, and the island had hitherto escaped it simply because of the amount of rain-fall and great saturation of the soil in the hot months of the year. No malariæ was developed in those places where the soil was composed of clean, loose coral sand.

◆

ON POLYPI OF THE RECTUM.

By **Abraham Kidd**, M.D., L.C.P.I.,

Physician to Ballymena Fever Hospital.

Judging from the article contained in the Medical Press and Circular of the 17th March, from the pen of Mr. Holmes Coote, the eminent Surgeon of St. Bartholomew's Hospital, I am led to believe there is a great diversity of opinion among the profession, regarding the frequency of polypi of the rectum. Mr. Holmes Coote states, that he has been informed by a surgeon, now in practice, that the disease "is so common that cases came almost weekly before his notice," while the "late Sir W. Lawrence, assured him that he had never seen such a case!" It is well known that the latter gentleman had about the largest practice in London (both hospital and private) for probably over half a century, and if the disease had not been rare, I believe he would have occasionally met with it. From my own experience, I consider the illness is one that a surgeon very seldom sees; as I have been enjoying a practice more than twenty years, which I think, has been as extensive as what falls to the lot of most provincial medical practitioners, and I have only once had an opportunity of witnessing the malady. I have not seen it in any of the hospitals of the large towns. The case that I saw was that of a child, aged six and a half years, the son of a respectable shop keeper, in Ballymena, upon whom I operated a little more than a year since. The parents informed me that the patient had been labouring under the disease for two years previous to the time I was consulted, and that they had mistaken it for prolapsus ani, a disease not uncommon in childhood. Before my opinion had been asked, another medical gentleman saw the case, who, I understand, at once arrived at a correct diagnosis. At the commencement of the disease, it does not appear that the child suffered much inconvenience from the presence of the polypus, indeed, I believe he was rather amused at "the little thing," as he called it, coming down after each evacuation from the bowels. When the disease had lasted for some time, a considerable amount of uneasiness about the lower part of the rectum was complained of, and bloody mucus frequently was seen on the parts about the anus, but it could not be said there had been any hæmorrhage. After such defæcation, and the effect of pressing, a portion of the tumour was forced external to the sphincter. On introducing my index finger into the bowel, I distinctly felt the polypus and its attachment by a pedicle to the mucus membrane of the intestine on its anterior wall. The tumour felt about an inch long, and its circumference nearly as large as a person's little finger. With a common polypus forceps, used for operations in the nose, I took hold of the morbid growth, and after making sufficient traction, I gave the instrument into the hands of the child's father, which he fimly held, while I tied a ligature round the root of the tumour. I then cut off closely the ends of the ligature, replaced the polypus inside the sphincter (into the rectum), and the operation has been followed by perfect success; as the child has enjoyed excellent health since, and there is no appearance whatever of the disease returning.

When speaking of the affections of this region, I may briefly allude to a curious case that came under my notice a few years ago. A patient consulted me for what he considered was hæmorrhoids, which he stated, had come on suddenly, and was attended with severe lancinating pain. On examination, I did not find any appearance of the disease that he suspected present, but when I introduced my finger into the rectum, I felt a rough, irregular, foreign body impacted in the intestinal tube. This I had much difficulty in extricating, owing to its angular surface, and the spasmodic contraction of the sphincter. When I got it removed, I found it to be a small bone, about the size of an almond, and almost as irregular on its surface as one of the vertebræ. The patient informed me that a few days previously, he had been taking soup, and at the same time he was doing so, he was conscious of having swallowed by accident, the small bone that caused him so much suffering. I need hardly say that from the moment it was removed he was immediately and permanently relieved of his distress. I quite agree with Mr. Holmes Coote that, examinations "cannot be too minute and careful;" as this case will show.

◆

ON CUTANEOUS ANGIONEUROSES.

By **Albert Eulenberg, Privatdocent in Berlin.**

Translated by W. D. Moore, M.D., Dub. et Cantab., M.R.I.A., L.K.Q.C.P.I.

In an abstract of the above paper, given by Dr. Thilesen, in the "*Norsk Magazin for Lægevidenskaben,*" Christiania, xxii Bind, 5 Hefte, the following *resumé* of the author's remarks, with reference to the essence and pathogenesis of Herpes Zoster is given at page 330.

1.—Zoster is a vaso-motor neurosis in the superficial cutaneous layers, an "*exanthematous angioneurosis.*"

2.—The vessels (the arteries, in severe cases also the veins) in the affected portion of the skin are during the eruption in a state of dilatation, relaxation; their tonic innervation is diminished, or for the time interrupted.

3.—The spinal ganglia are not, as Bärensprung assumes, the sole starting point of the affection, as no vaso-motor nerves take their origin from them, or are even contained in them, as moreover, zoster by no means occupies the whole seat of distribution of a spinal nerve, but follows at one time the anterior, at another, the posterior branches, at another only some of them, or even the extreme ramifications of the latter.

4.—Zoster has rather, so far as the trunk and extremities are concerned, its starting point in the vaso-motor nerve fibres, which partly pass from the sympathetic to the spinal nerves of the far side of the vertebral column, partly perhaps emerge directly from the spinal cord with the posterior and anterior roots.

5.—Zoster facialis originates in the vasomotor nerve fibres, which accompany the facialis and trigeminus, and with respect to the first proceed perhaps from the vagus, with respect to the latter from the sympathetic.

6.—Zoster presents in many cases, especially in the face, the form of a purely primary vaso-motor neurosis. In the cases where disturbances of sensibility attend zoster either as premonitory or concomitant phenomena, the possibility of a reflex origin cannot be excluded. The centre for reflex action is then the ganglia of the sympathetic. In these cases we have to do either with a *reflex irritation* with consecutive relaxation by peripherally increased irritation of the sensory nerves, or with a *reflex paralysis* in consequence of peripherally lowered irritability.

7.—The herpes occurring in acute febrile diseases, especially in the face, probably owes its origin to the action of the fever-exciting cause on the vaso-motor nerve system itself, since as the result of the primary tetanic contraction of the small peripheral arteries, a persistent paralytic dilatation of the same occurs.

◆

Hospital Reports.

METROPOLITAN FREE HOSPITAL AND FARRINGDON DISPENSARY.

FURTHER CASES OF SYPHILIS TREATED WITHOUT MERCURY.

By Charles R. Drysdale, M.D., M.R.C.P., F.R.C.S.,

AND

Robert W. Dunn, Esq., M.R.C.S.,

A part of which was read at the Harveian Society on March 18, 1869.

(Continued from page 354.)

Case 34.—Edward W., aged three months, seen by Dr. Drysdale on the 12th of June, 1865, with eruption on buttocks and snuffles. The mother did not in this case appear to be infected, although the history was carefully inquired into. The eruption in this case was slight, and the prognosis favourable. The child recovered in six weeks under doses of chlorate of potash, gr. ij., t. d.

Case 35.—Patrick Dunn, aged two years, was seen by Dr. Drysdale on June 24th, 1865, with puckering and cracks at commisures of lips; teeth like pegs and notched at the tips. The mother again in this case seemed not to have been infected. She had another child, which died at seven months old. The little patient had suffered from rash at three months, for which it was not treated. Treated by Dr. Drysdale for a month with cod-liver oil and vinum ferri. The child was much benefited.

Case 36.—William Johnson, aged three years, came to Dr. Drysdale on the 16th of October, 1865, and died on November 14th. This child had jagged and rotten teeth; mucous tubercles at anus. The child had formerly been treated by Mr. William Allingham by chlorate of potash, and recovered its health entirely for upwards of one and a half years. The mother was infected in this case. The father was ill six years before the date above mentioned.

Case 37.—Dominick De Marco, seen by Dr. Drysdale on the 29th of March, 1865, with a very severe syphilitic eruption of a pustulo crustaceous order over face, body, and buttocks; the breathing very much affected by crusts in the nostrils. In this case the mother had not any symptoms or history of syphilis. The husband was a musician, and was in Paris. The child was treated with chlorate of potash, but died in a week after being seen. This was a very malignant case.

Case 38.—George Hodge, aged four weeks, seen by Dr. Drysdale on June 4, 1866, with dry syphilitic eruption on buttocks, which the mother said appeared three days after birth. The mother did not seem to have been infected, but her first child died at the age of fifteen months, her second at seven months, and her third was still-born. This patient recovered under doses of chlorate of potash, gr. ij., t. d.

Case 39.—N. W., aged two months. The mother of this child had primary chancre one year before marriage, and was treated at University College Hospital by mercury. Had suffered from syphilis more or less ever since. First child died one hour after birth with eruptions on hands and feet. The disease showed itself first when the child was six weeks old, by a syphilitic eruption over body and face and buttocks, with snuffles. The child did not take the breast well.

Seen by Mr. Dunn, July 21st, 1864. ℞ pot. chlor. gij. t.d. August 25th, better. September 20th, discharged cured. October repete. November 3rd, discharged cured. November 10th, an attack of measles; no relapse. January 3rd, 1865, died of hydrocephalus.

Case 40.—M. E. W., aged eight weeks. The disease first appeared when the child was seven weeks old, with syphilitic eruption on buttocks and face, and with snuffles. child emaciated. March 4th. Seen by Mr. Dunn, who ordered pot. chlor. gij. t.d. March 14th. Snuffles better. March 21st. Attack of bronchitis. April 17th. Rash fading; still coughs. April 30th. Child quite well. May 4th. Convulsions, one fit after another; never regained its consciousness. Died on the 6th. The mother became pregnant again for the fourth time. During the whole of her pregnancy there were slight symptoms of syphilis, such as ulcers on the tongue and in the throat. Delivered June, 1867, of a girl, which showed no signs of the disease until the age of four months, when it had a syphilitic eruption on face and body, and snuffles. Came under treatment September 10th, 1867. The child was well nourished, and Mr. Dunn advised the mother to bring it up by hand. ℞ pot. chlor. gi. ij. t.d. October 4th, child quite well. December. Discharged cured. In January, 1865, a relapse was seen in disease of the tongue. On February, the child was discharged cured, and he remained well until the present time. The mother has been pregnant again, but miscarried at the seventh month.

Case 41.—L. B., aged four months. Mother a prostitute, who denied having suffered from syphilis; but admitted having had a rash on the skin and sore-throat. This is her first child. The child was emaciated, had ulcers on the arms, mucous tubercles on the lips, and eruptions on buttocks, and snuffles. Seen by Mr. Dunn, June 14th,

1865. ℞ pot. chlor. gr. ij. t.d. August 4th. Discharged cured.

Case 42.—E. H., aged fourteen weeks, a nurse child, brought up by hand. When of the age of four weeks, the disease first showed itself. When first seen by Mr. Dunn, the child had syphilitic eruption on the face, buttocks, and ulcers at the arms ; the child was weak and fretful. September 1st, 1864, advised that the child be fed on milk, and that it be kept clean, and to take potassæ chloratis gr ij t.d. The ulcer was touched with nitrate of silver. Discharged cured on October 6th, 1864.

Case 43.—M. J., aged ten months. The mother was syphilitic, and had had six children, of whom four were still-born and two alive. The child previous to this died aged six months, with eruptions on the skin, snuffles, and emaciation. This child, the patient, has not been treated. It had syphilitic eruption on the face, head, legs, buttocks and hands, and mucous tubercles on the lips. It was emaciated, and the difficulty of breathing was considerable. Seen by Mr. Dunn August 24th, 1864. He ordered it pot. chlor. gr. ij. t.d., and half a teaspoonful of cod-liver oil, t.d. The child did well, and was discharged cured on November 31st.

Case 44.—G. D., aged sixteen weeks. The father was syphilitic, the mother not afflicted. In this, her first child, the disease first appeared at the age of ten weeks, and had continued ever since. On examination, Mr. D. found the child had syphilitic eruption on buttocks, and that it snuffled, was emaciated and had a wizened countenance. Seen by Mr. Dunn on January 26th, 1865. It was ordered pot. chlor. gr. ij t.d. March 26th, the child was well and discharged.

Case 45.—C. W., three weeks old, both parents syphilitic. The first child had a syphilitic eruption on buttocks, head, and face, and snuffled. Old, wizened appearance. Seen by Mr. Dunn on January 5th, 1865. He ordered it pot. chlor. gr. ij. t.d. On February 2nd, the child was without symptoms.

Case 46.—E. W., aged five weeks. Both parents syphilitic. A weak, puny child from birth. When three months old, a rash appeared on the skin, and the child snuffled. When seen by Mr. Dunn, March 8th, 1867, it had a copper coloured eruption on its buttocks and forehead, and snuffles, and the old man appearance common in such cases. ℞ pot. chlor. gr. ij. t.d. April 5th. Better. May 3rd. Quite well.

Case 47.—J. B., four months old. Both parents syphilitic. The disease first appeared when the child was three months old. Snuffles, emaciation. Mother has had three children before this, but all died of this disease. Child ordered by Mr. Dunn, on his first visit, May 4th, 1866, to take half a teaspoonful of cod-liver oil t.d. It was discharged cured on the 21st June.

Case 48.—S. B., aged three months. The father was syphilitic, but the mother had never shown any symptom of the disease. The child first had syphilitic symptoms when six weeks old. It had then rash over the body, face, and buttocks, snuffled, and was much emaciated. Seen by Mr. Dunn, May 1st, 1866. He prescribed gr. ij of chlorate of potash, t.d. On the 31st May, a half teaspoonful of oleum morrhuæ was added. On the 17th of June the child was fatter, and slept well, but still snuffled. The rash was nearly gone. On July 27th, the child was pronounced well.

Case 49.—C. S., aged six months. The father of the child admitted having had primary disease four years before marriage, which was treated with pills until the mouth became sore. He did not remember to have had any bubo, but had eruptions afterwards. The mother was quite healthy when seen. The disease first appeared on the child a week previous to being seen. The child had snuffled, and had a scaly eruption on the buttocks. On November 3, 1864, it was ordered to have gr. ij. of chlorate of potash, t. d. The symptoms were gone in a month. This case was under Mr. Dunn's care.

Case 50.—G. G., aged four months. Both parents syphilitic. Four living children born previous to this. All had died from eruptions on the skin, which appeared shortly after birth. These children were treated with grey powders and mercurial ointment. The mother had frequently miscarried. When Mr. Dunn examined the infant, he found it wizened and snuffling, with syphilitic eruption on the buttocks, legs, and arms. The child was treated by means of gr. ij. of chlorate of potash administered t. d., and was quite well in November, 1864. The date of the commencement of treatment is not noted.

Case 51.—M. O., aged five months. This child was quite well until vaccinated, when a syphilitic eruption was seen soon after the operation. When seen first by Mr. Dunn the child snuffled, had mucous tubercles on its lower lip, and syphilitic eruption on buttocks, face, and body. Both parents were syphilitic. The syphilis latent in the child, then, was brought out by the vaccination. November 10th, 1864, the child was to take gr. ij. of chlorate of potash t. d. December 10th, the child was pronounced well.

◆

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. Thornley Stoker, M.D., L.R.C.S.,
Demonstrator of Anatomy in the Royal Collge of Surgeons in Ireland.

COOMBE LYING-IN HOSPITAL.

Two Cases of Vesico-Vaginal Fistula treated successfully by Operation.

(Under the care of Dr. Kidd.)

Case 1.—Margaret McD., æt. twenty-six, was admitted into hospital, Feb. 21st, 1869, having been sent from Armagh by Dr. Robinson. She had been married fifteen months previous to her admission, and had given birth to one child, which was born dead in December, 1868, the labour lasting from Saturday until Wednesday, and being terminated by means of instruments, probably the forceps. Four days after delivery, her urine began to flow through the vagina.

When she presented herself, she was in other respects in good health. Examination revealed the existence of a fistula, sufficiently large to give passage to the thumb and four fingers, as far as their first joints, it was situated in the anterior wall of the vagina, lying rather to its left side and close to the os uteri ; from which it was separated by a very small amount of tissue, its margins were healthy, save at the lower part of the left side, where it was bounded by a band of cicatricial tissue, which tied it to the neighbouring pelvic bone. The examination of the fistula was rendered difficult by the prolapse through it of a great portion of the anterior wall of the bladder, which projected into the vagina, and displayed a vivid red surface.

On the 18th of March, the woman being chloroformed, was placed in the semi-prone position ; Spencer Wells' speculum was introduced, and Dr. Kidd proceeded to split the edges of the fistula in the manner recommended by the late Mr. Maurice Collis. At the left side, where the band of cicatrix existed, the formation of the flaps was found most troublesome, the operator, owing to the difficulty of displaying the parts, being guided in his work, principally by the sense of touch, and the slitting in this situation being effected by means of a curved scissors. The division of the edges being completed, eight hempen sutures were introduced by means of Liston's needle, and the edges of the fistula drawn together with a quilled suture, india rubber cord three-sixteenths of an inch in diameter, being used instead of quills, or pieces of catheter. The edges of the flap were then carefully brought together by points of iron wire suture, and lastly the vagina was plugged with carbolized sponge, and a catheter introduced into the bladder.

Twenty-two hours after operation, the quilled suture and the sponge were removed ; the wire sutures being allowed to remain for fourteen days. On removing the latter at the expiration of that period, a patch of granulations as large as a threepenny piece, which bled freely when touched, could be seen at the left side of the former seat of the fistula ; this was twice touched with the nitrate of silver, and gave no further trouble, healing readily before the twentieth day. A catheter being kept in the bladder until that period. There was no escape of urine through the wound after the operation ; it was necessary at no time to give opium ; and the bowels acted for the first time after an enema, which was given on the twelfth day.

The woman was dismissed from hospital, April 20th, being in excellent health, and menstruating for the first time since her labour.

(Under the care of Dr. Roe.)

Case 2.—Catherine K. æt. thirty-three years, the mother of five children, the last having been born June 3rd, 1868, was admitted into hospital, September 30th, 1868. Her last labour, during which she was attended by a nurse, had been a protracted one, the second stage having lasted at least eleven hours, and the funis, which had presented in the early part of the labour, having been, owing to the large size of the pelvis, readily reduced by the postural method by the medical man whom the nurse had the sense to send for when she saw the state of things.

Feeling quite convalescent, she got up on the 5th day, and two days afterwards, finding much pain in micturating, she consulted the nurse, who advised her that she had gravel, and recommended her to drink large quantities of gin ! The next day the urine began to flow per vaginam.

When examined, a *transverse* fistula was seen to exist in the anterior wall of the vagina a little above the neck of the bladder.

On October 5th, the patient having been placed under the influence of chloroform, Dr. Roe proceeded to operate, Banon's hook was passed into the opening, the edges were pared, and brought together *longitudinally* by seven points of iron wire suture.

She progressed favourably, getting occasional doses of opium and morphia, and having no movement of her bowels until she was given an enema on the 13th day. The sutures were removed on the 15th day, and the fistula found completely closed. She was discharged cured, Oct. 24th, 1868.

The foregoing cases present some features of interest. In Dr. Kidd's case the enormous size of the fistula, and the pressure of the prolapsed fundus of the bladder, rendered the probability of its complete closure by one operation very unlikely, and it affords a strong minute of evidence for adopting Mr. Collis's operation in cases of very large fistula. The use of the india rubber cord to complete the quilled suture, and the stuffing the vagina with carbolized sponge, are also points deserving of notice, the former in particular, because the pliable nature of the substance used, must render it much more adaptable, and more likely to close the opening completely than any other material. In Dr. Roe's case the successful closure of the transverse fistula in a longitudinal direction, is a method of procedure which should not be passed over, as it is one of those moot points, about which much difference of opinion exists.

◆

Hydrophobia in a Flock of Sheep.—During the past two or three months hydrophobia has been alarmingly prevalent in the neighbourhood of Preston, and especially so in the town itself. Many valuable dogs of all breeds have been destroyed at the police station with prussic acid, the whole number, good, bad, and indifferent, amounting to two or three scores or more. About three weeks ago, nine lambing ewes, the property of Mr. Draper, Bradley Hall Farm, Croston, six miles from Preston, were bitten by a strange dog, and having since exhibited undoubted symptoms of rabies, have just been all destroyed, The lambs were preserved.

Literature.

Transactions of the Pathological Society of London. Vol 19. 1868.

SECOND NOTICE.

In our first notice of this important work, we spoke of the diseases of the nervous system. We have now to speak of the contributions, to a knowledge of the pathology of the organs of respiration. Fifty pages are dedicated to this part of the economy. Dr. Charlton Bastian, brings forward a paper on a case of cirrhosis of the lung, with some of the results of an analysis of thirty cases of this disease. A man, aged thirty-three, had had a cough for years, and had been comparatively well until two days before admission. He died on the sixth day after admission into hospital. The man was thin, and the left side of the chest was flattened anteriorly, most notably in the infra-clavicular region, which was dull on percussion, whilst the percussion note on the right infra-clavicular space was natural. On the left front, mucous and coarse crepitation râles were heard. The sputum contained tenacious mucous. Pulse weak, 100, great dyspnœa and weakness. On the autopsy being made, it was found that the left lung was very adherent. The adhesions were due to the formation of a dense fibrous material, of almost cartilaginous consistence, growing outward from the thickened pleura, which in some parts was nearly one inch in thickness. Proceeding upwards, there were seen, on section, dense, white, ligamentous bands, consolidating almost the whole of the upper lobe of the lung, and intersecting its dark pigmented tissue in all directions, even when it was hollowed out in one or two places into smooth-walled cavities, about the size of a walnut, with semi-purulent contents ; these had the appearence of being produced by dilated bronchi. The lower lobe was also slightly indurated by an increase in the thickness of its fibrous septa, but not notably so. No tubercle, was found throughout this organ, either in the form of grey granulations of cheesy products. The right lung was also free from tubercle. This certainly seems a case similar to that which Dr. Clarke and others have separated from tuberculosis under the name of "fibroid phthisis." There appear, then, to be certain forms of lung diseases, characterised by a fibroid degeneration and induration of the lung-tissue, pure and simple, which have no necessary relationship either with pneumonia, or with tubercular phthisis.

Dr. Bastian thinks, that the evidence in our possession warrants us in believing that fibre-change, unassociated with either of the other two morbid products, may invade the lung and so induce another form of phthisis. In thirty cases given by the author of the paper, only five showed any trace of either chronic lobar pneumonia, or of tubercle in the lung.

Dr. Bastian adds another paper, giving specimens of lung, liver, and kidney, showing the close histological affinity of grey granulation, to the early stage of fibroid degeneration or substitution. The author looks upon grey granulation such as met with in acute tuberculosis, as the type of tubercle, because these alone have the same structure, in whatever part they may be situated. He however, shows, by his specimens, that it is difficult to distinguish the grey granulations, from fibroid degeneration under the microscope. Spherical, or ovoid nuclei $\frac{1}{4000}$th of an inch in diameter, are seen in both. In practice it is easy to distinguish these growths since tubercle is found in rounded masses, rarely exceeding a hempseed in size ; fibroid substitution proceeds continuously in different directions, often in the form of bands, and the proper tissue of the organ disappears before it. Tubercle has a strong tendency to undergo fatty degeneration ; whilst with fibroid substitution, the organ begins to diminish in bulk after a time, and there is no particular tendency to fatty degeneration ; tubercle is the anatomical lesion characteristic of a grave constitutional disorder ; fibroid substitution seems to depend more on local, than on constitutional, causes. Dr. Bastian will have it, that Laennec's "grey tubercular infiltration," Chomel's "chronic pneumonia," and Addison's "iron-grey induration," are all fibroid degenerations. The phthisis of grinders, too, is, he thinks, fibroid. Tubercles may, just as mechanical irritation does, produce a fibroid state of the lung tissue. Such facts, we agree with our author, should tend strongly to convince us not only that fibroid changes may exist alone in the lung, quite independently of any tubercular, or scrofulous taint ; but that when co-existing in the same organ, with the products peculiar to each of them, these changes may even be secondary and local rather than primary.

The next communication we shall advert to is one from Dr. Morell Mackenzie, on a case of cancerous ulceration of the epiglottis, with large cystic tumour of the neck in a man, aged sixty, who entered hospital for sore throat and difficulty of swallowing. No pain was felt on swallowing : but no solids could be partaken of but only beef-tea. The voice was very husky, and there was occasional cough with expectoration of tough slimy mucus ; dyspnœa occasionally. He dated his symptoms to four months back after a wetting ; large round swellings of glands of neck on both sides were seen. On *post-mortem* examination it was found, as had been seen by the laryngoscope, that the right half of the epiglottis was destroyed by ulceration, and a large semi-globular outgrowth encroaching from the left wall of the pharynx, which had been supposed to be a gland enlarged during life ; but which was a cystic tumour.

Dr. Douglas Powell brings forward a case of cancer of the lung and bronchial glands, liver, and pancreas, where the patient died at Brompton Hospital, under the care of Dr. Pollock. The woman was thirty-eight years of age, and her father and mother had died of phthisis (?) at the ages of forty and sixty. Her health was good until fifteen months before death, when she had hæmoptysis of black and clotted blood. She had bad cough, dyspnœa, emaciation, and absence of catamenia. There was absolute dulness of front of left lung, tubular breathing in supra-spinous fossa and scapular region, and deficient respiration, with dulness from scapula to base ; cardiac dulness extensive, with double murmur at base. *Post-mortem* examination revealed pericarditis, cancerous glands seated above the trachea, of a schirro-encephaloid character. The lung at the upper two-thirds was consolidated, of a mottled grey appearance, with numerous fine fibrous bands. There was slight thickening of the lung pleura, and at the apex a cavity in the pleura filled with puriform fluid. The liver, on section, was found to be finely pigmented, and the appearance was that of infiltrated cancer, with pigmentary deposit. The spleen normal. The kidneys somewhat granular and enlarged. The head of the pancreas, on section presented the appearance of schirro-encephaloid cancer.

In a case of perforation of the lung, or pneumo-thorax, shown by Dr. Douglas Powell, the clinical notes show that the right anterior and axillary bases were resonant : respiration was inaudible, but much creaking and friction sounds extended as high as the nipple of the right side, dyspnœa great. The patient died two days after perforation, no amphoric respiration, nor indeed any respiration was heard.

Dr. Morell Mackenzie relates a case of supposed cancerous ulceration of the larynx in a female patient, age thirty-six, of the London Hospital. The throat was perpetually dry and smarting. Deglutition exceedingly difficult and painful, so that she had to confine herself to farinaceous foods and fluids, the voice was suppressed and hoarse, there was frequent loose cough, with constant thick frothy expectoration. The laryngoscope showed a deep, irregular ulcer, of ashy-grey colour, on the left arytænoid cartilage. The patient died ; we think that in this case tracheotomy might perhaps have done good.

In another laryngeal case, cited by the same gentlemen, where some growths pressed on the left recurrent laryngeal causing paralysis of the muscles of the larynx, Mr. Couper performed tracheotomy : but without much benefit to the patient, who died.

Dr. Gibb narrates a case of removal of a tolerably large growth on the free border of the right vocal cord, by means of the wire-loop of his laryngeal *écraseur*. The tumour was of the size of a small bean. We cannot too highly admire the delicacy of manipulation required for this little operation.

In our next notice we shall refer to the section of disease of the organs of circulation, which occupies 106 pages of the *Transactions*.

◆

A Manual of the Diseases of the Skin. By Balmanno Squire, M.D., F.L.S. (Smaller Edition). London : Churchill and Sons, 1869.

The author's description of cutaneous affections in this work is given in a lucid manner, though of necessity with briefness ; and this causes us to regret that too often the equally valuable therapeutic information for which practitioners chiefly consult any publication on a special medical subject, should be so imperfectly supplied. The classification adopted by Willan, is assumed for the basis of arrangement with certain modifications. The author states, "for the great majority of cutaneous diseases, we are able to propose no better system of arrangement, than that of Willan ; because in truth our knowledge of them is not sufficiently superior to his to enable us to do so." There are four natural orders, which he classifies in separate groups. 1. The syphilides. 2. Sebaceous diseases of the skin. 3. Animal parasitic diseases. 4. Vegetable Parasitic diseases. Some woodcut illustrations of animal parasitic affections appear in the work. Many of them are copies of Robin and Bazin's drawings, and their seems no satisfactory reason why such stock illustrations as the "acarus follicularis," p. 132 ; and the "acarus scabici," p. 146, should not have also been copies from previous authors, instead of costing Dr. Squire the trouble of a microscopic drawing, or a micro photograph, for they reveal no difference whatever from the illustrations of the same animals published years ago.

We do not wish to cavil at the directions given for treatment unnecessarily ; but the author's own admission in his preface is, " that we have now better means at our command than a course of a series of sarsaparilla, or of dulcamara" again, our expectations are raised by reading, " I have found a rational, as opposed to an empirical, constitutional treatment, far the more successful ; and furthermore, my experience has gone far to prove that a careful selection of local remedies is at least as important an element in the cure of cutaneous diseases as even the best directed constitutional treatment." After promises like these we turned with high hopes of profit to the work itself ; let us quote the author's own directions for the cure of lupus.

" The internal remedies employed are cod-liver oil, the preparations of iron, more especially the iodide, iodide of potassium ; the liquor arsenicalis ; Donovan's solution ; the biniodide of mercury ; quinine ; the various bitter infusions, more particularly those of gentian, hops, or of the leaves of the walnut tree ; sea water, &c.

Externally, baths containing sulphuret of potassium, iodine, carbonate of soda, sea-salt, or sea-weed are made use of.

" The *local remedies*, are poultices and emollient applications to remove the crusts ; oil of cade ; a solution of tannin in glycerine ; the tincture of iodine either pure or mixed with an equal quantity of linimentum iodinii ; cashew nut oil ; ointments of iodine, of iodide of potassium, or of iodide of lead ; creasote ointment ; ointment of iodide of arsenic, or of either the green or red iodide of mercury ; chloride of zinc ; Vienna paste (equal parts of potash and lime) ; terchloride of gold ; arsenic ; sulphate of copper ; nitrate of silver in powder or solution ; butter of antimony; the actual cautery ; carbolic acid ; sesquichloride of iron ; and nitrate of mercury ; caustic potash ; chromic acid, &c."

This is at the best an index of escharotics ranging from mild to severe, and we believe little is to be learned from such lists as these. A practitioner would require to arrange for consultation with Dr. Squire, to ascertain which he recommends, or whether he has obtained any decided advantages from " a careful selection of *local remedies* " out of the entire catalogue. Nor when we turn back to the sum of internal treatment, presented to us do we see much difference between it and the details of practice in past generations. We are at a loss to know which of them Dr. Squire considers best fulfils his high aim of substituting, a rational, instead of an empirical, treatment.

We might have selected many other diseases instead of lupus for these remarks. So far as the descriptive portion of the work is concerned, we repeat it is very good ; but we are not so well satisfied with the directions for practice.

◆

Another Poisoning Case in Marsielles.—The *Phare de Marseille* has the following :—" We thought we had done with the poisoning woman. Unfortunately we have to report another crime of this kind. One of the accomplices in the crime which has spread terror in the arrondissement of Arles is the curé of one of the parishes in the jurisdiction of the Archbishop of Aix. The following facts have been reported to us :—A young woman named T——, the wife of a labouring man, was in the service of the Abbe D——. The husband, to the astonishment of everyone, died suddenly, and a suspicion arose that he was poisoned by the wife. She was accordingly arrested. It is said that she admitted the crime, and that she was urged to it by the Abbé E——. He was then also arrested, and is now confined in the prison of Tarascon. Both will take their trial at the next assizes of the Bouches-du-Rhône."

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price* 5*d. Stamped* 6*d.*

By Post to Annual Subscribers, £1 2 6
,, *If paid in advance,* 1 1 8

⁂ Post-Office Orders and Cheques to be drawn in favour of A. A. TINDALL, 20, King William-street, Strand, London,
MOFFAT & Co., 6, D'Olier-street, Dublin.
MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.
MESSRS. KELLY and PIET, Baltimore.
Annual Subscription, *post free*, Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 5, 1869.

THE POOR-LAW MEDICAL MEETING.

SEVERAL topics, not only of importance to the Profession, but which also have a special bearing on the subject of Poor-law management were brought forward and discussed at the quarterly meeting of the Poor-law Medical Association this day week. Besides the inadequate remuneration of Poor-law medical officers, which has long been a subject of just complaint in the profession, and which the Board up to the present time show no disposition to regard with favour, the increase of pauperism was referred to, and it was stated that the evidence given before a Select Committee of the House of Commons which had never been disproved showed that 72 per cent. of pauperism depends on sickness. Statistics were presented by the chairman to show that "other things being equal"—we quote his words—"wherever there had been in a union or parish insufficient out-door medical relief, there, in the fifteen years ended in 1867, was a steady increase of expenditure on in-door maintenance." He referred to Birmingham, Brighton, Bethnal Green, St. Luke's, and other unions, all which led him to the same conclusion that neglected sickness among the working classes is one main cause of the increase of pauperism in this country, so much so, he said, that the character of workhouse inmates has almost entirely changed within the last few years, consisting now generally of sick, aged, and infirm.

The inadequacy and inequality of the remuneration of medical officers is without doubt closely connected with this subject. It was shown that in thirteen unions these officers now receive less than 1s. per case—in twelve between 1s. and 2s., and in fourteen others, more than 2s. and less than 3s., and in some instances out of this miserable pay they are expected to find the drugs. In such a state of things as this is it possible that the sick can be properly attended to? Is it not imposing a heavy and responsible task, and at the same time withholding the means of performing it? We own to a feeling of surprise sometimes that men should be found, men of talent in the profession who are willing to submit to such injustice, and such appointments where the value of their services is almost entirely ignored. Capability and devotedness in every other sphere are prized and rewarded, while the Poor-law Medical Officer, whose duties are the most arduous and self-denying, and intimately connected with the welfare of society in general, is often the most underpaid and neglected of all.

At the same meeting a resolution was proposed and carried, recommending the establishment of dispensaries in connexion with the parish system. Our opinion is decidedly in favour of the suggestion. It would no doubt relieve the medical officer of much hard labour, and faciliate the means of conveying out-door relief to the poor. Patients would know where and when to apply, and obtain advice and prescriptions more readily than is possible under the separate mode of action. It is only fair that every facility should be given to those who do the work, and every hindrance be taken out of their way. Then we shall have a right to demand that the work be properly done, and to blame him who, under conducive circumstances, neglects it. We are very sorry to say that now blame often falls upon those who are not only innocent of offence, but who are carefully and constantly pursuing their unrequited labours.

It was not before its time, nor before its efforts were sorely needed, that this association came into existence. No doubt it was a sense of the grievances they had to undergo which induced the leaders in this movement to take action at first, and the wide support they have met with shows that the evil against which they are struggling is both wide-spread and real. We congratulate them on the success they have already achieved, and the course they have marked out for themselves. The object cannot now be overlooked. Not only the profession, but those in authority—Parliament, the Poor-law Board, Parish Guardians begin to see that there is a crying evil which ought not to have been suffered so long, and which must be speedily remedied. We congratulate the association particularly on the notice it has received from a well-known member of the General Medical Council (Dr. Rumsey). No one is more capable of forming a true opinion on the subject, and no one more ready to advocate those measures which, while advantageous to the profession, will promote the general welfare of the community. We quote his recommendation to the association, to strive for the following objects:—

1. That the Irish system of Poor-law medical service shall be taken as the basis or model of any organic change in England:
2. That medicines and appliances shall be provided at the public expense, and dispensers appointed in places of sufficient population:
3. That the whole cost of such provision shall be borne by the local or union fund: and,
4. That the whole (not half) of the salaries of the medical officers shall be defrayed out of national funds.

HOSPITAL DINNERS AND TAVERN KEEPERS.

THIS is the season of Hospital Dinners, and those who cater for them must, we fancy, be driving a good trade. We do not often dine out, but are now and then tempted to assist at entertainments got up to promote charitable objects. In such cases an inferior dinner is a double annoyance, because it often diminishes the subscription lists we are anxious to increase. Last Friday we were present at the dinner on behalf of the North London Consumption Hospital, which was ably presided over by the Lord Mayor of London. His lordship pleaded the cause of the charity with earnest and simple eloquence, which we believe would have been more effectual if the directors of the Freemasons' Tavern Company had fully sustained their reputation. Some we are aware "had a capital dinner," and were properly waited on. The bill of fare offered plenty of choice, and the quality and cooking of most of the things we tasted were satisfactory. But there was a hitch somewhere. It is not our business to say who was to blame, but we record the facts as we found them, in the hope that other charitable dinners may reach nearer the mark of perfection. The writer of this took his seat at the right-hand table, with a friend on each side. Two of us have not seldom dined in hotels in England, and also on the continent, and know, we think, how a dinner should go off. We have admitted there was a good *menu*. The choice was ample on paper, but we complain that such choice did not exist in fact. Here is the *menu*, as put in our hands. We have printed in italics every dish that either of the three caught sight of, not tasted :—

NORTH LONDON CONSUMPTION HOSPITAL.

ANNIVERSARY FESTIVAL,
Friday, 30th April, 1869.
THE RIGHT HON. THE LORD MAYOR,
In the chair.

MENU.
Potage.
Puré d' Asperge. Printanier clair.
Fausse Tortue.

Poisson.
Souchet de Carrelets. Anguilles à la Colbert.
Saumon. *Turbot.* *Blanchaille.*

Entrees.
Cuisses de Volaille à la Caneton.
Kromeskys de foies gras à la Moderne.
Côtelettes de Mouton à la Madras.

Releves.
Chapons Braisés aux trùffes. Poulets rôtis aux cressons.
Poulets bouillis à la Printanier.
Vol au vent aux huitres. *Jambons.* Langues de Bœufs.
Quartiers d'Agneau. *Hanches et Selbes de Mouton.*
Pommes de terre nouvelles. Asperge.

Second Service.
Rots.
Ruffs and Reeves. *Canetons.* Poulets d'Afrique.

Entremets.
Gélées aux liqueurs Genoise au Chocolat.
Dames d'honneur. Compote d'Oranges. *Poudins glacés.*
Dessert.

It will thus be seen that three gentlemen never saw half the dishes, and, of course, neither of them had the chance of partaking of all the things they saw. All we know is that the articles printed in italics were produced at our table, and that we were able to get some of them.

Whether the waiters are to be blamed, or who, is not our affair.

We have known other charitable dinners at other hotels when some dearth existed, especially when the numbers were very large, and we have more than once intended to speak of it publicly, but have been restrained by various considerations. We can hold peace no longer. Here is a most excellent charity, doing an amount of good in an unostentatious way, that should give it a claim to every charitable person, running the risk of injury by mismanagement of the contractors for its anniversary dinner, and that when dinners by the dozen are being given for other charities. It is time to draw attention to the subject in the interest of the charities that may suffer by reticence. It is a common belief that a good dinner induces the partakers to be more easy as to the pocket. Whether this be so or not we do not care. It is the belief on which committees of charities act, and it is their concern to look into such things as these. In some cases defects are made up by the wine, but in this instance that course was not practicable. We consumed a bottle of light Hock between the three. Champagne and Moselle were offered, and we took a glass each. Sherry and Port were there at first. We do not affect these strong concoctions, and having poured out about a teaspoonful of each to taste, and not approving, would not drink them. We secured a glass of claret each, and then had the pleasure of gazing at the empty decanter the rest of the time, for it was not refilled. We actually complained to the waiter of the scanty supplies, told him we did not care for the Sherry, and asked for a little more of the light Hock. After some time he brought us an unexhausted bottle of Moselle, from which we drained a glass and a half between the three. After that we said no more, but, as the toast-master kept up the cry, "Gentlemen, please to charge your glasses," said we to each other, we should like the chance. It is not that either of us wanted strong wines, or very valuable ones. Our rejection of Port and Sherry proves that. We have been long enough in wine-growing countries to prefer something light. Could we have had the cheapest specimens of Denman's Greek or MacGregor's Hungarian wines, we should have been content, for they are quite strong enough, and being pure wines, we infinitely prefer them to the stuff that the British Philistine is supposed to most enjoy. We are inclined to blame the waiters for one reason—that it was difficult to get a second morsel of bread.

We sat it out, nevertheless, for Miss Spiller's songs were interposed, and furnished us with something more pleasant to remember than that tantalising empty decanter amidst the cry of "Charge your glasses."

"THE BRITISH MEDICAL JOURNAL."

WITH more interest and curiosity than the affairs of the British Medical Association have been wont to excite, the profession has received the balance-sheet just issued by its treasurer, Dr. Falconer. The interregnum between one year's celebration of the Association Medical pic nic and the next, is seldom marked by any greater sign of life than a semi-comatose demonstration of existence, and as far as any professional object is served, or any useful result achieved, the British Medical Association might as well be interested in the paper trade as in medicine.

When, however, it was learned that its council had caught the editorial *leprechaun*, actually bought up the life and soul of the opposition establishment, it was settled *nem. con.* that the revivication of the association was already an accomplished event, the acumen literary and trading, of the new editor was to lead the association at once from musty impecunious mediocrity to the omnipotence which public favour and a plentiful pocket confers. In the plenitude of its anticipations the council delivered over the unresisting association to its new editor to be bled and purged to any extreme, so as restoration to health was effected. The patient is now produced for inspection. He is corpulent truly and sufficiently long-winded, and his doctor displays with complacency the fatness of his body corporate; but alas! his appetite is more stupendous, his intellect more sleepy, and himself more expensive and relatively less useful than ever. To the ineffable distress of the association the new doctor has absolutely Bantingised their puny protegè.

No less a sum than £5,571 has passed through the fingers of the treasurer within the year. A marvellous growth of income and a right royal endowment worthy of noble objects and deserving of great results. What a subsidy for a Medical Benevolent Fund—what invaluable help to medical reform—what stimulus to scientific research—what welcome advocacy to medical interests might such a sum produce! Where is the medical orphan nurtured from the charity of the association? Where the profit to either the mind or body of the profession? What impression made upon the legislature in any of the ten thousand objects which the profession has at heart? An infinitisemal crumb of £52 has slipped from the all-absorbing maw of the *British Medical Journal;* and with the £5,000 have passed away all the aspirations of the profession as to what the association might have done.

It is no paradox to say that with all its achievements the *British Medical Journal* is an utter failure.

As a commercial speculation it is condemned out of its own mouth, for who will give thanks to a trader who, with almost unlimited money at command, and inestimable advantages on his side, closes his financial year with an enormous settled expenditure, and no dividend whatever; and this while others can show handsome profits present and future.

As a scientific exponent it is an utter failure; for with an absolute and rigidly assisted monopoly of the writings of its subscribers, it has done nothing which has not been much better done elsewhere, and its managers have sunk a fortune in paying for an inferior quality of that article which others get for nothing.

Lastly, it has utterly betrayed the objects of those who confided to the association their subscriptions. The cries of the profession for publicity for its views have been completely forgotten in a ridiculous and useless printer's speculation; and now, as in the fable, the oyster shell is complacently presented to the gaping suitor, while the fish itself, with all its luscious flavours, has gone to minister to the satisfaction of the attorney.

Two courses only seem to us to be open to the association. They must choose between printing and medical representation. If they elect to resolve themselves into a joint-stock printing company, they have certainly a right to expect at least £1,000 a year profit from their manager.

If they choose to retrace their steps and become once more a representative medical corporation, they must moderate the tragedy transports and envious competitiveness of their editor, make their own organ what its journal is to the Society of Arts, and put the contributions of their members to its legitimate purpose, the forwarding of medical interests.

◆

SCOTLAND.

GENERAL COUNCIL OF GLASGOW UNIVERSITY.

The twentieth meeting of the General Council of the University of Glasgow was held last Wednesday in the Common Hall of the College. The Very Rev. Principal Barclay in the chair, supported by the various Professors.

Report on Graduation.—The Council took up the report of the Committee on Graduation, which pointed out the fact that while professional bodies had vied with each other in the encouragement that they had given to students to proceed to graduation, there had been no steady or marked interest in the number of those who had sought for or obtained a degree. If this indifference, to or neglect of, graduation be not obviated, the General Council would soon be greatly diminished in numbers, and to a large extent consist of those who had become members of it in virtue of the degree which was necessary to enable them to follow with credit and success the profession they had adopted. To remedy this state of matters, the committee suggested that in order to obtain a mere Pass degree, the student who applied for it should be examined chiefly, if not solely, on the books read and the subjects treated of by the professors in their classes, both in literature and science, during the years of his attendance on these classes.

The Rev. Dr. Smith (Cathcart) moved that the report should be adopted, and transmitted as a recommendation to the University Court.

The Rev. Mr. Niven seconded the motion.

Professor **Ramsay** moved as an amendment to the motion of Dr. Smith, "That it be remitted to the committee to reconsider on a wider basis the subject of the report, and to bring up an amended report to the future meeting."

The Rev. Dr. Bryce (Belfast) seconded the amendment.

After some discussion, a show of hands was taken as between Dr. Smith's motion and Professor Ramsay's amendment, when the Principal declared the former to be carried by a large majority.

The New University Buildings.—Mr. James A. Campbell said—I have to report that the subscriptions towards the erection of the new University buildings have made considerable progress during the last six months, the amount received in that time being £5,951, making the total subscriptions at present £118,461. That sum has been subscribed by 711 contributors. I would just say, that as we are now within £2,000 of the sum which was lately stated as necessary in private subscriptions to entitle us to the whole amount of the Government grant, it is perhaps necessary to say that there is still room for the exercise of as much liberality as we can find from the friends of our University.

The Rev. Dr. Buchanan said he had been requested to move:—"That the General Council, having received with satisfaction the report of the continued progress of the subscriptions for the erection of the new University buildings, again commend the subscriptions to the active support of the members of Council, and reappoint the Subscription Committee—Mr. James A. Campbell, convener." The motion was agreed to.

The Scotch Education Bill.—Sheriff Galbraith afterwards introduced the motion on this subject of which he had given notice, as follows:—"That the Council, recognising the necessity of securing education to every child in the country, approve of the proposed measure, as in many respects calculated to have the effect of spreading education over a wider area than heretofore. Resolve—That in their opinion—1. In providing that education for the people, the existing schools should be respected, and their position carefully conserved; 2. That the proposed legislation should be mainly supplemental, providing for the supply and maintenance of schools in neglected places; 3. That the present revenues of the parish schools as such should not be abandoned—in any event that these sums should be deemed local contributions; 4. That no part of the existing school organisation should be disturbed wherever it is found to be efficient, although schools should be supplied when not found sufficient in cases in which voluntary effort has failed after being called upon; 5. That as regards the appropriation of any rate to be levied, their should be no distinction made among schools, whatever the religious profession of the trustees or managers may be, and that all schools meeting Privy Council requirements should participate in the rates; 6. That care should be taken that the 'use and wont' of religious teaching in Scotland be not endangered; and That the Council resolve to petition Parliament to give effect to these resolutions, or to such portions or modifications of them as the Council may adopt."

After a spirited debate, this motion was carried.

GLASGOW UNIVERSITY BUILDINGS.

The new buildings progress very rapidly. Nearly 1,100 men are employed upon them. A railway from the quarry, on the western extremity of the grounds, has been laid down, and blocks of stone of several tons weight are thus easily transported. Seven of the professors' houses have got one storey high, and four others are but little behind them. The class rooms of the eastern side are roofed in, and a great portion will be ready for the opening of the next winter session.

ABERDEEN UNIVERSITY.

The Chair of Midwifery has been conferred upon Dr. Inglis, who will enter upon his duties forthwith.

MONUMENT TO DR. ADAMS.

A wall tablet, in three panels, has been erected to the memory of Alexander Maxwell Adams, M.D., L.R.C.S.E., F.F.P. and S.G., Provost of the Royal Burgh, of Lanark, who died in office at Lanark, on the 17th day of July, 1867, in the fifty-fourth year of his age.

THE CONVERSAZIONE OF THE EDINBURGH UNIVERSITY.

In our last issue we were unable to do justice to the subject, the interest in which has even yet scarcely abated. It is too late now to describe the brilliant hall or its various compartments devoted to the different departments of science as indicated by inscriptions over the walls, reading along the two sides in the following order :—Northern Lights, Meteorology, Astronomy, Horology, Chemistry, Telegraphy, Literature, Natural Philosophy, Music, Curiosities in Food, Physic, and Poisoning ; Botany, Precious Metals, Natural History, and Physiology. It would, however, be too bad not to chronicle the fact that an enthusiast on the subject of cruelty to animals protested in a letter to the *Daily Scotsman*, against the experiments proposed by Dr. Hughes Bennett, and received in the columns of the same paper a caustic reply. The letter of the learned professor of physiology is really worth citing. It is as follows :—

> Sir,—In your paper of yesterday " A Valetudinarian " says of the conversazione to be given in the University to-morrow evening, and of the misery which he thinks will result from firing the time-gun—" I can only account for the representatives of the medical faculty becoming oblivious to such considerations by the fact that scientific experience ignores individual suffering." " At former University or College of Surgeons' conversaziones, I have seen—and shivered to see—a poor frog tied down under a microscope, that gaping dilettanti might observe upon its painfully extended legs the beautiful phenomena of the circulation of the blood." On a former occasion (see *Scotsman*, November 9th) I took an opportunity of dwelling, in your pages, on the ignorance of physiology among the public, and on the propriety of introducing into general education some study of the animal functions, and of the sanitary conditions necessary for their own health and peace of mind. The ideas of "A Valetudinarian" offer a good commentary on my remarks. He shivers at putting a frog to the inconvenience of separating its toes, in order that the transparent web between them may be examined with the miscroscope. He would probably eat with the greatest gusto a fresh oyster, unconscious that in crushing between his teeth the palpitating heart and other living tissues of that animal he communicates to his palate a peculiar relish. His imagination may be so vivid as to represent to himself that the oyster takes a pleasure in this procedure, whilst the equally cold-blooded frog cannot separate its toes without agonising torture. I shall not speculate further on the peculiar ideas of your correspondent, but state my intention of exhibing to the visitors of the University to-morrow evening the phenomena of the circulation in living animals on an unusually large scale. I beg to inform them that not the slightest suffering will be occasioned, as they will all be fast asleep. For the benefit of valetudinarians generally, I shall also show the ciliary movements on the gills of an oyster, convinced that the remarkable vital phenomena so demonstrated will in no way diminish the demand for this edible animal, or lessen the value of our marine fisheries.—I am, &c.
>
> J. Hughes Bennett, M.D.,
> Professor of Physiology.

UNIVERSITY EDUCATION.

The condition of the four Scotch Universities is at present exciting much interest, and the *Daily Scotsman* has collected returns, which, in default of any other, may be referred to, though that journal suggests that a parliamentary return would be more satisfactory. The following table shows the number of students in attendance in the past Session :—

	Faculty of Arts.	Medicine.	Law.	Divinity.	Total Students.
St. Andrews...	152	—	—	31	183
Glasgow	755	302	115	86	1,258
Aberdeen	321	166	5	30	522
Edinburgh ...	661	442	306	75	1,484
Total in Faculties...	1,889	910	426	222	3,447

The *Scotsman* adds that :—" A number attend more than one Faculty, but it cannot be stated with accuracy ; probably 200 should be deducted from the gross total, in order to arrive at the actual number of Scotchmen attending the Scottish Universities. Now, if the population of Scotland at this moment be, in round numbers, 3,200,000, it will follow that one in 1,000 of our countrymen is presently in attendance at a University (the number of Scotchmen attending English Universities being quite inconsiderable.)

Taking a period nine years back—session 1859-60—we have the following general results as to attendance in the Scottish Universities in the several Faculties :—

	Arts.	Medicine.	Law.	Divinity.	Total.
St. Andrews...	109	—	—	30	220
Glasgow	625	317	89	88	1,119
Aberdeen......	418	130	17	90	645
Edinburgh ...	658	554	243	95	1,550
	1,810	1,001	349	303	3,544

It is fair to deduct for " partial " students in Divinity say 44, leaving as the gross total 3500 ; so that the whole attendance at the Universities nine years ago was apparently fully greater than now, although the population was say 150,000 less than at present. In fairness, however, it is the increase of certain classes of the population alone that ought to be taken into account—those above what are called the working classes. At the same time, it is gratifying to observe that in the fundamental Faculty—namely, Arts—the attendance has considerably increased."

EDINBURGH.

A Conversazione in the hall of the Royal College of Physicians, Edinburgh, was held on the 30th ult., when Dr. James Hutchison Stirling delivered a lecture on " Dr. Huxley's Inferences from Protoplasm." A large company attended on the invitation of the President and Council of the College, and among those present were the Right Hon. the Earl of Southesk, Principal Sir Alexander Grant, Sir James Coxe, Sir Y. Simpson, Bailies Cousin and Fyfe, Councillors Colston and Muirhead, Professors Douglas Maclagan, Tait, Masson, Muirhead, Balfour, Professors Macgregor and Duns of the Free Church College, Professor Harper, Sheriffs Gifford and Hamilton, Rev. Drs. Grant, Wallace, William Smith, Thomas Smith, Davidson, and Peddie, Rev. Messrs. Mitchell, Leith; Brown, Gardner, Thorborn, Leith; J. Tomson Kelman, A. Moody Stuart, Mackenzie, Main, Fraser, St. Bernard's; Cumming Newington; Messrs. Campbell Smith and Alexander Nicolson, advocates; Mr. T. J. Boyd, Master of the Merchant Company; Dr. Donaldson and Mr. Carmichael, of the High School; and a large number of the members of the medical and legal professions. Dr. Moir, the President of the College, received the company at the entrance to the hall; and thereafter introduced the lecturer to the meeting. He expressed the pleasure which it gave to the Council to have the first lecture given in their new hall delivered by a member of the medical profession, who was also one of the ablest metaphysicians of the day. (Applause.)

Notes on Current Topics.

The Proposed Royal Academy of Medicine.

THE scheme to which we alluded some time since, having for its object the amalgamation of all the Medical Societies of London, has assumed a tangible shape under the auspices of the Royal Medical and Chirurgical Society. The Council of that Society has issued to its members a circular detailing the proposed construction of the Royal Academy of Medicine, as it is proposed that the new institution shall be called. Divesting the proposition of unnecessary details, it stands as follows:—

I. That a new Society be formed, and incorporated by Royal Charter, under the title of the Royal Academy of Medicine; and that this Academy comprise sections for the main branches of medicine and the collateral sciences.

II. That the following sections be formed:—

1. Medicine and Surgery.
2. Obstetrics.
3. Psychological Medicine.
4. Clinical Medicine and Surgery.
5. Pathology and Morbid Anatomy.
6. State Medicine,—comprising Epidemiology, Public Health, and Medical Jurisprudence.
7. Physiology and Anatomy.

Each section will entertain questions of Therapeutics, Chemistry, and Physics, so far as they bear on its special subject.

III. That the general management of the Royal Academy of Medicine be under the control of a General Council, consisting of a President, two Treasurers, two Librarians, two Secretaries, the Presidents of the various Sections, and additional members to be nominated one by each section.

IV. That all the members of the General Council, with the exception of the Vice-Presidents, who are *ex officio* members, be elected annually by the Academy at a general meeting.

V. That the President of the Academy be chosen annually from amongst the past or present Presidents of Sections, and be ineligible for re-election; and that the President of the Academy cease, on his election, to be a President of a Section.

VI. That the Treasurers, Librarians, and Secretaries, be elected annually by the General Council from the general body of the fellows.

VII. That the moneys, books, premises, and other properties belonging to any of the Societies which shall join in the proposed amalgamation, become the property of the Royal Academy of Medicine; and that the entire management of the funds of the Academy be in the hands of the General Council.

VIII. That all fellows or members of the following Societies, viz., the Royal Medical and Chirurgical, the Pathological, the Epidemiological, the Obstetrical, the Clinical, and the Medico-Psychological Association, be original fellows of the Royal Academy of Medicine without further nomination or election, provided they make the payments hereafter to be arranged.

IX. That power be taken by the Charter to incorporate additional Medical Societies after the proposed Academy shall have been formed.

X. That fellows, members, or licentiates of the Colleges of Physicians or Surgeons of Great Britain and Ireland; doctors or bachelors of medicine, or masters or bachelors of surgery, of the Universities of Great Britain and Ireland, or of the Colonies; members of the Faculty of Physicians and Surgeons of Glasgow; Licentiates of the Society of Apothecaries of London, or of the Apothecaries' Hall of Ireland; or foreigners whose qualifications are satisfactory to the Council; be eligible for admission into the Academy by nomination and election, as at present is arranged in the Royal Medical and Chirurgical Society; and that their recommendation be signed by three fellows of the Academy, two of whom, at least, shall be members of a section to which the candidate declares himself desirous of becoming attached.

XI. That in adjusting the scale of payments, consideration be had to the number of sections which each fellow may join, and for the privilege of using the library of the Academy and of receiving copies of the transactions and proceedings of the several sections.

XII. That deductions from future payments to the Academy be allowed for any admission or composition fees which may have been already paid to any of the Societies enumerated in Resolution VIII., as provided in the bye-laws of those Societies.

XIII. That any fellow, who shall wish to leave one section of the Academy and join another, may do so on the day of the annual meeting of the Academy.

XIV. That any registered medical practitioner, on complying with the regulations required, be eligible for election as an associate of the Royal Academy of Medicine on payment of an admission fee of one guinea and an annual contribution of one guinea, which shall entitle him to attend the meetings of any one of the sections, and also to a copy of the transactions and proceedings of such section; and that the manner of election of such associates be regulated by each section as it may think fit.

XV. That no present fellow or member of any of the Societies be required to pay the admission fee of one guinea.

XVI. That the members of each separate section elect annually the Council of that Section; and that such Council consist of a President, two Secretaries, and such number of other Councillors as shall hereafter be arranged.

XVII. That the Council of each section have the entire control of the internal business of their own section, and that they publish the transactions of their own section, provided the expenditure do not exceed one-half of the income derived from the annual subscriptions of the members of the section.

XVIII. That the proposed Academy comprise a grade of honorary fellows, consisting of the honorary fellows or honorary members of any of the enumerated Societies which shall join in the amalgamation, and others to be elected for life from British subjects who have eminently distinguished themselves in medicine or surgery or in the sciences connected therewith, but who do not practise the medical profession; and from foreigners who have eminently distinguished themselves in medicine or surgery or in the sciences connected therewith. That such honorary fellows be elected by the Academy at a general meeting, on the recommendation of the Council.

Should the scheme embodied in the above Resolutions be approved, the Council recommend that it be submitted to each of the Societies mentioned in Resolution VIII., and that they be requested to nominate three members each to form a General Committee which shall draw up, with legal advice, a code of laws and regulations to be submitted to each Society for its approval.

A Good Example.

A PRECEPTOR whom, in most matters, civilised Britons would probably regard as worthy of very little consideration, has this year shown us the plain road to the medical guardianship of the public, over which the House of Commons and the Medical Council have so lamentably bungled. While our Medical Parliament has been trying to excuse its timidity and indifference by throwing the blame on its means of action, the State of Minnesota has passed an Act which everyone can understand, and which, without the expenditure of money and chatter which the Medical Council costs us, will, we expect, secure to the inhabitants of the State and to the profession all the benefits which the Medical Council has NOT conferred upon the profession at our side of the Atlantic.

Sec. 1.—That it shall be unlawful for any person, within the limits of said State, who has not attended at least two full courses of instruction, and graduated at some school of medicine within the United States, or of some foreign country, or who cannot produce a certificate of qualification from some State, district, or county medical society, and is not a person of a good moral character, to practise medicine in any of its departments, or perform any surgical operations for reward or compensation, or attempt to practise medicine, or prescribe medicines, or perform any surgical operation for reward or compensation, within the said State of Minnesota.

Sec. 2.—Any person living in the State of Minnesota, or any person coming into said State, who shall practise medicine, in any of its departments, or perform, or attempt to perform, any surgical operation upon any person within the limits of said State, in violation of Sec. 1 of this Act, shall, upon conviction thereof, be fined not less than fifty dollars, nor more than one hundred dollars for such offence, and upon conviction for a second violation of this Act, shall, in addition to the above fine, be imprisoned in the county jail of the county in which such offence shall have been committed, for the term of thirty days; and in no case wherein this Act shall have been violated, shall any person so violating receive a compensation for services rendered: *Provided*, nothing herein contained shall, in any way, be construed to apply to any person practising dentistry exclusively.

Sec. 3.—No person who fails or neglects, on or before the first day of October, 1869, to file in the office of the Clerk of the District Court of the county in which he resides or keeps his office, a sworn copy of the certificate or diploma of some school or college of medicine, that he has attended at least two full courses and graduated at such school, or a sworn copy of a certificate of qualification of some State, district, or county medical society, shall be permitted in any court of this State to sue for or recover any compensation for his services, advice, or attendance as a physician or surgeon; and the failure to file a sworn copy of such diploma or certificate, as above provided, shall be *primâ facie* evidence that he has not attended or graduated at any school of medicine, or received a certificate of qualification from any State, district, or county medical society.

Statistics of Prostitution.

M. LEON LEFORT has availed himself of his two years' service in the Hôpital du Midi, to enter on a careful research of the statistics of prostitution in Paris, and of the different sources of venereal infection. His work on the subject, we learn from the *Union Medicale*, was communicated to the International Medical Congress of 1867, but has not been inserted on the record of its proceedings. The researches of M. Lefort prove that the greatest source of syphilis exists in clandestine prostitution, which is unfortunately, so difficult of repression. This is a very important consideration as bearing on the extension of the Contagious Diseases' Act to the civil population, for if the same causes existed to the same extent among ourselves, it would be obviously vain to hope for anything more than a partial repression of syphilis. The success which has atended the working of the Act in the army and navy undoubtedly suggests that clandestine prostitution is comparatively rare in England.

The London Hospital.

WE understand that, with a view to utilize more completely the extensive obstetric out-patients' department at this hospital, it has been arranged that a short course of six or eight clinical lectures will be delivered by Dr. Palfrey, especially intended to illustrate the more common forms of uterine disease, their diagnosis and treatment. We shall, from time to time, announce the days and hour upon which these lectures will be delivered.

Norwich Hospital.

THE new report of this charity speaks very hopefully. Two more wards have been completely remodelled, and many other improvements have been made in the year. There were 1,150 in-patients, of which 381 were accidents, in the house in 1868. The daily average was 120. The operations performed were 310, with only 10 deaths.

Hospital Physicians and Teachers in Medical Schools.

NOTHING can be more absurd than some of the laws or customs that prevail as to these appointments. Some charities are so jealous or so illiberal that they exclude their staff not only from joining rival institutions, but from various other posts, while others have taken particular care to deprive special hospitals from the support of those connected with them. A complication has arisen which brings this subject prominently forward. Dr. Beale resigned his chair at King's College, and is thereupon alleged to have resigned his physiciancy to the hospital, the one appointment being, it is said, included in the other. Could anything be more ridiculous? It is this exclusiveness which has injured so many schools. Why should a teacher of physiology be necessarily connected with any hospital? or, for that matter, why need he be a practising physician at all? Physiology was never better taught at University College and at the London Hospital than when Dr. Carpenter filled the two chairs and he did not practise. Perhaps Huxley is incapable of instructing freshmen. All the hospitals would do better if more clinical teaching was the rule, so that the staff did little else.

There is more than this to be said. No reason exists why a teacher in a medical school should not be on the staff of some other institution and *vice versâ*. We know some hospitals where there is enough liberal feeling to permit such an arrangement, and we have no sympathy at all with that spirit of jealousy which makes exclusive rules to the injury of individuals, and under the guise of an interest in a particular hospital. Charity is too sacred a thing to be dragged into such petty rivalries; and we hope King's College will be ready to follow the lead of larger and more liberal hospitals.

Dr. Beale may well occupy the post of physician to the hospital, though his professorship at one of our Universities induces him to resign the chair at King's College.

Sagar v. Lancashire and Yorkshire Railway.

WE have received a copy of this trial, which painfully illustrates how much "doctors disagree." The case is peculiar, inasmuch as a longer time elapsed after the accident before the claim was made than is usual, and the really important symptoms did not appear for many months. Mr. Brodhurst attributed the condition of the patient to injury to the spine in the accident, and it was intimated that Mr. Holmes agreed, although he was not called. Dr. Briggs, Dr. Spencer, and Dr. Roberts, of Manchester, who had all been consulted, gave similar opinions. For the defence, Dr. Bland Radcliffe, Dr. Noble, and Mr. Beevor, of Manchester, Mr. Arkwright, of Bowdon, and Sir Wm. Fergusson considered the case one of rheumatic inflammation. We are not at present going fully into the evidence. We only wish to point out the differences that may occur in men's opinions. We may have an opinion of our own derived from perusal of the evidence, but would admit that that opinion might be changed by careful examination of the patient. Such an examination we should much like the opportunity of making. We may, however, make one remark. Suppose the history of such a case to be given to a candidate at one of our public examinations. When such authorities differ so widely, would not the candidate, whatever his response, run an unfair chance of being referred to his studies.

The late Dr. Slyman.

THIS gentleman, the founder of the Montgomeryshire Infirmary and the consistent advocate of sanitary improvements, practised since 1828 in Newtown, where he had so endeared himself that his town-fellows made his funeral a public one. He was born in 1807, so that at upwards of three-score years he has passed to his rest, respected and beloved by all with whom he came into contact. Such a life is well worth living, and his memory will be preserved. Forty years of honourable labour in such a profession as ours is, indeed, something to have been permitted to fulfill amidst the respect of one's brethren and one's neighbours. Honour to all who thus honour themselves and their calling.

Pneumonia.

ALTHOUGH Dr. Hughes Bennett's paper, at the Medical Society of London, was read by the Secretary, to the chagrin of a number of gentlemen who had been attracted to the meeting by a report that the redoubtable professor would be present to defend his doctrine in person, it proved very interesting, and originated a rather animated debate. Dr. Bennett's views are well known, and he marshalled his figures so as to give great force to his advocacy of restorative treatment. Dr. Richardson defended depletion from the condemnation thrown upon it in the paper, and declared he "had seen blood-letting do good." Dr. Bennett's paper was presented to the *Practitioner*, in the new number of which it can be read by those who desire to have it verbatim.

Under Consideration.

THE Profession at large will be charmed to hear that the introduction of a Medical Acts' Amendment Bill is "under consideration." The fact is worthy of record, lest it might escape the memory of our readers that the Bill is still in this condition and lest they may nurture the hallucination that there is the remotest chance of its emerging from that abyss.

The profession will appreciate the utter hopelessness of the case when we tell them that the Medical Council is to meet the first week in June, and that the already semi-asphyxiated Medical Amendments' Act is to be smothered in illimitable talk. To the four winds with the Medical Amendment Bill! We want it not. Impeded by the obvious indifference and reticence of the Medical Council a measure passed by Solon himself must be useless and when we shall see the Medical Council ready to use the powers it has instead of hiding itself from the reproach of its duty, behind every legal impediment, it will be time for us to clamour for greater powers. Antagonistic in every movement which can be of real use to the profession or the public, the Council appears unanimous in but one determination to escape, if even a chink be found, from dealing with obnoxious topics or great responsibilities.

Let us hope that we may yet be allowed to throw our whole force into a much sought Medical Amendment Bill. A Bill which will "amend" the Medical Council and all its equivocatory vapourings out of existence.

Dublin Obstetrical Society.

THE next meeting of this Society will be held on Saturday, the 8th inst., at eight o'clock p.m., in the College of Physicians, when the first business will be the discussion of the remarkable papers read at the last and previous meetings by Dr. Evory Kennedy on puerperal fever, and lying-in hospitals.

We would remind the Fellows of the College that the society on getting permission to hold their meetings in the College Hall, passed a resolution inviting them to attend all their meetings, a privilege that many will, no doubt, gladly avail themselves of on this occasion.

Hereditary Disease.

THE theory of correlation of physical forces was first announced by Grove, in a lecture which he delivered at the London Institution, in 1842. He also suggested the application of this doctrine to some vital phenomena. Dr. Carpenter subsequently, in 1848 and in 1850, published able papers in support of the same views. Can the doctrine of a correlation of forces be applied to disease? Dr. Winn has recently published a treatise "On the Nature and Treatment of Hereditary Disease," in which he argues, that there is but one cause for a large class of hereditary diseases. He adduces striking cases, from his own experience, in which hereditary taint manifested itself differently in various members of the same family, and frequently even in the same individual. From these facts, which are familiar to most medical men, Dr. Winn has inferred the existence of a correlation of morbific forces. We believe Dr. Winn is the first who has made this induction, and if it be granted, the practical deductions which he has drawn from it are of the greatest importance. If, as he observes, there be but one cause of hereditary disease, it follows that there must also be but one general plan of treatment. Dr. Winn gives some valuable hints on the subject of marriage, based on his theory; he also enters on the question of hygiene, with a view of checking the development of disease in those predisposed to hereditary ailments. He lays great stress on prophylactic treatment in infancy and childhood, and on the selection of a profession in after life. Dr. Winn offers a few speculations as to the mode in which hereditary taint is transmitted from one generation to another; he combats the hypothesis of its being conveyed through the medium of the blood, and suggests that the deleterious energy is inherent in the molecules of the nervous system.

Whatever may be the conclusion arrived at, the reader of the little work in question will admit that Dr. Winn has stated his views with clearness, while he has done the service of putting them into the smallest possible compass.

A Surgical Prize.

THE Surgical Society of Paris has just announced th subject of the Laborie prize (£48), to be awarded in January, 1870:—"Point out, by the aid of clinical facts, the actual value of supramalleolar amputation from the following points of view: 1. The mortality consequent upon the operation. 2. On the different ways of performing it. 3. The usefulness of stumps in the act of walking. 4. The artificial limbs best calculated for these stumps."

Maternity Mortality.

Dr. Tracy, speaking of the comparatively small percentage of deaths in the Melbourne Lying-in Hospital at a recent annual meeting of the subscribers, remarked:—"Dr. Maund and himself said, when commencing twelve years before, that the plan condemned so strongly last year by Dr. Priestly and most other medical gentlemen, namely, the establishment of lying-in hospitals on the principle of general hospitals, by having the patients in large wards, must not be adopted in their hospital, and they would have the separate system, where not more than two or three patients would be confined in one room, or small ward. They adopted the latter plan, and had never exceeded more than two women in one room; indeed, they were so loth even to have two women in one room, that unless it was for want of accommodation they never had more than one. The patients, too, occupied three positions in the hospital, for until really ill they were kept in the principal building, and only went to the small ward, or room, when they were so; after which, in about a week they returned to the main building again. Had the results he had mentioned, been stated previously, and sent home with the statistics of the low rate of mortality for two or three years, it would have been said, "Oh, you have had a run of luck, we have had good luck occasionally too;" therefore the honorary medical officers had waited; but now they considered the subscribers might congratulate themselves, inasmuch as the institution had been established twelve years, and, although there had been 3,421 cases of accouchement in the hospital, only 41 deaths had occurred, leaving the small average of deaths of 1·2 per cent. They could not hope for any better result in the very best private practice; indeed, any medical practitioner would be very fortunate if he had not a larger per-centage.

An Irish Academy of Science.

The Royal Irish Academy has followed the example of the Royal Medical and Chirurgical Society of London, and has invited all the scientific societies of Dublin to its embrace. Many years ago the Academy was the supreme tribunal for all scientific researches in Ireland, and its Transactions contain intrinsic evidence that there was not only abundant scientific talent and ardour, but that the Academy was looked to as the proper recipient of scientific communications. By degrees and under the influence of some very enthusiastic antiquarians the study of antiquities become paramount, in so much that many of its scientific contributions fell away, and the academy acquired the irreverent cognomen of "The Rag and Bone Shop."

It is now hoped to retrieve this serious loss by inducing the various scientific societies to affiliate themselves with the academy. The proposition is that each society should become a section of the academy; that the subscription of two guineas should confer membership of all sections; and that grants for publication or other purposes should be made by the academy to each section. Unfortunately for the scheme, most of the Dublin societies are fairly flourishing. The Geological Society is comparatively rich; the income of the Natural History Society is always equal to its expenditure: the Zoological Society is in a chronic condition of impending bankruptcy; but its objects are not such as would be served by the academy. The Scientific Club is independent, and the Chemical Club is unpretending and contented. Under these circumstances we anticipate that the blandishments of the academy will avail little, for the societies are not likely to be disposed to sink their individuality by their alliance.

The Medical Council will meet this year early in June. We hope it may do something.

The annual meeting of the Royal Medical Benevolent College is fixed for next Tuesday, the 11th inst., when some important change of bye-laws is to be proposed.

We regret to have seen by the daily papers, that Mr. Stone, of the College of Surgeons, was the victim of one of those street outrages that have lately, to the shame of the authorities, been now frequent in London.

The past and present Fellows of the Chemical Society, lately presented a handsome silver tankard to Dr. Odling, F.R.S., at a banquet, to which they had invited him. This is a gratifying testimonial to Dr. Odling's valuable services as secretary for upwards of thirteen years.

The authorities at St. Luke's Hospital propose to combine the offices of Chaplain and Secretary. Though the clergy may be honest, they are not notorious for business capacity, and the management is almost certain to prove unsatisfactory.

The elections have come off at the Sussex County Hospital, and the old routine has not been disturbed. Dr. Taafe made a noble but ineffectual effort for reform. We trust he will not despair, but on the first opportunity renew his efforts.

The lady doctors are to have another chance on the Continent. Sweden will authorise a college for their instruction, arrange for examinations, and give them a diploma to place them on a par with male doctors. This is the last *on dit*. Well, Sweden is not a bad place for temporary residence, so there is a chance yet for some.

Dr. Gordon lately read an important and carefully worked out paper to a local Society on the Influence of the Army on the Public Health. We have not yet been able to find room for an analysis of it, but it shows amongst our army brethren a disposition to work and a capacity to impart the results of observation which promises great things for the service.

Messrs. Negus and Co., of Melbourne applied to the Lands Department for a lease of 320 acres of swamp land in the neighbourhood of Dandenong, for the purpose of breeding leeches. Twelve acres only have been granted. Messrs. Negus propose to stock the breeding ponds with leeches from the Murray, and calculate that in three years they will be able to supply any quantity.

Last week, Dr. Edwin Hearne, a thorough sanitarian, called the attention of the magistrates of Southampton to the intolerable nuisance caused by the non-removal of house refuse within the borough. With hot weather in perspective, this neglect was calculated to prejudice the health of the town to a very serious extent, and he hoped the matter would obtain immediate attention of the authorities. The magistrates, after listening to Dr. Hearne's statement, promised the required official interposition. The nuisance complained of is unfortunately, not peculiar to Southampton, and we are convinced that much might be done, in this direction, by the exercise of the undoubted prerogative of the medical man, even though he be not an "Officer of Health," and by the devotion of a very moderate amount of time and interest to local sanitary purposes.

The London Poor-law Medical Officers' Association has inaugurated a movement which is very complimentary both to the Poor-law and medical charities systems of Ireland, and to the administration of it by the profession. The quarterly meeting of the Association was held on Wednesday last, and the especial attention of the members was invited by circular to the details of the Irish Poor-law system, which appeared in our columns lately. The Council of the London Association have very strongly urged upon the attention of the members a vigorous support of the Superannuation Bill. In his address, the President, Dr. Rogers, said—

Reference was next made to the system of medical relief in Ireland. The essence of the Act in operation in Ireland was to secure efficient attendance on the sick poor both at their own homes and at the dispensaries; the provision of all medicines and appliances by the guardians; and the appointment of dispensers in all populous places, thereby economising the time and labour of the medical officers. Since the Act came into operation, zymotic disease has been most materially diminished, small-pox has been nearly annihilated, and sickness generally has been largely diminished amongst the working classes. Now, it had been asserted, in evidence before a Select Committee of the House of Commons—and the statement has never been shown to be erroneous—that 72 per cent. of pauperism depends on sickness; therefore they would not be surprised to learn that the beneficial operation of the Act was soon manifested in a marked reduction of poor-rates. The total expenditure fell from £937,556 in 1852, to £513,048 in 1859; and though from the operation of national causes it subsequently rose, still, at the date of the last report, the expenditure was less by £142,225 than in 1852. An objection that has been raised in reference to the effect of emigration in reducing pauperism was well met by a member for an Irish borough, who at once replied that of his own knowledge he could assert that they were not the pauper class who emigrated, but persons above them in the social scale. Comparing the two countries, Ireland and England, the case stands as follows:—

	Population.	Medical Relief	Total Expenditure.
Ireland.. ...	4,500,000 ...	£132,000 ...	£795,331
England...	20,000,000 ...	£272,225 ...	£6,959,840

The comparatively fair remuneration of the medical officers in Ireland is provided from the resources of a country which, relatively regarded, is extremely poor; whilst the niggardly payments made in England stand out in striking relief to the vast means of the wealthiest country in the world. At their last meeting it had been pointed out how the poor-rates in England and Wales had almost uninterruptedly mounted up, so that the mere excess of expenditure in 1867 was £2,062,000 above that of 1852. Returns of several unions, &c., were quoted to show that a niggardly provision for the sick poor was almost inevitably followed by augmented poor-rates. He (Dr. Rogers) would not travel over the same ground again, but would prove his case by statistics put in another way, yet drawn from similar sources, and which long experience as a workhouse medical officer enabled him to interpret correctly. He was prepared to show that, other things being equal, wherever there had been in a union or parish insufficient outdoor medical relief, that there, in the fifteen years ended 1867, was a steady increase of expenditure on in-door maintenance.

◆

Correspondence.

SUGGESTIONS IN MEDICINE.—No. IV.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Mr. Editor,—In my previous letters I treated of tubercles as well as of partial phthisis, and offered certain suggestions with regard to those conditions. I have now to consider the disease when fully developed and seated in both lungs, which is the ordinary condition of consumption as met with by practitioners. The lethal plant is no longer in a state of torpid hybernation. The wide-spread seeds of disease have germinated, and now display their well-known blossoms and fruit still immature. Is it possible yet to prevent this ripening, and thus despoil King Death of his wonted harvest? Now is the time to act. Soon it will be too late. The drama will be closed.

Let me describe the case fairly and simply. The patient is a young person of strumous constitution. Years ago, tubercles were discovered in the upper, subsequently, in the lower lobes of both lungs, sown broadcast throughout the tissues. After a time they softened, and small vomicæ were formed, attended with the usual symptoms. We are assured that there are now a great number of small abscesses in both lungs, more especially towards the apices, and a few large cavities can be clearly detected. The patient is suffering from confirmed consumption, and experience shows that he will soon die from the combined effects of irritation, exhaustive discharges, and insufficient aëration of the blood. It is quite true he may still be supported for a time by the remedies in vogue—the day of doom may be delayed—but when these temporary expedients are exhausted, he will sink into a premature grave.

Believing as I do that the means usually employed are not adequate to the emergency—albeit Heaven forbid I should endeavour to depreciate their real value—and believing that even in these desperate circumstances there is still a ground for hope, I venture to bring forward the following novel expedient.

Pathologically considered, this condition of confirmed phthisis depends on a number of strumous abscesses seated in the lungs. Yet such lesions heal in other parts of the body, why should they not do so here? Partly this is due to the peculiar tissue of the lungs, partly to their continued motion, but more especially to the want of a free outlet for the matter. When tuberculous matter is located in parts near the surface, in glands, for example, it is not generally fatal. Neither is it necessarily so when seated in some of the internal organs, for the pus finds its way outwards and is discharged. Here, and in all such cases, the enclosing parietes are soft, or do not offer any insurmountable impediment to the exit of the secretion. The grand condition for the healing of abscesses is here fulfilled. There is a way of escape for a fluid which, if retained, would burrow and extend in such wise as to be eventually fatal. The surgeon wisely makes it a rule to assist Nature in this strait, and as early as possible makes his incision. The essential thing he knows is to liberate the pus, and let it flow freely away. Again, he makes his orifice in the most dependent part, so that the abscess may be constantly and perfectly emptied.

Now let us consider the condition of phthisical vomicæ. They are doubtless abscesses like those elsewhere, but placed in circumstances quite of a peculiar nature. The tissue in which they are placed is of a soft, spongy character, especially favourable, I should think, for their extension. Its constant motion must form a serious impediment to the healing process. But the worst feature is, in my opinion, the great difficulty—hitherto amounting almost to an impossibility—of securing a proper drainage for the secreted and altered fluids. These, in old-standing cases, necessarily become corrupt in the extreme, and by their fœtid acerbity add greatly to the prevailing irritation. It is true there is an opening communicating with the atmosphere to each particular vomica, however small; to wit, that through the bronchi and larynx. But only consider how distant this is from the surface, and, besides, instead of being at the bottom, it is usually at the top of a series of cavities opening one into the other like a honeycomb. In the earlier stages, when the strength of the patient is unimpaired, we can believe that the vomicæ get occasionally emptied by expectoration; but afterwards, when the powers are exhausted by long suffering, *we know* that this is very rarely the case. The putrid fluids perpetually fall back into the lungs after each feeble effort for their elimination. There we can often hear them wash about, and can recognise the sounds which indicate the impediment they offer to vital aëration. Pray, are these favourable conditions for the healing of strumous abscesses?

Let us examine for a moment certain parts of the anatomy of the breathing apparatus. A diagram would show that the lungs with their appendages bear a great resemblance to a double flask with a very long neck; for there is no lower orifice to the lobes when enclosed in their serous pleuræ and bounded by the ribs and diaphragm. Their likeness to a bottle is therefore complete. The lengthened cervix to this imaginary vessel is surely well represented by the ascending bronchi passing into the trachea and larynx, and further extended by the pharynx and mouth. Through this long channel all the excreta must pass; and as they constantly gravitate backwards while they become putrid and acrid, they afford little chance for the healing of ulcers.

Attempts have been made occasionally, I know not how often, to remedy these evils by the formation of a dependent opening somewhere in the side of the thorax. When a large vomica has been known to exist near the surface of the lung, and it is believed that the two pleuræ over it are closely glued together by previous inflammation, a puncture has been made into the abscess between the ribs. This has been done in the hope that a healthful drainage might be established. Of the results of this operation I have no statistics. It may have been so far successful as to ensure the emptying of that one ulcer. But the infrequency of its adoption would seem to indicate that it was not generally approved of, or could be adopted without danger, for there is risk of wounding a large blood-vessel in the lung, and a chance of the putrid matter getting into the pleural sac, and thus exciting fatal inflammation. Let alone these drawbacks, to me the operation appears, even when successful, to answer but a doubtful purpose. The object is to drain the entire viscus. This would empty but one of the countless vomicæ that beset the lungs in far-gone phthisis. No wonder it should be abandoned as practically useless. Independent of the chance of injuring the patient, it offers but a trivial chance of relief. It is mentioned merely to show how great has been felt the necessity for a dependent opening for these, as for other abscesses. The aim is good—the means insufficient.

"What, then," it will be asked, "is to be done? There is no resource left except from medicine and hygiene. We must trust to them." Such would seem to have been the general conclusion; for no further effort of the same kind has been made of which I am aware. The case has been abandoned as hopeless.

Yet I have now to offer a suggestion that I believe to be quite original, and, moreover, I trust as effectual as new. Previous to doing this, and as an introduction, I will recall to the mind of your readers, Mr. Editor, a circumstance that occurred many years ago.

It may be remembered that the eminent engineer, Mr. Brunel, architect of the Great Eastern Ship and Great Western Railway, nearly lost his life through a half-sovereign getting into his windpipe. He was playing with his children, and put the coin into his mouth to amuse them. By some accident it got into the larynx, went down the trachea, and was supposed to lodge at the bifurcation of the bronchi. As this happened in London, of course the most eminent surgeons (and how eminent I need not say) were quickly in attendance. All known means to dislodge the intruder were employed in succession ineffectually. The operation of laryngothotomy was then performed in the hope that the golden disk would either be ejected through the opening, or its exact position be ascertained, so that it might be seized and extracted. But no good result followed. The coin remained much *in statu quo.* A slight change of position was supposed to ensue when the patient moved or coughed. Otherwise it remained out of reach and was not ejected. The sufferings of Mr. Brunel may readily be imagined, as well as the anxiety of his friendly attendants; for at any moment he might be seized with dyspnœa and die suffocated. Hour after hour passed without essential alteration. The resources of art were exhausted, and the minds of all were filled with the most gloomy forebodings. It seemed as if nothing more could be done. One surgeon after another left to attend to his other avocations. The patient was intrusted at length to the sole care of his unprofessional attendants—he was in a measure alone.

It was in this quiescent season that the mind of the great engineer worked triumphantly. The thought of his critical condition doubtless stimulated his great and original genius. He pondered on the nature of the accident, and providentially bethought him that as the half-sovereign got into his windpipe by gravitation, it might be dislodged by the same law of nature. In other words, it fell into his throat, why should it not be made to fall out again? The only thing necessary was to reverse the position of the body. At all events this was worth trial. The happy thought led to the saving of life.

The story goes, that before the arrival of the surgeons, Mr. Brunel had caused a light and suitable frame to be constructed. More probably this was the result of a consultation between the parties. At all events, he was laid upon the board, this was made to revolve, so as to throw the head and shoulders downwards, and almost immediately afterwards, he had a slight fit of coughing, and spat out the golden coin—the *fons et origo* of mischief—from his mouth.

One knows not which most to admire in this drama, the originality of the idea or the boldness with which it was carried out. An ordinary man would have been contented with the routine practice, and would probably have died under it. This man of genius hoisted the banner of independence, and happily conquered beneath its folds. Some credit must also be given to the liberal and enlightened men who made no silly opposition to the plan, but at once aided to carry it into execution. *Par nobile fratrum.* Others have since been benefited by the same means.

Now, my proposition is, that a similar principle should be adopted in cases of confirmed consumption as when heavy foreign bodies lodge in the air-passages, namely, that *the body should be temporarily reversed.* In early life this idea first occurred to me. When I read in the papers the above account of Mr. Brunel, I hailed it as a confirmation of my views. Here had a man of genius, albeit no physician, hit upon a novel, but certainly most natural and legitimate plan, for treating his own case, and he obtained the just reward. This, surely ought to encourage me to persevere in what I must consider, henceforth, a good cause. Ridicule and opposition must be met by patience and good humour.

At first, I tried the effect of a reversed position, as far as it could be obtained without apparatus. For this purpose I desired some bed-ridden phthisical patients to lean over the side, and keep the head on the floor for a few minutes at a time. This I found so far useful in promoting a free expectoration, that I determined to put the principle to a full and fair trial. Accordingly, I made drawings of a reversible couch, and consulted with Mr. Alderman, the well-known machinist, of London, as to its construction. Before, however, he had completed the design, I was obliged, through illness, to postpone the idea, and I have not since been able to work it out. The couch, half-completed, may still be seen, I dare say, in Mr. A.'s lumber room. *L'homme si propose, mais le bon Dieu si dispose.*

I will now, therefore, describe the nature of the apparatus, and how to put it in operation.

A frame-work, raised a few feet from the floor, should be so constructed that upon the turning of a winch one end of the mattressed couch in the centre could be raised or lowered to any angle with the horizon. If it could be done, I would have this regulated merely by the pressure of the hand, and held firmly in position by a rack or otherwise. At all events, I would have the power of bringing it to a level instantly a *sine qua non.* On this couch the patient could lie either on his back or his side, as might be most convenient. But broad bands would pass over his shoulders, and perhaps round his waist, to secure him firmly in his position, while this essential would be still further promoted by a stout leather covering, somewhat similar to a large gig-apron, which would cover in the lower half or more of his person, and be firmly buttoned to the couch. The arms would probably be free.

When all has been made comfortable and secure, I propose that the head of the phthisical patient should be gradually lowered, until perhaps, an angle of 45° is attained. The inhalation of watery vapours should then be practised, and expectoration encouraged. At first, probably, it would not be advisable to make the angle so great, or to continue it more than a few minutes. But, afterwards, I feel persuaded it could be safely borne for a quarter of an hour, two or three times a day. Of course, he would need to be carefully watched. If symptoms of distress were apparent, the position of the patient could be immediately altered or even reversed.

The benefits that may fairly be anticipated from this process, are, I think, incalculable. That which has always been considered so grand a desideratum, viz—a proper drainage of the vomicæ will be secured, and at the same time the sores will be kept clean, and free from irritating secretions. Although it may be impossible to give them rest, the abscesses will otherwise be put into the most favourable conditions for healing.

This desirable result may, at the same time, be promoted by medicine and all the ordinary resources. A variety of inhalents may be employed, especially of the astringent class, and it is then to be hoped that that cicatrization which nature sometimes effects spontaneously, may be frequently effected by art. Then will the triumph of the physician over this obstinate malady be complete.

Objections will, of course, be raised against this novel system of treatment. To some it may appear altogether preposterous and absurd. Such opposition has always been anticipated. Indeed, the proposition appears on the surface so singular and startling, that I cannot wonder it should be met at first by incredulity and ridicule. The idea of reversing the order of things, of turning the world upside down, &c., &c., &c., is sure to make certain people merry. Well, let them laugh. I bear in mind the words of Goldsmith with respect to the village preacher that full many

> "Who came to scoff—remained to pray."

The candid reader will, I trust, put aside his prejudices, and follow me while I mention one or two of the more obvious objections and the way in which these may be met and answered. In the first place, it will be said that it is impossible for any person, even in a state of health, to live for any length of time with the head downwards. This appears to me altogether a mistake. Young men and boys will at any time stand on their heads in a corner of the room for many minutes' duration. Clowns and pantaloons do so repeatedly. Then again, it is well known that there is a certain class of persons who make their living by frequenting low public-houses near town, and exhibiting themselves in this position, while they sing, drink beer, &c. I, myself, have seen a man, apparently of middle age, standing by the kerb, of a summer's evening, in Oxford street, London. Upon a mug of porter being brought from an adjoining hostelry, the fellow put a small iron tray down in the gutter, threw his legs up into the air, and while standing bolt upright on his head, drank off the liquor. Then, without changing his position, but encouraged by the half-pence of the bystanders, he sang a comic song with a loud voice, and beat time to it with the bare soles of his feet. I should think he was in a reversed position fully a quarter of an hour or twenty minutes, when he quickly resumed his natural position. He seemed none the worse for his exertion. His face was not particularly flushed, and he certainly spoke as if he could remain topsy-turvy by the hour. The dervishes and fakirs of India do something of the same kind, I presume, for long periods, from motives of religion. "Ah, but," it will be said, "these people are accustomed to this feat; they have inured themselves by degrees to the practice." True. So I should wish my patients to get acclimated. At first, the change of position would be slight, and maintained but for a very short period. I should also wish them particularly to begin when they were young, and before the disease was confirmed, so that they might be able to bear it well when most needed. Habit is said to be second nature.

It has been imagined that phthisical subjects are particularly prone to congestion of the cerebral vessels. If so, great caution would doubtless be required in reversing their position, especially at first. But I beg leave respectfully to doubt the fact. They are far from having ordinarily the short bull necks of those predisposed to apoplexy; on the contrary, theirs are usually long and slender; and when we consider the greater proportion of females to males subject to the disease, blood to the head may be considered rather the exception than the rule. Besides, if you examine carefully the class of people who practice reversion as a means of livelihood, you will find several of the tuberculous diathesis. The man I tell you of was suffering from some affection of the chest at the time of exhibition. Yet this did not disturb him. He coughed and expectorated freely while flourishing his feet in the air, and seemed quite at ease in that position.

Yours, &c.,
C. Toogood Downing, M.D.

Bath, April, 1869.

(To be continued.)

A CASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The following case came, a short time ago, under my observation:—I was called to see, as medical officer of this district, a female child, aged ten years, whom I found suffering from all the symptoms of the primary stage of *coxalgia* of *right* hip-joint. By appropriate treatment, at the end of six weeks, all the symptoms have disappeared. I then thought of getting her on her *feet* to see if she could use the joint with any ease, but on doing so, lo! and behold, I found the *left* thigh bone dislocated on the dorsum ilii. I should have mentioned that, during the entire time she was under treatment, she constantly lay on the left side, as this was the only position affording her any ease from the excruciating pain of right joint; and during all this time she never once, either to myself or the attendants, alluded to the left hip.

Now, Sir, I think this case is very interesting for more reasons than one, but especially as pointing out a danger to be avoided in the treatment of these cases, to which I never heard or saw any allusion made.

Yours obediently,
WILLIAM STEPHENS, M.D., &c.

Dunkineely, Co. Donegal, April 11, 1869.

P.S.—I may mention the right joint fully recovered.

◆

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held recently, the following gentlemen, having undergone the necessary examination, were duly admitted members of the College:—Gould, Franklin, M.D. Edin., 26 Charlotte street, Bedford square; Kempthorne, Henry Law, M.D, Lond., Bethlem Royal Hospital; Legg, John Wickham, M.D. Lond., 11, South street, Park lane; Lackersteen, Mark Henry, M.D. St. Andrews, 28 St. Stephen's road, Westbourne park; Shaw, Thomas Claye, M.D. Lond., Middlesex County Lunatic Asylum, Colney hatch; Squarey, Charles Edward, M.B. Lond., University College Hospital; and Hope, William, M.B. Aberdeen, 42 Curzon street, Mayfair.

ROYAL SOCIETY.—The following is the list of candidates who have been selected by the Council for election into the Royal Society this year:—Sir Samuel White Baker, M.A., eminently distinguished as a geographer and explorer of distant lands; John J. Bigsby, M.D., distinguished as a geologist and palæontologist; Charles Chambers, Esq., director of the Colaba Observatory, Bombay; William Esson, M.A.. distinguished for his acquaintance with mathematics, physics, and chemistry; George Carey Foster. B.A., Professor of Physics in University College, London; William W. Gull, M.D., distinguished as a Physician and as a teacher of the Medical sciences; J. Norman Lockyer, Esq., of the Civil Service, author and editor of works on astronomy, and a large contributor to scientific literature; J. Robinson M'Clean, C.E., late President of the Institution of Civil Engineers; St. George Mivart, Esq., Lecturer on Anatomy at St. Mary's Hospital; John Russell Reynolds, M.D., Professor of Clinical Medicine in University College, London; Vice-Admiral Sir Robert S. Robinson, K.C.B., Controller of the Navy; Major James F. Tennant, R.E., late astronomer at Madras; Wyville Thomson, LL.D., Professor of Zoology, Botany, and Geology in Queen's College, Belfast; Col. H. E. Landor Thuillier, R.A., eminent as an Indian geographer; and Edward Walker, M.A., distinguished for his mathematical and literary attainments.

◆

NOTICES TO CORRESPONDENTS.

SPECIAL NOTICE.

We propose in our next to recommence our investigations on the composition and uses of various "Foods and Drinks" most generally known in this country, of which we have not treated in former analyses. Our attention will first be directed to mineral waters, cocoas, mustards, &c. The gentlemen engaged in these reports are in the front rank of modern analysts, so that our readers may depend upon these reports for accuracy and impartiality.

Two communications are hereby acknowledged from Francis McEvoy, L.K.Q.C.P., M.R.C.S., Eng. 1. "A Worm discharged through an Abscess." 2. "Curious Exit for a Pin which was swallowed fourteen month previously."

We are favoured with an interesting contribution from Dr. I. P. H. Boileau, of the 29th Regiment, "On the Temperature of the Air in Upper Canada," which will appear as soon as space permits.

DR. J. A. BOLTON, Leicester.—The writer of the articles "Revelations of Quacks and Quackery," is not defunct or neglecting duty as you facetiously remark. The person calling himself Dr. Hammond, but, who in reality is known under various *aliases*, was exposed in these columns some four or five years since. The whole of these articles have been reprinted in the form of a pamphlet by the author, and form an excellent guide to the whole of the army of quacks together with their names, assumed or real, their modes of advertising and extortion. This unfortunately is, at present the only safeguard the public have. To put a stop to the abuse, of which the book-post is made the medium is simply impossible; as long as dupes are to be found, so long will they apply their objectionable avocations, and until the legislature shall step in, for the purpose of stamping out the plague, and give to the profession of Medicine the same protection as is obtained by members of the clerical and legal bodies; the public must be content that its letter-boxes should become the receptacles of the vilest class of literature that can possibly emanate from the press, and the profession satisfied, until its just claims to protection are heeded, with seeing patients thus grossly insulted as in the case in your note.

However, to expose this pseudo Dr. Hammond, Henry James Esq., or other alias, more than we have already done, would be a waste of space. We hear there is at the present time, an application before the Court of Chancery to restrain him by an injunction from advertising his sham electrical appliances to the detriment of the public and honest manufacturers. We sincerely hope this application may prove successful.

ERRATA.—In Dr. Palfrey's Lecture published in our journal on April [illegible]: at page 351, first column line 46, for, This again on the fifteenth day was *preceded*, read this again, on the fifteenth day was *succeeded*. In the second column at line 29, for that growth, read that *the* growth, and in the same column at the seventh line from the bottom of the page for "that the *women*," read that the *woman*.

In the last column of the lecture in the third line from the end "for the effects of the *flow*," read for the effects of the *slow* draining from their blood-vessels.

COMMUNICATIONS, enclosures, &c.. received from Dr. Birch, London; Mr. B[illegible]n, Ashburton; Dr. Hearne, Southampton; Mr. J. Lone, Brandow; Dr. J. Bolton, Leicester; Mr. Denman, London; Mr. Erasmus Wilson, London; Mr. Henry Grace, Bristol: Mr. Brooks, London; Mr. Collingridge, London; Mr. J. B. Curgenven, London; Dr. Furnival, Clapham; Dr. Palfrey, London; Mr. Tichborne, Dublin; Mr. Francis McEvoy, Balbriggan; Mr. J. Baxter Langley; Mr. Young, London; Dr. Wm. Stephens, Dunkineely; Dr. Pratt, Cardiff; Mr. D. B. James, London; Mr. Sampson Gamgee, Birmingham; Mr. Squire, London; Dr. Maunsell, Dublin; Dr. Forman, Chicago; Dr. G. Kidd, Dublin; Mr. Robert Freemans, London; Dr. H. Grainger Stewart, Newcastle; Dr. Johnson, London; Mr. R. Patchett, Ribchester; Dr. Pantaleoni, Nice; Mr. H. Sargeant; Dr. Quinan, Dublin; Dr. Brown, Taunton; Mr. Wright, Rhyl; Sir Ranald Marten, London; Dr. Drysdale, Dr. Williams, Dr. Clark, Dr. Davis, &c., &c.

DR. BARR MEADOWS.—The gentleman alluded to is—a copy of whose letter you sent us—or was a week or two since—upon the staff of the contemporary named.

MR. J. C. PROCTER, Lydd.—Is thanked.

◆

VACANCIES.

Bristol Boys' Infirmary.—Dispenser wanted. Salary £100 to £120.
Hartlepool Hospital.—House-Surgeon. Salary £80, with board and residence.
Resident Clinical Assistant. Consumption Hospital Brompton.
New Ross Union.—Medical Officer. Salary £70, with extra fees. See advertisement.
London Fever Hospital.—Physician. Election, May 14th.
Carlow Union.—Medical Officer. Salary £100. See Advertisement.

◆

APPOINTMENTS.

BUTT, W. F., M.R.C.S.E., Assistant-Surgeon to the Victoria Hospital for Sick Children, Queen's road, Chelsea.

COWELL, G., F.R.C.S.E., Surgeon to the Victoria Hospital for Sick Children, vice W. J. Smith, M.B., resigned.

CRAVEN, R., F.R.C.S.E., of Southport, Justice of the Peace for the County of Lancaster.

DARBY, T., L.K.Q.C.P.I., Vice-President and Chairman of the Council of the Irish Medical Association, vice M. H. Collis, M.D., deceased.

DRAKE, T., M.R.C.S.E., Medical Officer of Health for West Ham, vice W. Elliot, M.D., resigned from ill-health.

HETT, G., M.R.C.S.E. (late House-Surgeon to the Lincoln General Dispensary), House-Surgeon and Apothecary to the Lincoln County Hospital, vice S. Mills, M.R.C.S.E., resigned.

JONES, J. T., M.R.C.S.E., Assistant-Surgeon to the Dowlais Iron Works, Merthyr Tydfil.

KILLINGWORTH, T. B., formerly of the Western General Dispensary, Marylebone road, Resident Medical Officer to the Westbourne Dispensary, Queen's road, Bayswater, vice Bilham, resigned.

LYNN, Dr. E. R., Physician to the Sligo County Hospital, vice T. Homan, deceased.

SANSOM, A. E., M.D., M.R.C.P., Physician to the North Eastern Hospital for Children.

SMITH J., M.D., Magistrate for the Borough of Warrington.

◆

BOOKS RECEIVED.

Annual Report of the Malvern Hospital.

A Practical Treatise on the Diseases of Women. By T. Gaillard Thomas, M.D. Second Edition. London: Trübner and Co.

The American Journal of Obstetrics.

The State of the Medical Profession. By William Dale, M.D., M.R.C.S., &c. Dublin: Fannin and Co.

A House and its Furnishings. By Mrs. Warren. London: Bemrose and Joust.

The Electro-Chemical Bath, Its Uses and Effects. By J. T. I. Caplin, M.D., F.A.S.L. Third Edition. London: Trubner and Co.

Report of Trial Sagar *v.* Lancashire Railway.

The Australian Medical Gazette.

The Boston Medical Journal.

L'Union Medicale.

New York Medical Gazette, &c.

Laboratory teaching in Practical Chemistry. By Professor C. Loudo Bloxam. London: John Churchill and Sons.

What shall we do with our Refuse? By Henry Simpson, M.D Manchester: Dawson and Sons.

On Baby Farming and the Registration of Nurses. By J. Brendon Curgenven, M.R.C.S., London.

Bible Animals, Part XVII. London: Longman, Green and Co.

Annual Report of the Newcastle Lunatic Asylum.

The Pharmaceutical Journal.

The New York Medical Journal.

Boston Medical Journal.

◆

Deaths.

CUSACK.—On the 9th of Feb., at West Maitland, New South Wales, Dr S. A. Cusack, formerly Surgeon 47th Regiment, aged 39.

DUNN.—On the 20th ult., at Hyéres (Var), France, A. Dunn, L.R.C.P.Ed., Staff Assistant Surgeon Army.

FAST.—On the 21st ult., at Surbiton, G. M. Fast, M.R.C.S.E., aged 42.

GRANT.—On the 20th ult., at Essex street, Strand, John Grant, M.D., late of the Madras Medical Service, aged 56.

LYELL.—On the 24th ult., at Upper Norwood, from consumption, Henry Lyell, M.R.C.S., aged 27. Deeply regretted.

MUNRO.—On the 23rd ult., at Croydon, David Munro, L.R.C.P.Ed., o Aberdour, Fifeshire.

WHITCHURCH.—On the 14th ult., Reuben Whitechurch, M.D., of Walhurst, Sussex, formerly of Melton Mowbray, aged 44.

RARE OLD WINES

FOR CONNOISSEURS.

Messrs. HEDGES AND BUTLER

INVITE ATTENTION to their extensive Stock of CHOICE OLD PORT, selected and bottled with the utmost care, and now in the highest state of perfection, embracing the famed vintages of 1820, 1834, 1840, 1847. 1858, 1861, and 1863, ranging in prices from 42s. to 144s. per dozen.

White Port (very rare), 72s.; Pale and Brown Sherry, upwards of fifty years old, 120s.; choice old East India Sherry, 84s.; remarkably fine East India Madeira, very old in bottle, 96s.; Chateau Lafitte, 84s., 96s.; Chateau Margaux, 60s., 72s.; Steinberger Cabinet, 1834 vintage, 120s.; Imperial Tokay, fine old Sack, Malmsey, Frontignac, Constantia, Vermuth, &c.

WINES FOR ORDINARY USE.

Claret	18s., 20s., 24s., 30s., 36s. per doz.
Sherry	24s., 30s., 36s., 42s. per doz.
Port	24s., 30s., 36s., 42s. per doz.
Champagne	36s., 42s., 48s., 60s. per doz.
Hock and Moselle ...	24s., 30s., 36s., 48s. per doz.
Fine old Pale Brandy ...	48s., 60s., 72s., 84s. per doz.

FULL LISTS OF PRICES ON APPLICATION.

On receipt of a post-office order, or reference, any quantity will be forwarded immediately by

HEDGES AND BUTLER,
155, REGENT-STREET, LONDON,
And 30, KING'S-ROAD, BRIGHTON.
(Originally established A.D. 1667.)

KINAHAN'S LL WHISKEY.

DUBLIN EXHIBITION, 1865.

This celebrated Old IRISH WHISKEY gained the Dublin Prize Medal. It is pure, mild, mellow, delicious, and very wholesome.—Sold in bottles at 3s. 8d., at the retail houses in London; by the Agents in the principal towns in England; or, wholesale, at 8, Great Windmill-street, London, W.—Observe the Red Seal, pink label, and cork, branded "Kinahan's LL Whiskey."

MOST IMPORTANT TO FAMILIES.

GUINNESS'S XXX PORTER.—J. Bebe invites attention to this Celebrated Porter in Bottle, being now specially ordered to invalids, for its nutriment and strengthening qualities; in fact it has been found, in great many instances, to supersede Wine in recruiting health and strength. Each Bottle is wired and tin-foiled, and is protected by his label and "Trade Mark." Prices are as follows. Terms Cash.

	Per doz.
Guinness's Celebrated XXX Porter (small bottles) ...	2s. 4d.
Guinness's Celebrated XXX Porter (large do.) ...	4s. 6d.

Ten Vans deliver daily in the city and suburbs, and orders sent by Railway to all parts of Ireland.

JOHN BEBE, Rectifying Distiller, Direct Wine and Brandy Importer
18, THOMAS-STREET, DUBLIN.

BUTLER'S
MEDICAL HALL,

CONTINUES
TO BE CONDUCTED AS USUAL
FOR THE COMPOUNDING OF
PHYSICIAN'S & SURGEON'S PRESCRIPTIONS,
THE SUPPLY OF
GENUINE MEDICINES,
AND
THE ORDINARY DUTIES OF THE APOTHECARY.

SANDEMAN BELL, Licentiate Apothecary.

HEALING POWDER.

FOR BURNS, ULCERS, ERUPTIONS, EXCORIATIONS, AND TENDER SKINS.

PASMA

A PREPARATION which has for years stood the test of Medical experience, as possessing Healing Properties of a most marked and rapid character.

PREPARED ONLY BY
CURTIS & CO.,
Pharmaceutical Chemists,
48 BAKER STREET, LONDON, W.

EVANS'S ELATINE,

OR CONCENTRATED AQUEOUS SOLUTION OF TAR.

Beneficial in cases of Chronic Bronchitis, Asthma, Catarrh, Influenza, and Sore Throat. For Loss or Weakness of Voice it has a surprising action, hence its great value to Lecturers and Singers.

Dose.—A tea-spoonful to two-table-spoonfuls three or four times a day, alone, or in water. When mixed with milk or sugar and water it is very pleasant for children, or with the addition of the syrup of pine-buds. One valuable fact is, that it never disturbs the digestive functions, but, on the contrary, assists and promotes appetite. For Affections of the Chest, taken at bed-time in hot whey, it is especially effective

---

EVANS'S
ETHERIZED COD-LIVER OIL.

The addition of Rectified Ether to the Cod-liver Oil is of great value. In numerous cases where Sensitiveness of the Stomach exists the *Etherized* Oil is retained, and the digestive functions assisted for the purposes of nutrition. The pure Oil with Rectified Ether is bright and clear.

No. 1. Rectified Ether, 10 min. to each ℨij of Oil.
No. 2. Rectified Ether, 15 " " " "
No. 3. Rectified Ether, 20 " " " "

J. EVANS, M.D., State Apothecary,
49 DAWSON STREET, DUBLIN.

SIR J. MURRAY'S

PURE FLUID MAGNESIA

IS RECOMMENDED BY PHYSICIANS SINCE 1807 for Bile, Acidities, and Indigestion. They also order his CORDIAL CAMPHOR (8 grs. per ounce) as the best restorative for weak nerves or low fevers. His LEMON SYRUP, mixed with either Fluid, forms a brisk Aperient for any age—bottles 1s. and 2s. 6d. To guard against false liquids the Patentee's labels are subscribed "Sir J. MURRAY, Physician to the Lord Lieut."

THE SILVER MEDAL, PARIS, 1867.

SAVORY & MOORE'S
PANCREATIC EMULSION

Agreeable to the Taste. Readily Miscible in Milk, Water, and Wine. Not deteriorated by keeping.

N.B.—The "Reports of the Experience of Medical Men," &c. (Churchill and Son), and of Cases treated with the Emulsion, published in the 'Lancet,' 'Medical Press,' &c., are founded on the use of

SAVORY and MOORE'S PREPARATIONS ONLY.

PANCREATINE

"Acts on azotized food, either alkaline, acid, or neutral, three times quicker than the gastric juice, pancreatic digestion, being forcibly very rapid."—Baron Corvisart, 1859.

PANCREATINE, in Powder.
PANCREATINE WINE.
PANCREATIZED COD-LIVER OIL. The Labels give a test for Pancreatine, and a formula for making the Pancreatic Emusion.

NOTICE.—The above are supplied in bulk for Hospital and Dispensing purposes.

SAVORY and MOORE'S
FOOD FOR INFANTS.

"THE BEST PREPARATION. Resembling mother's milk as closely as possible."—Dr. T. H. Barker.

"A REAL IMPROVEMENT on the ordinary kinds of Liebig's Food."—Lancet.

NO BOILING OR STRAINING.

Tins, 1s., 2s., 5s., and 10s.

143 NEW BOND STREET, AND ALL CHEMISTS.

LABELS CUT BY MACHINERY.

ADHESIVE FOR MARKING GOODS, 1s. per 1000: Dispensing or Chemical, 2d. per 100, kept in stock; with Name and Address, 2s. per 1000; Mixture, Pills, &c., equally moderate. An assortment of Labels of all trades. Contracts with large consumers.

J. CROSS AND SON, Engravers, Steam Machine Printers, Lithographers and Stationers, 18 Holborn-Hill, E.C.—Established 1813.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 12, 1869.

CONTENTS.

PAGE

LECTURE.

On Fibrous Tumours of the Uterus. By James Palfrey, M.D., Assistant Obstetric Physician to, and Lecturer on Clinical Obstetricy at, the London Hospital; formerly Obstetric Physician to the Farringdon Lying-in Charity, and to the Metropolitan Free Hospital, and to the Surrey Dispensary, &c., &c 387

ORIGINAL COMMUNICATIONS.

On the Composition of the Milk of the Sow. By Prof. Charles A. Cameron, Ph.D., M.D., Analyst to the City of Dublin.... 390
On some Points of Interest connected with the Epidemic of Malarial Fever of Mauritius of 1867. By Wilmot H T. Power, Assistant-Surgeon, 2nd Battalion, 13th Light Infantry 391

LITERATURE.

The Pharmacopœias of Seventeen of the London Hospitals. By Peter Squire, F.L.S. 391

TRANSACTIONS OF SOCIETIES.

Medical Society of London.—Dr. Leared on a Stout Glass Tongue-Depressor; Dr. Richardson on a Lamp for the Sick Room; Dr. Lowe on Encephaloid Disease of Right Kidney 391

Summary of Science 392
The Mortality in Lying-in Hospitals...... 393

CORRESPONDENCE.

Sanitas on Dustbins and Disease 394
W. S. Whatford on Nitrous Oxide in Dental Surgery 394

Cries of a Fœtus in Utero................. 394
Poultices 394

LEADING ARTICLES.

Hospitalism............................... 295
Mortality of the Past Quarter...... 396

SCOTLAND.

Royal Society 396
Opening of the Edinburgh University Summer Session 396

GERMANY.

Special Correspondence.................. 397

The Winter at Nice...................... 398

NOTES ON CURRENT TOPICS.

Poor-law Doctors and their Remuneration in London 399
Hanging no Punishment 399
Insanity in Edinburgh 400
The Royal Irish Academy and the Scientific Societies of Dublin 400
The Townshend Reforms 400
Newcastle-upon-Tyne Asylum.............. 401
The Health of Dublin..................... 401
"Royal Society of Medicine" 401
The Medical Council 401
The Erasmus Wilson Professorship of Dermatology 401
Resignation of Mr. Wilmot from the Council of the Royal College of Surgeons in Ireland 402
Sanitary Reform in Austria 402
Coombe Lying-in Hosdital, Dublin 402
University College 403
Health Resorts of the Metropolis 403
Hospital Abuse 403
Secret Remedies in Spain................ 403
The Outbreak of Typhus in Spain 403
Election of Examiners in the Royal College of Surgeons in Ireland 403

MEDICAL GLEANINGS.

On the Blue Line in Saturnine Affections.. 404
Statistics of Paris 404
Causes of Cholera 405
The Use of Chesnut-Leaves in Whooping-Cough 405

Medical News, Notices to Correspondents, &c. 406

Lecture.

ON FIBROUS TUMOURS OF THE UTERUS.

By James Palfrey, M.D.,

Assistant Obstetric Physician to, and Lecturer on Clinical Obstetricy at, the London Hospital; formerly Obstetric Physician to the Farringdon Lying-in Charity, and to the Metropolitan Free Hospital, and to the Surrey Dispensary, &c., &c.

LECTURE III.

Gentlemen,—I shall ask you to give me your close and very earnest attention now that we have arrived at that most essential portion of our subject, "the diagnosis" of fibrous tumours of the womb; and I would not have you imagine that I desire unnecessarily to exaggerate the importance of each division of our subject as it passes in review before us. Is it possible, I ask you, to over-estimate the value of sound and practical knowledge upon these subjects? Can your ideas be too clear, or your views too well arranged, upon a class of cases of so great an interest to every one of you?

Let me show you by an example how deeply not only your own reputation, but also the well-being of a whole family, may be involved in an opinion you may at any hour be called upon to deliver. On the 16th of December, 1868, a lady was brought to my house for my advice by her husband. The history she gave me was briefly this: the patient was thirty-two years of age, married but seven months (a few years later in life, I will remark, than is judicious); up to the period of her marriage her health had been tolerably good; she had been regular; although her menstrual flow had always been abundant, lasting six and sometimes seven days, this flow was preceded generally, as well as succeeded, by a slight mucous vaginal discharge. Ten days after being married she menstruated, the period lasting seven days; she then missed two periods, and during this interval she first complained of lumbar pain, especially towards the latter part of the day, this distress being aggravated by walking. A few days later her breasts became tender and a little swollen, and some distinct fulness in her supra-pubic region followed these conditions; in addition, her digestion became disordered, and on three occasions she had rejected her food. Her general health also was visibly depreciated. After an interval of nine weeks from her last period, without previous warning of any kind, a considerable flow of blood suddenly appeared; it lasted three hours, then ceased; it was neither preceded nor followed by pain. A few days later this bleeding recurred, lasting on this occasion forty-two hours, but unaccompanied by any suffering. Advice was sought for her, and matters went on in much the same way until the time when I was asked to give an opinion as to her condition, the question being plainly put to me, "Is my wife pregnant or not?" At the time I saw her, the patient was a fairly healthy looking woman, of moderate stature, dark complexion, and rather thin; she expressed herself cheerfully. Proceeding to examine her, I found her breasts moderately developed, slightly painful when pressed; no fluid could be obtained from the nipple, nor was there either areolar to be seen, nor enlarged follicles present. Her abdomen was slightly prominent, and resonant on percussion; she distinctly complained of a pain in the right ovarian region, extending into the groin on that side. A vaginal examination revealed the following points:—Vagina of normal size, rather above normal temperature, bathed copiously with a mucous discharge; uterus rather low in the pelvis, and retroverted; the vaginal portion, which was slightly enlarged and hard to the touch, was carried upwards and forwards towards the symphisis pubis; it was tender and painful, and a little hard when pressed; the os tincæ of normal shape and size; the body and fundus of the womb, lying in the concavity of the sacrum, were distinctly enlarged, and in the posterior wall I found a small hard circumscribed growth, rather larger than a pigeon's egg. I at once concluded that this lady was "*not*," nor had she been, pregnant, my reasons for arriving at this opinion being these—had this patient been pregnant, and as far advanced (five months) as she and her friends suspected, and I must add hoped, the uterus would have risen out of the pelvic into the abdominal cavity, and its fundus would have been felt nearly midway between the umbilicus and pubis, such enlargement would have been equable; the tumour formed by the gravid uterus would have been soft and elastic, and at that period of pregnancy the fœtal heart would have been audible; the character of the bleeding, too, negatived the idea of the existence of pregnancy, for, assuming this condition to have been present, and that abortion was impending, the bleeding would have returned at shorter intervals, increasing in quantity, accompanied too with pain, all of which would have been succeeded, sooner or later, by the expulsion of the ovum. Nor did the amenorrhœa at the onset negative the opinion I had formed, for *irregular* and even scanty menstruation are frequent symptoms of commencing engorgement. Again, the neck of the uterus would have been much softer had pregnancy been progressing, and in a normal state the cervix is not either sensitive to the touch nor tender on pressure, both of which symptoms were complained of in this lady's case; and in those cases of retroversion occurring during pregnancy, it is rare indeed for the patient to go on to five months without getting symptoms of retention of urine of greater or less urgency.

Passing these points rapidly in review, I had no hesitation in advising this lady to discard all idea of pregnancy, and I pointed out to her that she was the subject of a condition requiring a little care which, although, in all probability present, some time before marriage had not given us any evidence of its presence until the change in her social state had been followed by uterine congestion, and the result justified the opinion, for under appropriate treatment, her uterus was relieved of its engorgement; her version was in a great measure remedied, and a few weeks since she informed me she was menstruating regularly for five days and was in improved health. Let us, before dismissing this case, consider how prejudical to this patient an error in judgment must have been, months of suspense followed by inevitable disappointment would have been the least of the attendants evils, for during that time her uterine congestion would have become confirmed, her version obstinate, and her general health shattered and deteriorated by this local disease. Yet, the rules which guided me to a safe conclusion in this simple case are plain and easily to be understood, and I trust not one of you will leave this hospital without being thoroughly at home in every single point in the diagnosis of female diseases. With this digression, let us proceed to the consideration of the diagnosis of these fibrous tumours of the uterus, and first let me observe gentlemen, that with few exceptions, as soon as a fibrous body has attained the size of a tangerine orange, it is without difficulty felt by palpation through the abdominal walls, and, in examining the uterus, by this means be careful that you get the organ fixed between your finger, of one hand in the vagina, and your other hand in the hypogastrium, by this means you can, with comfort examine the whole surface of the womb. Of course, you will remember that its detection by this means will be rendered more or less easy according to the position of the growth, for it will be evident to you that the nearer the fundus uteri the neoplasm is situated the more readily will you be enabled to grasp it through the abdominal walls, and the lower the tumour is developed in the uterine tissue the more care will be required in its detection by this means. The size also of the growth will have much to do with the facility with which you will be able to recognize these tumour when palpating, and it needs no demonstration from me to convince you that the presence of a large sub-peritoneal growth by its irregular and mammilated surface will be more readily ascertained, than an interstitial or sub-mucous body; these latter growths being much more deeply situated, in fact, being hidden in the one case within the uterine wall, and in the other, within the cavity of the organ, so that they are at times with great difficulty made out. Again, the texture of the tumour will assist you when practising palpation, for the hard dense unresisting fibroid will be easily distinguished from every other kind of tumour found in a similar position. Again, the cases in which these growths are multiple will be much more readily diagnosed than those in which but one tumour is present, for in these instances of multiple fibroids the irregular borselated surface of the several outgrowths combined with the stony hardness, and *as a rule* their position in the median line are signs pathognomonic of fibrous tumour of the womb. Once more, a point of difficulty will arise when you are diagnosing one of those rare cases in which a cyst has been developed in the centre or near the surface of a fibroid, or if a hard growth should become œdematous and swollen, this latter condition being anything but unfrequent. But bear in mind when examining the abdomen in cases of uterine tumour, that it is not in every case that a fibrous growth presents the irregular mammilated surface I have just been speaking of; sometimes they are smooth externally. And now proceeding to a vaginal exploration, you will find the results of your examination depend wholly on the position and depth in the wall of the womb, the size and density of the growth found in the particular case you are called to investigate. A very small tumour indeed, for instance, one not larger than a filbert may be readily discovered by vaginal examination as a hard and circumscribed body, when situated in the lower portion of the uterine wall, immediately beneath the peritoneal covering, but a growth of the same kind and size developed in the superior portion of the womb will be with difficulty diagnosed. You will recal a remark made to you in my first lecture, that as interstitial or submucous fibroids increase in size they encroach after a time upon the cavity of the body, and subsequently upon that of the cervix also. In diagnosis you will find this fact of some value to you, for although in the cases of the second and third and varieties of growths, this condition is invariably found; yet in the majority of cases of sub-peritoneal tumours, no alteration of the cervix whatever takes place, or should hypertrophy from increased nutrition result, it is by no means proportionate to the size of the tumour you find upon examination to be present. This fact will be proved by the use of the sound. Remember also, that if the tumour be situated in the parenchyma of the uterus, or if being sub-mucous, it protrudes into the cavity of the organ, you will always find an increase in the length and breadth of the lower portion of the womb, and just in proportion as the uterine cavity becomes filled and stretched by the tumour within it, so in proportion will the infra vaginal part of the neck become less and less in length, until, should the growth attain to a large size, say to that of a fœtal head at birth, the mouth of the uterus becomes dilated, and you will readily be enabled to introduce your finger into, and around, the lower segment of the cavity. Such an instance we had under observation here for a long time, and in which the thin and dilated os uteri presented the identical appearance, we find present in those cases of labour which are prolonged by the condition known by the term "rigid os." You must expect too, to find the cervix displaced soon after a fibroid has attained such a size, that by its weight it causes the body and fundus of the organ to tilt towards the side of the pelvis, coresponding to that in the uterus in which the tumour is located, for then the cervix is found in a position in the pelvis exactly opposite to that of the growth, and this deviation in position remains the same until the tumour, having so far increased in size, it comes in contact with the wall of the pelvis, and, then it pushes toward the opposite side,—the upper portion of the womb to which it is attached. Assuming that nothing occurs to prevent the still greater developement of the neoplasm, it will eventually fill up and occupy the whole pelvic cavity. There we find the uterus still more displaced, or even should it have contracted adhesions to any portion of the pelvic wall and so unable to rise, it will be found flattened against one or other wall of the pelvis, and so dragged out of position and shape that the discovery of the cervix is a work, at times, of considerable difficulty, and when the increase becomes so profound that the tumour can no longer be contained within the pelvis, and no adhesions be present, then the whole uterus rises into the abdominal space, stretching, narrowing, and distorting the upper part of the vaginal canal. Now this enlargement in the size of the whole uterus is attended with an increase in the depth of the cavity of the organ, and the presence or absence of this condition is demonstrated by the use of the sound, and in no uterine disease is this adjunct to diagnosis more valuable, the increased depth and breath being proportionate to the size of the fibroid. Let us suppose that a fibrous body is present in the posterior wall of the womb—by introducing the sound into the uterus and a finger into the rectum, we can with precision ascertain the size and thickness of the growth. Need I caution you, however, under no circumstances to make use of the probe if there exist a suspicion of pregnancy. Not only the uterine sound, but the stethescope also comes to our aid in the diagnosis of these hard tumours, for very frequently, but by no means always, you can hear over some portion of the uterus in which a fibroid is contained a *bruit de soufflet*. Bear in mind, however, that this murmur, or whiff, or whatever other sound to your ear it resembles, is synchronous with the patient's pulse; unlike that of the fœtal heart, it consists of one single sound only, and that it is usually audible towards one or the other inguinal region. Let us next briefly pass in review the various diseases and conditions that may be mistaken for the fibrous tumours, and the remark I have so often made in the out-patients' room gentlemen, although so familiar to most of you, I will repeat, that, although the diagnosis of the majority of cases of fibroids that come before you will not be a matter of difficulty or anxiety to you, yet now and again instances will occur in which all your acuteness, all your patience, and all your judgment will be required to enable you to arrive at a right conclusion; and first on this point, let me say that the most frequent error in practice I have myself committed, and the most common fallacy I have seen happen to others, has been that of mistaking a version or flexion of the uterus, in a congested state, for a fibroid, and seeing that the posterior is far more often the seat of these tumours than the anterior wall, notably a retroversion or retroflexion of the uterus is not unfrequently taken for a fibroid in that locality. You will avoid making this mistake in diagnosis if you bear in mind always that, notwithstanding the fact that in both conditions there exists a hard tumour, which is felt behind the superior portion of the vagina, and which moves with the uterus, yet if you discover a sulcus between the tumour and the cervical portion you may pretty safely conclude the case is a flexion, for fibroids are, as I have so often told you, developed higher up towards the fundus of the organ than the position in the neck, at which a flexion is found. But again, you will find the uterine probe will guide you to a truthful opinion, still I will not quit this point without reminding you that, hæmorrhage, mucous discharges, uterine colics, and vaginal tenesmus are alike symptoms of fibroids and flexions. Your difficulty, however, in forming an opinion will be lessened if you remember that the uterus in which a fibroid is situated is less moveable than the organ that is simply displaced, and that by the touch we do not meet with the sulcus I have spoken of, as we do in flexion, even if we, by the finger, follow the outline of the womb from the neck to the portion in which the fibrous body is situated. Should the growth be too high for your finger to traverse, palpation will, as I have already pointed out to you, prove a valuable means of assisting you in forming an opinion; on this important point another thought occurs to me. If you pass a sound into a displaced uterus (not always a safe or judicious proceeding, gentlemen), upon attempting to replace the dislocated organ, the tumour disappears, and your exploring finger no longer is able to feel the fundus; but it is otherwise if a hard growth be present: in that case you will not lose the tumour. Should no adhesions exist between the surfaces of the peritoneum, you may move the mass, but the growth will still be accessible. Next, I must tell you that fibrous polypi may easily be mistaken for submucous growths, or even interstitial fibroids; but as I purpose devoting a lecture to the study of these pedunculated fibrous bodies, I will postpone all I wish to say to you on this point until that occasion. Very often we find ourselves mistaking that very common affection (for which I know no better name than that given by Scanzoni—chronic parenchymatous inflammation of the womb)—for fibrous tumours of that organ, and you must exercise great caution in giving an opinion in every case in which the history has approached to this disorder. Be guided by these facts—in fibroids the menstrual flow is copious and prolonged, the pain is of a very different character also; in chronic engorgement often the period lasts but a few hours, and even then is scanty in quantity. Again, call to your aid the hints I have given you respecting the ovoid form and large size of sub-peritoneal tumours and their mammilated and irregular surface. While the enlargement of the cavity, and the distention and expansion of the cervix, conditions generally present in cases of interstitial and submucous growths will guide you to a safe opinion; for in every case of old inflammatory infiltration of the neck, that portion of the womb only becomes enlarged and hypertrophied as well as hardened. Gentlemen, the cases in which fibrous bodies take their origin in the cervical portion, are so exceedingly rare indeed, I have never seen an instance, that it would be taxing your patience unprofitably if I were to weary you with entering into the points in the differential diagnosis of these bodies and cancerous deposits commencing in the neck in the same position; but, leaving that point, it will be well of you to remember that the remains of an old pelvic abscess, or the thickening that results from a pelvic cellulitis, may be mistaken for a fibroid. Enquire carefully and the previous history will guide you. The delivery, or abortion which preceded the swelling—the association of the hectic which accompanies pelvic abscess—the difficult and sometimes impossible locomotion, will all help to lead you to the true nature of the case. Again, these conditions will give rise to a tumour far less sharply defined, more soft and elastic, and smoothe upon the surface than a fibrous body. Once more; I have occasionally seen tumours of the ovary, mistaken for hard fibrous growths of the uterus; and in these instances also the greatest care will often be required to prevent you getting upon a wrong track; for you all know that in the stroma of the ovary there are developed tumours of a complex character; and of these, notably malignant, cysto-sarcomatous, or fibrous growths, by their shape and density and irregular outline, closely resemble uterine fibroids, it will help you to remember that pain is not a symptom of ovarian disease, at any rate, not until the ovarian tumour has attained a very extensive development; and at the present time you can see among my patients an old lady who is the subject of well-marked and extensive cancer of the ovary, but it was not till recently that her pain was sufficiently great to demand from us the administration of sedatives, although some months have elapsed since she first came under our observation. Again, the catamenia are seldom either irregular or prolonged in early ovarian disease, both of which symptoms, I have shown you, are almost invariably present in cases of fibroids; and it is not at all uncommon for women to be for a long time under treatmen with ovarian cysts of large size, who have at no time complained of leucorrhœa. Again, in ovarian disease, the displacement of the uterus, that is caused by the presence of the tumour, is towards that portion of the pelvis *opposite* to which the diseased ovary is located. At other times the vaginal portion is wholly beyond our reach by reason of the tumour, in its development, having dragged the womb completely out of the pelvis into the abdominal cavity. Again we do not find the fluctuation present in uterine fibroids that almost invariable forms a prominent diagnostic sign in ovarian disease. (I except from this statement those very uncommon cases of fibro-cystic disease of the uterus that I have already spoken of.) The gradual development and increase of the ovarian tumour *in one or other inguinal region* too is absent in fibrous tumours of the womb, and until an ovarian tumour has attained considerable dimensions the os and cervix are not altered in size or shape, this remark you will at once perceive does not hold good when a growth is in the uterus, and the increase in the length of the cavity of the womb, which, in interstitial and submucous growths, is so readily made apparent by the sound, is absent in ovarian tumour, at any rate until the latter disease is of such a size that it could not possibly be mistaken for a fibroid. The careful examination of a few of these cases will enable you also to recognize the undeviating relation that exist between the uterus and the fibroid and this is absent in ovarian disease, for in the latter the tumour is, generally, easily to be isolated from the womb. Another point too will help you, ovarian disease is much more rapidly developed than these hard uterine tumours of which I am speaking. These ovarian cases are at times, however, very puzzling; and I advise you, whenever a reasonable doubt exists in your minds as to the nature of a given case, to suspend your judgment; think on the conditions present; renew your examination until calm, and it may be prolonged deliberation have enabled you to solve the problem. I have in this lecture already touched upon the diagnosis of fibrous tumours and pregnancy, so that but few words are needed upon this head. Remember that a pregnant uterus, when manipulated with the hand, contracts, and the outline of the uterus, upon visual examination, becomes distinct. To Mr. Ingleby we are originally indebted for the mention of this fact. This does not happen to the uterus in which a fibrous body is contained. In pregnancy, too, the uterus increases in size far more rapidly than happens in fibroid growths, and in the cases we have under consideration the recurrence of menstruation—the absence of mammary signs—the absence also of that universal purple hue of the vagina which is always present after the fourth or fifth month in pregnancy, all assist in negativing the idea of pregnancy. I think, gentlemen, I have now placed before you most of the practical points that it is essential for you to carry in your minds in reference to the diagnosis of these hard growths of the uterus. When we next meet I propose, after saying a very few words indeed upon the prognosis of fibroids, to go into the subject of their treatment.

◆

Original Communications.

ON THE COMPOSITION OF THE MILK OF THE SOW.

By Professor Charles A. Cameron, Ph.D., M.D.,
Analyst to the City of Dublin.

With the exception of the milk of the sow, the lacteal secretions of the domesticated animals have been repeatedly analysed. Scheven appears to have been the only chemist who has published an analysis of sow's milk; but his results are so different from those of an analysis of sow's milk made by myself that I am induced to publish my analysis. In the sow's milk examined by me there was six per cent. of fat, whilst in a specimen analysed by Scheven, the proportion of that constituent was under two per cent. It is not very easy to procure a specimen of sow's milk, and perhaps this is the reason why it has not hitherto been frequently analysed. I endeavoured on several occasions to obtain a small quantity, but the sows appealed to at my instigation were obdurate—they would not yield a drop, even when subjected to the dexterous manipulation of the most skilful dairymaids. At length, about two months ago, a specimen of sow's milk came into my possession: I am indebted for it to Thomas Baldwin, Esq., the Superintendent of Irish Agricultural Schools, and Director of the Glasnevin Government Model Farm, On submitting it to analysis the following results were obtained:—Specific gravity, 1,041; colour, white, without any bluish shade; flavour very rich, resembling that of the skimmings of cow's milk; reaction, very faint alkaline.

100 parts contained:—

Water	81·80
Fats	6·00
Casein and other nitrogenous matters ...	5·30
Lactin	6·07
Mineral matter	0·83
	100·00
Total solids	18·20

The analysis was conducted as follows;—

A. A weighed portion of the milk was acidulated with a little acetic acid to prevent the formation of a skin, mixed with pulverised quartz (which had been previously boiled in hydrochloric acid, washed and ignited) and evaporated in the water bath to dryness.

B. The residue was treated with strong ether, by which the fats were dissolved. The ether was then evaporated and the residue of fats weighed. The fats were finally burned in a platinum capsule, and left no residue, proving the absence of mineral matter or casein.

C. The substance from which the fats had been removed was subjected to a nitrogen combustion, and from the amount of nitrogen obtained the proportion of casein and other nitrogenous substances present in the milk was estimated in the usual manner.

D. The proportion of lactin was found by difference, and also by the sulphate of copper method.

E. Determination of the mineral matter (ash) 5 grammes of the milk were evaporated to dryness and the residue burned in oxygen gas. The amount of solid matter obtained by desiccating a weighed quantity of milk was slightly in excess of the sum of the weights of the individual constituents. It must, however, be borne in mind that the mineral matter in the nitrogenous substances is weighed twice—first as a constituent of the casein, and, secondly, as an ingredient of the ash. Its amount, however is trifling.

A comparison of the milk of the sow with that of the cow and other animals will show how extremely rich is the former.

Composition of the milk of different animals.

1,000 parts contain—

	Water.	Butter.	Cheesy matter.	Sugar.	Mineral Matter.
Woman ..	889·08	26·66	39·30	48·68	1·30
Cow ..	864·20	31·30	48·80	47·70	6·00
Goat ..	844·90	56·87	35·14	36·91	6·18
Ewe ..	832·32	51·31	69·78	39·43	7·16
Mare ..	904·30	55·26	33·35	32·76	5·23
Ass ..	899·12	28·53	35·65	50·46	5·24
Sow ..	818·00	60·00	53·00	60·70	8·30

Proportions of Solids and Water in different kinds of Milk.

	Woman.	Cow.	Goat.	Ewe.	Mare.	Ass.	Sow.
Water	889·08	864·20	844·90	832·32	904·30	890·12	818·00
Solids	110·92	135·80	155·10	167·68	95·70	109·88	182·00
	1000·00	1000·00	1000·00	1000·00	1000·00	1000·00	1000·00

The following particulars relative to the sow whose milk I have described were furnished to me by Mr. Baldwin:—"The sow whose milk I sent you is a pure Berkshire; she had pigged six days before the milk was withdrawn; she has a fair litter, and is an average nurse. She is receiving the sort of diet suited to her condition, namely, a mixture of small and damaged potatoes, pulped roots, and a little grains, the potatoes and roots being subjected to the action of steam. The food is not too rich, but just sufficient to keep herself and her young in a good healthy condition."

Pig's milk is extremely rich, containing, as it does, nearly 50 per cent. more nutritive matter than is found in that of the cow. It is not unlikely that in certain forms of disease where a milk diet is prescribed the use of so concentrated a liquid food might prove serviceable.

◆

ON SOME POINTS OF INTEREST CONNECTED WITH THE EPIDEMIC OF MALARIAL FEVER OF MAURITIUS IN 1867.*

No. II.

By Wilmot H. T. Power,

Assistant-Surgeon, 2nd Battalion, 18th Light Infantry.

Varieties of the fever.—I have ventured to classify them as follows :—

Family.	**Malarial Diseases.**
Genus I.—*Feb. mal. continua*	Species 1, *mild* (syn. febricula.) „ 2, *severe*.
„ II.—*Feb. mal. intermittens*	„ 1, *quotidian*. „ 2, *tertian*. „ 3, *quartan*. „ 4, *irregular*.
„ III.—*Feb. mal. remittens*	„ 1, *simple*. „ 2, *bilious*.
„ IV.—*Malarial collapse*	Sign, feb. mal. perniciosa.
„ V.—*Malarial cachexy*	Species 1, *without* structural changes in tissues of body. „ 2, *with* structural changes.

The *mild continued malarial fever* was especially prevalent in November and December, 1866, prior to the outbreak of the epidemic, and it seems probable that the ordinary "*febricula*" of hot climates is due to a very small dose, as it were, of the poison.

The *severe continued malarial fever* presented the same symptoms as have been often described before.

The varieties of *intermittent* were also just as they occur in other countries, quotidian being by far the most frequent form, and tertian next.

The *remittent fever* did not prevail much amongst the men of the 13th. As to the so-called "bilious" form, I saw no cases in my regiment ; and I cannot help fancying that it is a mixed disease—viz., actual malarial fever, occurring in a person who has previously been thoroughly malarialised, and especially if his previous attacks of fever have been untreated.

Malarial collapse.—The main symptoms are, sudden coma, with dilated pupils and coldness of body, in a person who has had an attack of ague, severe or mild ; he is, in fact, convalescing, but not so rapidly as he ought ; he complains of literally nothing but weakness. Five such cases occurred in the 13th ; the first was not treated with quinine, and died ; the other four recovered well, though almost pulseless, cold, and comatose when the quinine was administered. The *post-mortem signs* were, a huge spleen, and a profound anæmia of all other parts of the body ; veins and arteries empty of blood ; no congestion anywhere ; a small yellow clot in right side of heart. I have been unable to consult many authorities on this subject, and have not seen any account of this form of disease. The absence of fever, with the suddenness of the coma, render it extremely dangerous. In two of my cases the orderlies supposed the men to be asleep.

Period of incubation.—Thirty-six men escaped the fever, and of these two had the first attacks of ague in England, six months after leaving Mauritius.

Causes of relapses.—From meteorological observations taken for a year after the arrival of the regiment in England, I cannot but conclude that the cause of relapses is a fall of temperature, especially if sudden, mere dampness having no effect ; in other words, damp warm weather, such as the last two winters, is unfavourable to the occurrence of relapses. And this is of practical importance in regard to the question of sanitary stations for malarialised men, for undoubtedly for the first few years what is called a fine bracing air is *not* the best, but rather a warm equable climate. As is well known, fatigue and exposure greatly tend to bring out the fever in men who have been exposed to malaria ; and this was well shown when the regiment went to Flat Island (where there was no malaria), for they were knocked down by fever far more frequently then than when they were in Port Louis, in the very heart of the fever districts ; but in Port Louis they were indoors all day, and had scarcely any duty and were well fed, whereas in Flat Island all these conditions were reversed.

Thus, then, the cause of a relapse or of the actual fever in a malarialised person would seem to be any agent or agents which produces a *depressing* effect on the system.

Treatment.—Quinine, in doses of twelve to thirty or forty grains ; no emetics, no purgatives, "no clearing out the primæ viæ" was found necessary. Arsenic, quinoidine, &c., were tried, but were found to be uncertain in action.

Occurrence of dysentery.—No such disease as malarious dysentery occurred—in fact, though a very dangerous and fatal dysentery attacked the regiment at Flat Island (where there was no malaria), those men who were left behind in Mauritius, in the fever districts, did not at all suffer from it. Ipecacuhana was of no use in this form of dysentery, but the tinct. ferri perchlor., in doses of from 200 to 600 minims per day, acted like a charm.

◆

Literature.

HOSPITAL PHARMACOPŒIAS.*

Mr. Squire, whose labours in this direction have so often obtained the commendation of all concerned, is not satisfied with the success he has obtained with his work on the British Pharmacopœia, and has now reduced to order, and gives us in one neat handy volume the pharmacopœias of seventeen of the Metropolitan hospitals. The forms thus collected are managed in groups for easy reference and comparison, and will be useful to not a few of our brethren. Here they will find the approved prescriptions of our metropolis, as adopted for hospital use, where elegance has sometimes to give way to economy. We should think Poor-law and Dispensary medical men would find the work particularly useful. The book is "got up" in a manner to make it a worthy supplement of Mr. Squire's former and more important work.

◆

Transactions of Societies.

MEDICAL SOCIETY OF LONDON,

May 3rd, 1869.

Peter Marshall, Esq., President in the Chair.

Dr. Leared showed a

STOUT GLASS TONGUE-DEPRESSOR,

made by Pearce and Co., of Oxford street, its superiority over the metal ones is its greater cleanliness, and the ease with which it can be cleaned.

Dr. Richardson brought forward a

LAMP FOR THE SICK ROOM,

made by Mr. Jones of Aylesbury, from suggestions by R. Ceely, Esq., it is particularly suited to the wards of hospitals, giving both light and heat, and being capable of boiling or keeping warm water, &c., it is also very inexpensive.

---

* Read before the Army Medico-Chirurgical Society of Portsmouth, March 3, 1869.

* The Pharmacopœias of Seventeen of the London hospitals. By Peter Squire, F.L.S. London : J. Churchill and Sons.

The SECRETARY then read a paper by Dr. Elliott, of Hull,

ON THE EFFECTS OF TOBACCO AND NICOTINE ON THE GOAT.

In experiments he had made he found that an ounce of shag tobacco eaten from his hand by a goat had no effect at all, he then injected beneath the skin of the neck ten minims of nicotine, violent symptoms were produced in thirty seconds, loss of power in limbs, hurried respiration, muscular tremor, pulse rose from 80 and 90 to 160, death momentarily expected, but in twenty hours after the operation the goat was quite well again. Dr. Elliott considered that the complete loss of power when sensation was unaffected and the heart's action strong, has a practical bearing favouring the opinion of Professor Haughton that nicotine is the best agent we possess for the treatment of tetanus and poisoning by strychnia.

A discussion then took place in which the President, Dr. RICHARDSON, Mr. MILLER, and Dr. LEARED joined.

An interesting paper by Dr. LOWE of Lynn, on a case of

ENCEPHALOID DISEASE OF RIGHT KIDNEY,

was then read, in the discussion of which Dr. HARE, Dr. THOROWGOOD, and Dr. RICHARDSON took part, regret being expressed that time did not allow of its being more fully entered upon.

The thanks of the society were unanimously accorded to Dr. LOWE, and Dr. ELLIOTT, for their valuable papers, and to Messrs. JONES and CEELY, for the lamp communication.

◆

Summary of Science.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

(Specially Edited and Compiled for the Medical Press and Circular.)

BY C. R. C. TICHBORNE, F.C.S., M.R.I.A., ETC.

TWO NEW ELEMENTS.

SOME time since, Mr. Church observed some curious absorption bands produced on viewing zircons from Ceylon. Mr. H. Sorby attributes the bands to the presence of a peculiar earth, which he names jargonia. In a letter addressed to the editor of the *Chemical News*, dated April 13th, he states that he has discovered spectrum evidence to prove that independently of jargonia, zircons from different localities contain two distinct earths, occurring in variable proportions, so that some appear to contain little or none of one and others to be chiefly composed of it. However, until we know a little more of the chemistry of these two supposed elements from the investigations of Messrs. Sorby and Church, it would be premature to consider their existence definitely proved.

"CATHARISM."

UNDER this name Mr. Charles Tomlinson describes phenomena which he has been investigating for some years. The term is used in this sense by the author: a surface is said to be catharised when it is chemically clean, which differs from what we understand by clean. The very substances which would ordinarily be used for cleaning a surface would indeed *de*-catharise the surface. "The term 'molecular change,'" says the author, "is, according to my views, a vague one in physico-chemistry; the term 'catharised condition' has, at least, the merit of clearness. The Greek word signifies pure, or clean, but is very different from what is ordinarily understood in the application of 'clean.' It is a well-known fact that bodies in the ordinary state separate as nuclei, gases, salts, or vapours from solution. Thus, if a wire, rod, or other solid substance is placed into an effervescent fluid, it is immediately covered with gas upon its surface, &c." Liebig, Oested, and Schönbein, and Gay Lussac, had investigated the phenomena connected with this subject, but their explanations do not seem satisfactory. Mr. Tomlinson says that bodies that are exposed to the air and to the products of respiration and of ordinary combustion, that are handled or wiped with a cloth, contract more or less a greasy film, which lessens the attraction between the liquid portion of a solution and such surfaces, whilst the attraction between the gasof such solution remains the same. The dust of a room is more or less contaminated with greasy or organic matter, and acts as a nucleus. If such dust be collected on a filter, and washed with a solution of caustic potash, rinsed with water, and dried out of contact with air, it ceases to act as a nucleus. *A nucleus, then, may be defined as a body that has a stronger adhesion for the gas, or the salts, or the vapour of a solution than for the liquid which holds it in solution.* Mr. Tomlinson is of opinion that the phenomena of supersaturated solutions are explained in this manner. That a salt of greater solubility is not formed, and that the state of supersaturation, so far from being one in appearance only, is one of fact, not appearance. The action of nuclei explains the sudden bursts of vapour occasioning the jumping or rebounding of ebullition. If the vessel be chemically clean, or has boiled itself clean, the "*soubresant*" commences. If, instead of an unclean body, we introduce a catharised body into a vessel in which a liquid is boiling with little or no bumping, we may at once bring about such violent bumping as to endanger the safety of the vessel. A little sand steeped in sulphuric acid, and well rinsed with water, or in a weak alkali, is sufficient for this purpose in a flask in which distilled water is boiling. It is said that pointed or rough bodies are better promoters of vaporisation than smooth ones. Make them all alike, chemically clean, and they act alike in impeding rather than promoting the liberation of vapour. It is true that rough bodies are apt to store up between their furrows or teeth that unclean matter which acts so well as a nucleus.

The most remarkable property about charcoal is its untiring activity. No amount of heating or washing in acids or alkalies suffices to catharise it. These processes seem to improve its strong attraction for gas, or vapour in solution. When once in action, it will continue for days and weeks together to give off vapour from the boiling liquid, so that the charcoal does not require to be renewed. A practical hint may be taken from this observation of Mr. Tomlinson.

VALERIANIC ACID AN ANTIDOTE FOR STRYCHNINE.

DR. PALMER of America (*American Journal of Pharmacy*) says, that having occasion to poison four cats, he gave strychnine to two of them on beef. Both died. To the other two he gave it on small tufts of valerian, and without producing the slightest effect. (We think this requires verification.—ED. S.)

FLUORINE IN THE BRAIN.

PROF. HORSFORD (Yale College) states that fluorine is an undoubted constituent of the brain. The reagents, &c., used in determining this point were carefully examined for that element before the experiments. He was induced to investigate this subject from the circumstance that fluorine is so frequently associated with phosphorus.

DETECTION OF SULPHUR AND PHOSPHORUS IN ORGANIC SUBSTANCES.

THE first is accomplished by Dr. Schönn, by heating the substance with potassium or sodium. Hair, feathers, dry skin, and nails, may be at once submitted to ignition with the metal. White of egg emulsion, saliva, and muscle, should first be calcined on a piece of platinum, and the animal charcoal so obtained be ignited with the sodium or potassium. Sulphide of sodium is formed. The test tube, after the ignition, is broken, and its contents are placed in a small quantity of water, rendered acid by a few drops of sulphuric acid. Sulphuretted hydrogen is evolved. If the quantity of sulphur is very small, nitro-prusside of sodium should be used as a test.

The phosphorus is detected by igniting the organic matter previously charred, with magnesium wire, or pulverised magnesium. Phosphide of magnesium is formed, and the fused mass on cooling disengages phosphuretted hydrogen gas on moistening with water.

AVERAGE TEMPERATURE OF THE HUMAN BODY.

THIS subject has been re-investigated, and, according to a communication by Dr. Sydney Ringer, to the Royal Society, it would appear that the average maximum temperature of the day in persons under 25 years of age is 97·7 Fahr.; of those over 40, 98·8 Fahr. There occurs a diurnal variation of the temperature, the highest point of which is maintained between the hours of 9 a.m. and 6 p.m. At about the last-named hour the temperature slowly and continuously falls until between 11 p.m. and 1 a.m. The maximum depression is reached at about 3 a.m. It again rises, and reaches very nearly its highest point by 9 a.m. In persons under 25 the variation amounts to 2·2 Fahr.; in persons between 40 and 50, ·85 of a degree. The variations are independent of the food we eat. By hot water, or vapour bath, the heat of the body could be raised very considerably. The temperature under the tongue noted was between 103° and 104°, a fever temperature. Cold baths lower the surface, but the heat so soon returns that it proves that the cold bath is very little use as a refrigerator.

SUBSTITUTION OF SODIUM FOR PHOSPHORUS IN MATCHES.

THE exclusion of phosphorus from lucifer matches has been looked upon for many years as a desideratum both by the manufacturer and the public, and a rather novel and unlooked-for attempt in this direction has been published by Dr. Fleck, of Dresden. He proposed to use finely divided sodium with some oxidising substance. The match instantly ignites on moistening it with water. He granulates the metallic sodium by shaking it with paraffin melted in a dry flask. The proportions he uses are :—

Sodium	4·65 per cent.
Nitrate of potassium .	61·39 „ „
Sulphide of antimony .	33·96 „ „

Caoutchouc dissolved in petroleum is used for the adhesive paste instead of gum. This plan of making matches has been favourably taken up by some of the German manufacturers.

DECOMPOSITION OF CARBONIC ACID BY GREEN LEAVES.

M. BOUSSINGAULT has, in experimenting upon this subject, made use of a method which is at once elegant and instructive. He introduces a stick of phosphorus into a mixture of carbonic acid and hydrogen, or a mixture of carbonic acid and nitrogen. No white fumes are produced in this case from the slow combustion of the phosphorus ; but if a small green leaf is introduced, white fumes immediately appear from the products of oxygen, resulting from the decomposition of the carbonic acid. This action stops immediately that the leaves are taken out of the light.

◆

THE MORTALITY IN LYING-IN HOSPITALS.

THE meeting of the Dublin Obstetrical Society, adjourned for the purpose of discussing Dr. Evory Kennedy's interesting communication on this subject, took place last Saturday evening, and was attended not only by the great majority of the obstetric physicians of Dublin, but by a large proportion of the profession generally. Before the debate was opened,

Dr. Evory Kennedy said that he desired to be permitted to correct a statement which he had made at the previous meeting. He had found that the mortality in the Vienna Hospital, which in 1838 had been fearfully high, had, according to Professor Faye, greatly diminished since then, and had recently been as low as one per cent. This result Professor Faye had attributed to careful sanitary precautions in respect of the cleanliness of the students in attendance, but Dr. Kennedy did not desire to be understood as adopting this view, but as simply recording the statement.

Dr. George Johnston, Master of the Rotundo Hospital, said that his experience by no means justified the assertion made by Dr. Kennedy, that metria was endemic in lying-in hospitals, or even that when it was epidemic it made its first appearance in these institutions. He considered that common sense would afford a denial to such a statement, for it was incredible that the favourable sanitary conditions of an institution which afforded a cubic space of 1,800 feet to each patient should not afford a safeguard against zymotic disease, as compared with filthy and miasmatous condition of the dwellings of the poor. The circumstances of distress of mind under which many of the patients were admitted were eminently favourable to the production of metria, which should not be, therefore, charged against the institution. The high reputation which the Rotundo Hospital enjoyed would itself cause an apparent increase in the mortality, for it attracted to it all the most dangerous cases, which were afterwards unjustly debited against the hospital administration.

Dr. Atthill, while agreeing with Dr. Kennedy that metria was, under certain circumstances, contagious, sometimes epidemic, and to a great degree preventible, doubted the correctness of the proposition "that any parturient female may generate and absorb herself a poison capable of producing metria." He, moreover, considered it of little importance, for as it is admitted on all sides that it frequently, indeed generally, is the result of the contagion emanating from such diseases as erysipelas, &c., the fact, if admitted, of it being capable of self-generation added nothing to the weight of the argument for a modification of our hospital system. He pointed out the fact proved in the case of the Vienna Lying-in Hospital, that the hands of students engaged in dissections were frequently the cause of the disease, the mortality in that hospital having fallen from 11 per cent. to 1¼ on precautions being adopted for thoroughly cleansing and disinfecting the pupils' hands. Dr. Atthill denied altogether the correctness of the proposition "that the generation and absorption of the contagion of metria was in a direct proportion to the number of females cohabiting together during their puerperal state ;" and to prove its fallacy showed, from the statistics quoted by Dr. Kennedy, that on the eighteen occasions on which over 2,500 patients had been delivered in the Dublin Lying-in Hospital within one year, the mortality had been low, and that even on taking a period of five consecutive years, during which 12,691 women were delivered, the mortality was but 1 in 168—a low mortality, considering the large number of bad cases admitted into it from all parts of the city and country, while now that the number delivered annually was not half as numerous as formerly, the death-rate was much higher. These facts he deemed conclusive, as proving that the development and absorption of the contagion of metria bore no relation whatever to the number of females "collected together during their parturient period." Dr. Atthill concluded by pointing out that the very age in which we lived altered the circumstances of lying-in hospitals, because the necessity which formerly drove ordinary natural cases to seek the shelter of an hospital no longer existed, and thus the class of cases presenting themselves for admission were incomparably more grave than they were some years since.

Dr. Thomas More Madden said that he thought that Dr. Kennedy's estimate of the mortality from puerperal fever would be found to be inaccurate. The proportion had been set down by him for a long period at 1 in 31¾, but Dr. Madden thought the figures would not show this result. Within the last year 1,131 cases were admitted. If Dr. Kennedy's calculation were correct, 37 of these should have died of puerperal fever, but, in point of fact, only 16 so died.

Dr. Kennedy explained that his statement had referred to the general mortality, and not to that from metria alone.

Dr. Kidd laid before the Society the statistics of fifteen years' practice in the Coombe Hospital. 6,573 patients had been delivered at their full term. The total mortality was 1 in 77, of which 1 in 119 was due to puerperal fever, and 1 in 219 to other causes ; 15 cases had been removed, of the result of which nothing was known ; but even assuming them all to have died, the mortality would have been only 1 in 65. Dr. Kidd thought that contagion could not be said to be the greatest cause of puerperal fever, for its variations were so great as to put the uniform operation of any such cause out of the question. The disease varied in its symptoms as much as it did in its frequency, and Dr. Kidd was of opinion that the outbreaks of it were in a much greater degree due to atmospheric peculiarities than to contagion. He was, however, of opinion that the baneful effect of an hospital atmosphere could not be denied. Dr. Kennedy's plan of isolation was not new. It had been tried already in St. Petersburg, and the result was that, while the mortality for the seven years preceding isolation was 1 in 32, that for the seven succeeding years was 1 in 34.

Dr. Mapother concurred with Dr. Kennedy in the deductions from his comparison of town and country hospitals.

Dr. Churchill, President of the College of Physicians, considered that Dr. Kennedy had erred in attaching too great importance to contagion and too little to the epidemic character of the disease. He said his experience by no means bore out the statement that the mortality was altogether insignificant in small hospitals. Dr. Churchill then produced three tables of mortality in various hospitals, and he deduced from them the conclusion that the discrepancy between small and large hospitals was not at all so remarkable as was supposed by Dr. Kennedy.

Dr. John Morgan quoted a fact which appeared to challenge the theories both of contagion and of miasmatous poisoning. In the Lock Hospital there was a small ward containing two beds. In it 74 women had been delivered in five years, under obviously unfavourable conditions of mind and body, and yet only one case of metria had occurred.

After some observations from Dr. Hewitt, and a short reply from Dr. Kennedy, the debate was again adjourned till the next meeting of the Society.

◆

Correspondence.

DUSTBINS AND DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Under this heading I have repeatedly called attention, through the columns of this and other medical journals, to the injurious practice of allowing decaying animal and vegetable matter to be thrown into dustbins; such receptacles should be used exclusively for the purpose for which they are intended—viz., for the cinder ashes, which would cause no injury or annoyance if left for any length of time. I am glad to see that you call attention in to-day's Medical Press and Circular, to the action which has been taken in the matter by Dr. Hearne of Southampton; an example which ought to be followed in other towns; for the complaint is a general one, take Brighton as another instance: the "Ash-heap nuisance" has been a standing subject on the agenda for the consideration of the Town Council, many months, I may say years, and of course the "heap" has been growing and the "nuisance" spreading all the time. Now it is the simplest thing possible to avoid such accumulations; the authorities and householders are alike pusillanimous on the subject; in the first place, it is "bad economy," in every sense of the term, to allow any household refuse to be thrown on the dust-heap, and it could be avoided by means of a very inexpensive contrivance; I suggested the plan in the *Builder* some months ago, it is to have a grating fixed in the form of a lid to the top of the dustbin, this can be temporarily secured by a padlock which is removed for the purpose of emptying the "bin" when necessary; the grating effectually prevents anything but the cinder-ash being deposited in the receptacle.

Then with regard to the contractors for the removal of the dust, they might, if so inclined, enforce a rule which is to be found in most bye-laws relating to the subject; to the effect that the collectors are prohibited from removing any refuse with the ashes; and it is also contrary to the regulations for them to receive fee or gratuity of any kind for the removal of extraneous matter, not coming under the description of dust collection. Considering how potent for mischief the *effluvia* from these "poison nests" prove in the spread of fever, diarrhœa, and other disorders during the summer months, it is quite time that the subject should be vigorously dealt with, and the Royal Sanitary Commission could not better inaugurate its work than by commencing a raid against dust-heaps, and such-like nuisances.

May 6, 1869.
I am Sir,
Yours Obediently,
Sanitas.

NITROUS OXIDE IN DENTAL SURGERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Mr. Dennant in his letter on the Nitrous Oxide states, "that he infers my cases will improve as I advance in investigation," they have not improved. One gentleman lately was very violent, jumping up and striking at every person in the room; on recovering he insisted upon having the tooth extracted without the gas. Another case I can vouch for, a maid servant was so ill from the effects of the gas as to be obliged to relinquish her situation, and has been greatly inconvenienced in consequence. I believe Mr. Dennant will bear me out in asserting that in two cases the cachinations of the patients interfered with the operation.

I admit I am one of the "greatest objectors"—I have seen the gas administered very carelessly on some occasions. I also have seen the gas carefully and successfully given by Mr. Dennant, but from all I have witnessed I can only come to the conclusion that your opinion (which by-the-bye remains unanswered), "that the use of the Nitrous Oxide in private practice is indeed a false possession."

I have formerly had great experience with the laughing-gas, having administered it to *thousands* after a series of lectures; and I am anxious to have your opinion and explanation how it is, that on such occasions, there was no cyanosed appearance, no approximation to smothering or danger. In almost all the cases the inhalation resulted in dancing, immoderate laughing, acting, fighting, &c., &c. I remember one man who came on every occasion of the lecture, and inhaled the gas two or three times during the *same evening*, constantly opened the ball with a very excellent performed sailor's hornpipe. The exhibition I refer to was after lectures, at the Adelphi during the whole of the Lent season. On other occasions there was no surgeon present, I being at that time only a pupil attending hospital lectures, &c., &c. I apologise for this long epistle. I have an interesting case of great mischief resulting from vitiated saliva, if you think it will interest your readers I will, with pleasure, forward it.

Brighton.
Yours truly,
W. S. Whatford, M.R.C.S.

◆

CRIES OF A FŒTUS IN UTERO.

The *Scalpel* states that Dr. Dubreuilh, of Bordeaux, had under his care a girl of sixteen, who, towards the end of gestation, was seized with eclampsia. Chloroform was used, and a very small male child was extracted. The breach of a second child now presented, and, just as the water broke, the persons present heard the cries of the child, as if they issued out of a box, and they continued until the delivery was effected by the feet. The cries were heard at the moment the accoucheur pushed up the breech to seize the feet. Air had probably then penetrated into the uterus, which was not quite filled by the second fœtus, and the latter, having inspired it, began to cry.

POULTICES.

The *Journal des Connaissance Médicales* publishes an article by Dr. Hébert, on a subject which may not be uninteresting to families—viz., cataplasms, those especially which have mustard for their base. The seeds of the black kind, which, in a pulverised state, are used for poultices, owe their properties to a liquid, acrid, and volatile substance, being nothing but essence of mustard. This, however, does not exist ready formed in the seed; it is generated by a kind of fermentation, caused by the action of an albumenoid body, called myrosine, which plays the part of leaven, on a peculiarly fermentescible compound, mysonate of potash, This transformation, which has been called *sinapisic*, can only take place by the intervention of water at a temperature higher than freezing-point, and lower than 75 deg. Centigr., those being the usual conditions requisite for producing fermentation. This is a circumstance which is not commonly taken into account in practice. The generation of the essence of mustard diminishes under a temperature ranging between 50 and 75 deg. Cent., and entirely ceases at the latter. Hence, boiling water, or even such that cannot be borne by the hand, will spoil both the poultice and the sinapised footbath. Again, alcohol, acids, metallic salts, and any other agents, having the power of stopping fermentation, or retarding it, are detrimental. Besides the two principles already mentioned, through whose joint action the essential oil of mustard is produced, the seeds of this plant contains various others, among which there is a fixed and inactive oil, having some of the properties of that of rape-seed, and which may easily be extracted from mustard powder, either by strong pressure, or, better still, by acting upon it by lixivation in a sulphuret of carbon. When this oil is extracted, what remains is much more powerful, and will, moreover, keep indefinitely. Many years ago, M. Robinet attempted to bring this mustard-flour, deprived of its fixed oil, into general use; but prejudice and routine proved too strong for him; and it was not until this powder was gummed to paper, then cut into squares, and sold in elegant tin boxes, that it came into fashion. But what every family should keep in mind is this, that mustard poultices ought not to be made with hot, but with lukewarm water.

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price* 5*d. Stamped* 6*d.*

By Post to Annual Subscribers, £1 2 6
„ *If paid in advance,* 1 1 8

** Post-Office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William-street, Strand, London,
MOFFAT & Co., 6, D'Olier-street, Dublin.
MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.
MESSRS. KELLY and PIET, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 12, 1869.

HOSPITALISM.

THE Science and Art of Medicine owe a deep debt of gratitude to the great "Northern Light," Sir James Simpson, firstly, and above all other reasons, for his great gift to the human race in his discovery of the anæsthetic properties of chloroform. Had he, indeed, lived in the days of belief in a plurality of deities, we should no doubt have thought it our duty to raise him to one of the thrones of Olympus. Living, however, in days which are "destitute of faith, though terrified at scepticism," we have done nothing of the kind; and, indeed, as far as we are aware, neither Sir J. Y. Simpson nor, more recently, Dr. Benjamin Richardson have received anything save unsubstantial honours for two of the greatest discoveries which the human race has ever been blessed with. Not contented, however, with the achievements of his early life, and the fame which so justly belongs to him for his ingenious and manifold discoveries in the obstetric department of medicine, the illustrious inventor of chloroform is now doing immense service to his kind by exposing the dangers which arise to patients, especially to those suffering from open wounds, from residence in large, and, above all, in ancient and long inhabited hospitals. We have long secretly entertained the opinion that large hospitals are great evils. When studying in a prolonged course of "walking" our own and foreign hospitals, indeed, it has so frequently been our lot to witness several cases of pyæmia occurring at once in the same hospital after amputations, that we had secretly registered a vow that we should never allow any person we entertained any great affection for to enter any large hospital to be operated upon, even by a Nélaton or a Fergusson, unless the operation was one involving no risk at all of purulent or septic poisoning. On one occasion, indeed, we remember to have heard M. Nélaton exclaim, at the Hôpital des Cliniques at Paris, that he would operate no more that season, since all his amputation cases, for several months previously, had died from diseases of hospitalism. And yet, with such facts well known to many of us, if not to all, we see a magnificent pile of buildings arising opposite the Houses of Parliament, with palatial wards, destined, no doubt, ere long to repeat the same tale that has to be told for Guy's and St. Bartholomew's, and other large hospitals—viz, that a patient about to have an amputation of the thigh stands three times the chance (according to Sir J. Simpson) of succumbing after it than if he had been operated on in a country cottage.

We hear that the Chancellor of the Exchequer is anxious to save money on the construction and site of the Law Courts. Could he not buy up the new St. Thomas's Hospital, and let the funds of that great charity be employed in a manner which is more in accordance with the science of the day, in erecting a number of cottage hospitals, with a central administration, where patients would "live and not die," as Miss Nightingale expresses it, in her admirable work, read, we fear, by too few among us, "Notes upon Hospitals?" There we find, as proved over and over again by the accomplished lady writer, that, just in proportion to the size of a hospital seems to be the mortality after operations; and, although this admirable remark has been slighted because it came from the mouth of one of the gentler sex, it can no longer be ignored when proclaimed so loudly and energetically by the greatest ornament, perhaps, of the medical profession in this country. It appears, according to the statistics furnished by that distinguished surgeon, Mr. Holmes Coote, that in St. Bartholomew's Hospital 2,131 registered operations have been performed during the years 1863-7, with 277 deaths, equal to a percentage of 12·9, or about 1 in 7½; and this is, he adds, about the same as Sir J. Y. Simpson's death-rate after "limb amputations in rural practice, which he puts at the favourable figure of 1 in 9." To this, Sir J. Simpson replies (*British Medical Journal*, May 1st, 1869) that, "among the 2,131 registered operations at St. Bartholomew's Hospital are entered 185 amputations of the fingers and toes, with 3 deaths; 216 cases of excision of benign tumours, with 5 deaths; 71 cases of hydrocele and hæmatocele, with 1; 63 cases of fistula, with 2 deaths; 30 cases of circumcision, with no deaths; 105 cases of tenotomy, with no deaths; 16 cases of ligature of piles and 22 of nævi, with no deaths; 14 cases of operation for ectropion and 18 of extraction of the lens for cataract, with no deaths, &c." Hence, of course, Mr. Coote's argument is so far without value. Dr. Southey and Mr. Mallet, however, it appears, have drawn up a table of 214 amputations of the thigh, leg, arm, and forearm, occurring in St. Bartholomew's Hospital, of which 81 died—*i. e.*, 1 in 2·6 operations led to death. Now, on the contrary, it appears that of 2,098 similar operations collected by Simpson from private rural practice, the mortality was only 1 in 9·2 of those operated on—that is, more than three times as many died in St. Bartholomew's than would have died had they had themselves operated upon even by practitioners of far smaller experience, because the pure air of the country was about them, even in cottages and without any of the splendid surroundings of the palatial hospital in Smithfield, or the careful and experienced nursing there.

What need of more? We say the case has been heard, and the jury can only pronounce the doom of the large hospital system. It has been asserted that large hospitals are cheaper than small ones. This, too, it appears, is a mistake. The patients get well far faster in a small hospital than in a large one, and are off and about their business whilst the poor patient in the large hospital is lingering on amid scenes of sorrow and woe. We shall never forget the case of a friend having been taken with fever in a large foreign capital, and awakening to consciousness in a large ward of an immense hospital, next bed to him being a poor fellow who had just died of some contagious disease. The feeling of despondency experienced by this patient in that situation, and communicated to us, has made us feel how injurious the effect of large collections of the sick and dying must ever prove in cases where the poor patient is sensitive and suffering from a complaint, such as amputation of an extremity, when hope is one of the most blessed therapeutic agents we can employ to arouse the vitality of the sick.

Again, what horrors have we not witnessed in these large hospitals for consumption, which the mistaken philanthropy of our day has constructed. A poor fellow, a poet, we remember struck with that awful disease, was sent down to a consumption hospital on the south coast. He slept but one night in that scene of human decay and then fled, horror struck at the pallid looks and sepulchral coughs which on every side met his ears. And yet we see large hospitals, such as Brompton and Victoria Park, flourishing, although it is confessed on all sides that they are utterly useless in a therapeutic point of view, whilst, hygienically, Brompton Hospital could not be placed in a worse position. Henceforward it is to be hoped that hospitals where operations are to take place may be made to contain not more than five or six patients in each cottage. Acute diseases, perhaps, such as pneumonia and fever, are not so much injured by a residence in large hospitals; but even in the case of fever, we have long ago wondered what reason could be alleged for the practice of collecting a heap of cases of typhus and typhoid fever together in a large ward. As Sir J. Y. Simpson remarks, too, it is probable that large hospitals are far more expensive than small ones, and now-a-days, when railways have made even London distances almost disappear, there can be no excuse for ever again raising such piles of buildings as St. Bartholomew's or Guy's or St. Thomas's Hospitals. Hospitals for consumption should contain not more, we think, than twelve, or at most twenty beds. More than this becomes a scene of suffering and despair.

◆

MORTALITY OF THE PAST QUARTER.

Our readers will not need to be reminded how frequently, during the mild winter, we called attention to the favourable condition of the public health. Then came the sudden severe weather, which made Easter so wintry, impressed Englishmen once more with the fickleness of their early springs, and considerably raised the death-rate. It is not surprising that so sudden a fall in the temperature should seriously affect the mortality, for it is now an axiom that such a decrease is thus injurious, and that its pernicious influence is most felt by the very young and the very old. So thoroughly did the cold do its work that it actually influenced the figures of the Registrar-General so far as to raise the mortality of the first quarter of 1869 above that of 1868. Even now, however, it is rather below the average of the last ten years, so that, on the whole, the quarter has been a very healthy one. In 1868 the mean temperature of the quarter was not very different from that of 1869—one decimal point only—41·3 and 41·4 expressing the facts. Yet the deaths differed by no less than 14,000. This is the result of the variations. In January and February there was a daily excess of 5¼° Fahrenheit, while the temperature of March was 4° Fahrenheit below the average. To this we attribute the apparent unhealthiness of the last quarter, which illustrates thus aptly the relations between weather and disease. The quarterly return of the Registrar-General to the end of March has just been issued. It points out that the epidemic of scarlet fever prevailed, and alludes to the weather, which, in the beginning of January, was warm, but then succeeded by about a week of cold, which week considerably augmented the deaths from bronchitis, &c. He then speaks of the whole of March as cold. We extract the following details:—

> The mortality of the quarter, which was at the rate of 24 84 per 1,000 per annum, is slightly below the average of the season of the last ten years (25·36) and compares favourably with the rate observed in the three years 1864-6, but exhibits an increase over the winter of 1868, when the mortality was at the exceptionally low rate of 22·34 per 1,000. The Registrar-General observes that the winter just gone affords another example of the effect of vicissitude of temperature on the health of the people, and warns those who are very susceptible to such variations, to endeavour in their manner of life to counteract in some measure the severity of the climatic changes experienced in an English winter. For the edification and guidance of the community, he shows that the period of life when the greatest susceptibility to a fatal attack of bronchitis exists, is after sixty-five; but at the age of forty-five and under fifty-five, the increase is remarkable; as also is the high rate of mortality in infancy. The average annual death rate from bronchitis among males is 4·42 per 1,000 living at the age under five years; at the ages of five and under forty-five the mortality is comparatively inconsiderable; at forty-five-fifty-five it is 1·51 per 1,000; at fifty-five-sixty-five it is 8·79; and continues to increase as age advances—viz., 3·7 at sixty-five-seventy-five; 16·14 at seventy-five-eighty-five; 22·76 at eighty-five-ninty-five; and 23·57 at the age of ninty-five and upwards. The prevalence in many places of scarlet fever prevents the quarter being classed as healthy; indeed, if the prevalence or non-prevalence of zymotic elements in the metropolis may be taken as an indication that the same condition exists over the whole of England, then the 648 deaths registered in London from scarlatina during the first quarter of the present year, against 339 and 368 in the winter quarters of 1867-8, imply that the country was visited very severely by this epidemic last winter. One of the most important features of the return consists in the comparative mortality of the large towns of the kingdom a selection of 14 great cities, arranged in order of their respective annual death rates for the quarter, shows the following results:—Birmingham, with a population in 1869 of 360,846, shows a death rate of 20·70 in every 1,000 persons; London, with 3,170,754, 25.43; Hull with 162,682, shows 26·30; Bristol, with 769,423, shows 26·60; Bradford with 138,522, shows 26·86; Leeds, with 253'110, shows 57·54; Salford, with 119,350, shows 27·78; Dublin, with 320,762, 59·07; Sheffield, with 239,752, shows, 29·35; Liverpool with 509,052, shows 29·61; Newcastle-upon-Tyne, with 130,503, shows, 30·42; Manchester with 370,892, shows 30·97; Edinburgh, with 178,002, shows 33·01; and Glasgow, with 458,937 shows 40·70. So Birmingham, among the west midland counties, and London have enjoyed the greatest amount of health, and Edinburgh and Glasgow the least.

◆

SCOTLAND.

Royal Society.—At a late meeting of the Royal Society of Edinburgh—Professor Christison, vice-president in the chair, Dr. W. Rutherford read a paper on "The influence of the vagus on the vascular system." Mr. Robert S. Wyld, another on "Sense-perception as a perception of power," was next read. A paper on "The affinities and classification of the Nemerteans," by Dr. W. Carmichael M'Intosh. The concluding paper was by Professor Maclagan and Dr. Arthur Gamgee, on "The alkaloids contained in the wood of the Beebeern or green-heart tree (Nectandra Rodiœi, Schomb)," and read by Dr. Gamgee.

Opening of the Edinburgh University Summer Session.—The summer session in the University opened on Wednesday, the 3rd inst., and at all the classes there was a good attendance of students. The first lecture, was delivered by Professor Balfour, in the lecturer hall at the

Royal Botanic Garden. In the course of his lecture Dr. Balfour reviewed Professor Huxley's recent theory regarding protoplasm, and warned the students against being led away by such dangerous speculations, unsupported as they are by fact or evidence. It was impossible that this protoplasm could form the basis of physicial life, seeing that it was always the result of previous cell-life. The chemist could not produce it so that it would exhibit vital phenomenon and impart life to new structures. The life which it possesses must be given to it from without, and that life can only come from Him who is the source of all life, through the agency of previously existing living organisms. He thought Professor Huxley had miserably failed in throwing the slightest ray of light on the unknown secrets of life. In conclusion, the Professor dwelt on the bearings which the study of botany had on other branches of science, and encouraged the students to compete for the degrees, scholarships, and bursaries of the University.

THE President of the Royal College of Physicians of Edinburgh has appointed Dr. A. Mitchell, to deliver the lectures on Mental Diseases, for the next three years. The office was held by the late Dr. Seller, under the will of Sir A. Morrison.

◆

GERMANY.

(FROM OUR OWN CORRESPONDENT.)

VIENNA, March 28.

BESIDES the schools I have described, there is in Austria and throughout Germany (principally northern Germany) a new one, formed by joining two opposites, the old Allopathic and Homœopathic school. It is like the proposed union of the English Church and the old Greek Church. It may be called the empirical school. It was founded by Rademacher at Goch, a little town on the frontier of Germany and Holland. His experiences are deposited in a large work of two volumes, with the title, "Defence of the Old Scientific Experience; Defence of the Principles and Experiences of Theophrastus Paracelsus."

These empirics employ only specifics for systems and organs, but not in homœopathic doses. Rademacher's work and his disciples are more despised by the modern physiological school than the homœopaths themselves. These empirics, on the contrary, despise the physiological school, and reject all theory. They appeal only to clinical experience. They accept clinical facts observed by homœopaths, but reject the dogma "similibus."

Rademacher is the founder of the school in the sense that he has extolled empiricism, which always existed, and reduced it to a system. His remedies are divided into—

I.—UNIVERSAL REMEDIES.

II.—SPECIAL REMEDIES.

I.

Universal Remedies.

1. Soda and its preparations: Liquor natri nitrici; soda nitrica; specific in some cases of dysentery. Tinctura ferri acetici. 2. Iron and its preparations: Liquor ferri muriatici oxydat.; liquor stypticus; ferrum carbonicum. The mineral acids are relations to the preparations of iron. 3. Cuprum: tinct. cupri acetici.

II.

Special Remedies.

A For the Organs of the Head.

a For the Brain.

1, Tobacco; 2, zinc; 3, stramonium; 4, argenti chlor.; 5, opium; 6, hyoscyamus; 7, cannabis indica; 8, belladonna; 9, camphora; 10, coffee; 11, argent. nitri; 12, green tea.

b Against Coryza.

Camphor (as a snuff or vapour).

b Against Epistaxis.

1, Ferrum muriat. oxyd. (if it is local); 2, zinc.

c Against Aphthæ.

1, Borax; 2, balsam vitæ Hoffm., with syrup of oranges.

d Against Parotitis.

Iodine.

e Specific for the Bronchial Tubes.

1, Sulphur auratum antimonii; 2, mercury.

f For the Lungs.

1, Salmiak; 2, sulphur aurat. antim.; 3, extract of tobacco.

g For the Heart.

Digitalis.

h For the Œsophagus.

Boracic acid; magnesia.

i General Remedies for the Abdomen.

1, Seeds of thistle of Maria (semina cardui Mariæ); 2, terebinthina c. æther sulphur.

k Special Remedies for (the organs of) the Abdomen.

α For the Liver.

1, Quassia; 2, chelidonium; 3, calx chlorata, single or in combination with chelidon; 4, nux vomica.

β For the Spleen.

1, Carbo vegetabilis; 2, scilla marit.; 3, aqua glandium; 4, baccæ juniperi; 5, oleum succini; 6, conium maculatum; 7, magnesia tartarica; 8, cicuta; 9, acidum pyrolignosum.

γ Against the Pancreas.

Iodine.

δ Against the Plexus Cœliacus.

Aqua amygd. amararum.

ε Specifics for the Stomach.

1. For neutralisation of the acid:—Natrum carbonic, nat. bicarb., magnesia carb., ammon. carbon, lapides cancrorum.
2. Bismuthum nitricum.
3. Kali aceticum.
4. Natrum aceticum.
5. Iodine.
6. Calx chlorinica.

ζ Specific for the Intestines.

1. Oleum papaveris, with arabic gum and water.
2. Iodine.
3. Tinct. nucis vomicæ, with tinct. assafœtid.
4. Zincum aceticum.
5. Catechu and salmak.
6. Aromata, nux moschata, flores macis, caryophyll.

η Purgantia.

1. Clyster of salt water.
2. Colocynthis.
3. Purgative salts.

κ Specific against Worms.

1, Cuprum; 2, aloes; 3, oil; 4, senna.

λ Specific for the System, venae portarum.

1, Sulphur; 2, leeches for the rectum.

μ Specific for the Urinary Organs.

1, Magnesia; 2, aqua calcis; 3, potass carb., soda carb., ammon. carbon.; 4, tart. boraxatus; 5, colocynthis; 6, aqua opii; 7, coccinella; 8, solidago Virgaurea; 9, fomenta tepida; 10, magnesia usta cum coccinella; 11, tinctura capsellæ bursæ pastoris.

ν Specific for the Bladder.

1, Fungi, or glomeres cynosbati; 2 liquor ammonii sulphurati.

ο Specific for the Womb.

1, Tinct. nucis vom.; 2, castoreum; 3, borax.

ρ Specific against Intermittent Fever.

Combination of quinoidin and quina.

σ Specific against Furuncula.

Calx chlorinata.

τ Specific for Measles.

1, Arnica; 2, folia fraxini excelsioris; 3, sal Glauberi; 4, iodine; 5, nux vomica; 6, calx chlorinica.

υ Specific against Chronic Exanthems.

1, Sassafras; 2, quassia; 3, trifol. fibrin.

III.

External Remedies.

1, Natrum cum adipe; 2, aqua calcis; 3, magnesia; 4, solutio sublimati; 5, pulvis sulphuris; 6, mastich; 7, folia rosæ; [8, aqua amygd. amara; 9, mer. præcip. albus; 10, plumb. acet.; 11, zincum aceticum; 12, solutio salis culinaris.

The above completes my sketch of the divisions or schools of Austria. I should not have given so much space to this which is in such bad odour and not much known, I think, out of Germany, but there is scarcely a village throughout Austria where you will not meet a professed disciple of this Rademacher. These empirics exercise, therefore, a great influence, and it is impossible to understand our social condition unless you are acquainted with their existence and numbers.

(FROM OUR OWN CORRESPONDENT.)

VIENNA, APRIL 24, 1868.

I LEAVE the rest of the schools and professors for a future letter, lest you get tired of such details, and propose to fill up a column with a curious practical fact or two, which I have been asked to repeat more widely when I have named them to some intimate friends. It will not be needful to give opinions upon all the facts I relate. When I vouch for them personally they have come within my personal experience either in hospitals or in my private practice. When I know only by hearsay I shall say so explicitly.

First, then, the eucalyptus is, I think, a very valuable febrifuge. It may sometimes take the place of quinine.

Eucalyptus globulus against intermittent fever and consumption was first employed in Spain. From the leaves they make an infusion, which is aromatic in taste and smell, like the leaves from which I send you some specimens. This tree grows in Australia, where it attains a height of 300 to 400 feet, and proportional in size; it is also very frequently cultivated in Southern Europe, where it becomes 100 feet high. The development of this tree is so rapid that a specimen of it, exhibited at Paris, has grown up to the height of fourteen feet in one year. The young plants resemble the euphorbia lathyrus, whilst the whole plant belongs to the botanical family of myrtaceis. In Australia, even in marshy regions, intermittent fevers are very rare everywhere those trees grow and its relations. Also, the tincture prepared from the juice of the fresh leaves can be employed.

Spontaneous healing of a cataract.—Twenty years ago I paid a visit to a priest in one of the villages near Sadowa, in Bohemia. After having examined the antiquities of the church, the parson, a little, stout, well looking man, of about fifty years, wearing spectacles, told me that he suffered blindness of the right eye for fifteen years, and asked me if he should have an operation for the cataract performed. Then I examined more accurately the eye, letting him cover the good eye by a handkerchief, whilst at the same moment I held my left hand before his blind eye, and moved it a little up and down in order to know the contractility of the iris, which I found all right. I told him he should not submit to the operation as long as the other eye was strong enough. With this advice I left him. Three weeks afterwards he came to me, his face bright with pleasure and contentment, telling me that since I had visited him he could see with the right eye, and he recounted me the following details:—

"When you went away I repeated the method of movement of your left hand before my eye. As I thought that it was a kind of mesmerism, I wished to imitate the movement, and covered the good eye with my handkerchief; but before I had time to begin the movement I cried out for astonishment, 'I can see!—I can see the first time after fifteen years.' And now I tried to make the same movement before the eye more than fifty times a day. The next morning all the parish was astonished to see me reading the mass without spectacles, and I told the people that a miracle gave me sight. I continued to make movements till to-day, remarking every day a little improvement. I can now read large characters, and distinguish every person in the street."

I replied to him that it is not possible that the little movement of my hand made him see again; there must be another important circumstance which he forgot to tell me, and I asked that he should relate the history of the last fifteen years.

"About half a year ago I caught, whilst perspiring, a violent cold and an intense inflammation of both eyes, so that I could not see, and bloody pieces came out from the eyelids. I did not employ other remedies than cold water exteriorly. After three weeks I got as well again as I was before this inflammation."

When I heard this account I was convinced that the cataract was melted by the inflammation (as the old snow is melted by the fresh one), and that he could see with the right eye after the inflammation without knowing it, only since the moment when he covered the left eye he became aware that he could see; and he attributed this astonishing change to the movement of my hand. Instead of preferring to continue to appear as an enchanter and worker of miracles to him, as I then did, I explained to him all the process; and that by moving the iris he accelerated the action which appeared to my eyes really as water-fall from the posterior chamber into the anterior, and changing form and volume at every movement of the iris. As I heard afterwards, this cataract disappeared entirely by degrees, and the curate could see very well with such spectacles as are used by those who have had a cataract extracted.

THE WINTER AT NICE.

(FROM OUR OWN CORRESPONDENT.)

NICE, May 4th.

SINCE I wrote about the lady supposed to have lost her life by carelessly bathing, circumstances have come to light which render it probable she may still be on the land of the living. Only a small portion of her garments were found on the shore, and the sea should have returned the corpse if it had taken the life. Scandal says the bathing was but a *ruse*.

We have now delightful weather, only the sun is so exceedingly powerful that one must stay in the house the middle part of the day. The gardens are inconceivably beautiful. The cold winds stayed a long time with us. As some people have been vexed with me for telling you about them, and some deny my statements, I think the only mode is to give you the meteorological record for March, the month about which I complained. I therefore give you below a true copy of the statistics from the registers of the observatory in the grounds of the Military Hospital, and for the correctness of which the reputation of Dr. Cabroll, principal medical officer, as a meteorologist suffices. You will see how capricious the weather was in that month, though I have heard it was just the same in many other health-resorts. The letter of Dr. Hawkins in your paper, about the drainage here, may do some good. It irritates some of the proprietors, and I hope it will induce the Mayor to take this vital question up. The doctors, some of them, know how things are, but fear lest publicity may prevent patients coming next year.

TABLE OF THE WEATHER AT NICE.

Month of March.

	Thermometer.			
	Maxim. Deg. C.	Minim. Deg.	Wind's Direction.	Force.
1	18·3	—·4	N W S W	Great wind.
2	20·4	5·3	N W S W	Great wind.
3	17·4	1·4	N E S E	Soft.
4	14·7	—·8	N E N W	Fresh.
5	13·4	—·1	N E N W	Fresh.

TABLE OF THE WEATHER AT NICE—*continued.*

6	13·7	—·4	N E	Very soft.
7	15·4	2·3	N E N W	Idem.
8	12·3	4·1	N W N E	Great.
9	11·2	4·1	N W N E	Idem.
10	11·7	3·4	N E E	Fresh.
11	9·7	—·4	N E E	Idem.
12	13·4	1·2	N E S E	Idem.
13	8·1	—·6	N E S E	Very fresh.
14	11·4	3·7	N E S E	Fresh.
15	12·3	4·1	N E S E	Very soft.
16	13·1	2·1	N E S E	Fresh.
17	16·4	4·7	N E S E	Very soft.
18	17·1	5·3	N E S E	Fresh.
19	17·4	4·2	N E S E	Very soft.
20	17·3	4·4	N E S E	Idem.
21	14·6	3·3	N E S E	Idem.
22	16·1	4·2	N E S E	Idem.
23	15·3	3·4	N E S E	Idem.
24	19·4	4·1	N E S E	Idem.
25	15·4	4·7	N E S E	Idem.
26	14·3	4·6	N E S E	Idem.
27	14·8	3·2	N E S E	Idem.
28	14·1	—·2	N E N W	Fresh.
29	13·7	—·6	N E S E	Very soft.
30	13·2	1·4	N E S E	Idem.
31	9·7	2·3	N E S E	Fresh.

◆

Notes on Current Topics.

Poor-Law Doctors and their Remuneration in London.

THE *Poor-Law Chronicle* of April 21st, publishes a most instructive analysis of the return recently presented to the House of Commons on the motion of Mr. Torrens. The paper shows the number of medical officers in each union and parish in the metropolis, with the total amount of remuneration, inclusive of salaries, fees, &c., paid to them, stating whether all or any of the medicines are supplied by the guardians, ... together with the total number of sick poor attended during the year ended 29th of September, 1868.

It appears that there are 39 unions or single parishes in the metropolis, including the new union of Woolwich which has at present no workhouse.

The number of in-door sick poor attended in the year ended September 29, 1868, by the 55 workhouse medical officers was 79,375, or an average of 1,443 to each. The 159 district medical officers attended 268,135 sick poor during the same period—average 1,686.

The 214 medical officers received on an average £133 13s. 9d. per annum, or 1s. 8½d. for each sick persons attended.

With respect to the supply of medicines, it is difficult to obtain reliable information. The drugs supplied by the guardians of Marylebone cost £211 10s. 8d.—a sum which divided by the number of medical officers, would give to each an allowance of £26 8s. 10d.; but the supply it turns out, was confined to the workhouse, whose chief officer is so handsomely paid; and the district medical officers were burdened with the charge of providing all the medicines for their numerous patients. The same practice of finding drugs for the in-door poor only prevails in many unions.

In a preceding issue the *Poor-Law Chronicle* published a comparison of the medical arrangements in Bethnal Green and Poplar, both unions being in the east district. This return carries the comparison a little further. The nine medical officers of Bethnal green are paid £1,020 (£113 6s. 8d. each). Their more fortunate brethren at Poplar, six in number, received £1,656 6s. 11d. (£276 1s. 2d. each); all the medicines prescribed by them, moreover, being found and dispensed at a cost to the guardians of £858 15s. 2d., or at the rate of £143 2s. 6d. for each officer —£30 18s. 1d. more than the total average remuneration of the Bethnal Green officers, all of whom, excepting those of the workhouse, provide and dispense all the medicines required by the sick of that very poor parish!

We find it impossible to do justice to this valuable analysis this week, but we shall hope to return to the subject.

Hanging no Punishment.

THE American Constitution, so perfect in the eyes of progressive Liberalism, has not yet accepted the abolition of capital punishment, but it has shown us the way to a half measure which might be acceptable just now as a sort of compromise between hanging and reprieve. A punishment which would combine all the moral effect on evil doers, and all the deterrent horrors of death to the culprit himself, and would yet give a chance of living a repentant life afterwards, would be a real acquisition to those interested in the repression of crime.

The *Philadelphia Free Press* furnishes us with a new phase of retributive justice, which from the circumstantiality and publicity of the narrative is, we are bound to presume, countenanced by the American Government. The *Free Press* records how a murderer was recently executed, and describes the subsequent proceedings.

Arrangements were made by the friends of the condemned to have an effort made to resuscitate the body. Accordingly a committee, appointed for the purpose, were in waiting at the prison at the time of the execution, and the body, wrapped in blankets, was brought to the university. The drop was four feet; the cord round the neck was a small one. He hung by the neck thirty minutes. and there were signs of life only four minutes after the drop. Ten minutes after being cut down he was placed upon the table in the amphitheatre, the time elapsing from the execution being forty-four minutes. Six ounces of whisky were injected into the bowels, and one gallon of pure oxygen gas was forced into the lungs, and a powerful galvanic battery applied to the medulla oblongata and the pit of the stomach. At the same time the tongue was withdrawn from the mouth, and the body turned from side to side, after the method of Marshall Hall, for artificial respiration. In four or five minutes a marked change occurred in the countenance; the chest gradually expanded, the eyes opened, one arm was drawn up, and, by means of a stethoscope, contractions and dilations of the heart were distinctly heard. So evident were the signs of life that his friends exulted over the fact that he really lived. Another gallon of oxygen was introduced into the lungs, and the battery was charged, so that the current passed the entire length of the spine, and the artificial respiration continued. For a few moments the signs of life increased, but in a short time disappeared. Nitrous oxide gas was injected into the lungs by an artificial opening into the trachea, made by Professor Duffee, but all to no purpose, and at the expiration of one hour and twenty-five minutes the experiments ceased, and the body was handed over to the friends.

What happiness for Mr. Bruce and our future Home Secretaries an assimilation to American custom in this matter would be, and how consonant with the present tone of the House of Commons would be a proceeding so scientific in detail and so convenient in practice.

Insanity in Edinburgh.

The annual statement of the Edinburgh Asylum for the Insane has just appeared, and it informs us of the result of the years of working of the Institution.

Of the removals, 121 had recovered, the recoveries being in the ratio of 43·4 to the admissions. This is the largest number of recoveries for any one year that the records of the asylum can show, and, with one or two exceptions, the largest percentage of recoveries.

The number of patients admitted into the asylum since its foundation now amounts to 7,144, of whom 2,740 have been discharged recovered, being in the ratio of 38·5 per cent. to the admissions, or of 42·65 per cent., if the number remaining under treatment is deducted.

The percentage of recoveries of all the large asylums of England, as collated by Dr. Conolly, appears to be about twenty-one per cent. to the admissions, so that our percentage of 43·4 may be regarded as exceedingly favourable, especially when the nature of the cases admitted is considered, many of them being in a most hopeless condition.

The same remarks apply to the mortality, which has been lower than it was for many years preceding the improvement of our dietary, and may be regarded as very moderate, if the number of cases that were brought to the asylum in a dying condition were deducted.

The Royal Irish Academy and the Scientific Societies of Dublin.

The proposition, analogous to that which has emanated from the Royal Medical and Chirurgical Society of London, to which we alluded in our last, has been accepted by the Natural History Society We append the detailed proposal which is issued under the title of

Draft Suggestions *submitted by the Committee of Science of the Council of the Royal Irish Academy at a Conference of Representatives of the Councils of the other Scientific Societies of Dublin, held in the Academy House on the 22nd of April* 1869, *for the purpose of Promoting the Advancement of Science, by the amalgamation of all the existing Dublin Societies with the Academy.*

I. That the business of the Academy shall be conducted by five sections :—

1. Mathematical and Physical.
2. Chemical.
3. Geological.
4. Biological; that is, Natural History as usually understood, and Physiology and Comparative Anatomy.
5. Archæology, History, and Philology.

II. That the Council of the Academy shall be formed of twelve representatives of Science, and nine of Archæology and Philology.

III. That each Scientific Section shall have a committee, consisting of a President, Vice-President, Secretary, and Committee, elected annually by the Academy at large from a list prepared by the Committee of the Section. That the President so elected shall be made a Member of Council, and be nominated by the President of the Academy a Vice-President of the Academy. By the Charter of the Academy there can be only four Vice-Presidents, In order to meet the difficulty of having only four Vice-Presidents and five Sections, it has been suggested that the President of the Academy for the time being should act as President of one of the sections, he selecting the one with which he may happen to be most connected, or which should be most congenial to his tastes.

IV. That each section may have its own night of meeting, but that any two or more sections may arrange the meetings for the same night.

V. That there shall be at least two General Meetings of the Academy at large, on the nights provided for in the Charter, at one of which the elections for the Members of Council, the officers of the Academy at large, and the officers and committees of Sections shall take place. And it is recommended that these General Meetings should be made as interesting as possible by the exhibition of specimens, the delivery of a lecture, &c.

VI. That with a view of rendering the meetings of the sections as interesting as possible, steps be taken to have tea provided at each meeting.

VII. That the proceedings of the academy be divided into two series—one for Science, and the other for Archaeology, History, Philology, &c. The complete separation here recommended to be effected after the completion of Vol. X., now in course of publication.

VIII. That the officers and Committee of each Section shall determine what papers, reports, &c., should be read or business transacted at its meetings, and superintend the publication of their proceedings. But that there should be, as now, a Committee of Publication of the General Council, to superintend all the publications of the Academy, upon which each section should be adequately represented. The Papers recommended for the Transactions to be voted for in full Council as at present.

IX. That with a view of encouraging the reading of papers before the sections of the Academy, the author of a paper be at liberty to publish it, where and when he chooses, provided he appends a note stating that it had been read to the academy.

X. That, as now, the committees of the Council having the management of the funds, the buildings, &c., namely, the Economy Committee, &c., be appointed by the Council, and that all disbursements, &c., be made through the Treasurer of the Academy.

XI. That all the members of the Societies proposing to merge into the Academy be co-opted by the Academy without entrance fee, and in such a way as may fulfil the provisions of the Charter.

It was suggested at the Conference that Life Members of Societies about to join the Academy should be considered as Life Members of the Academy during whatever period may be determined upon for making the experiment, on condition of the interest of so much of the stock of the Society representing their life compositions being paid into the Academy.

It was also suggested that if a Society permanently joined the Academy, the whole of their funded stock should either be added to the stock of the Academy, or kept as a separate fund for the promotion of the special branch of Science of the original Society as may be afterwards determined upon. In either case, the Life Members of the Society to be considered as Life Members of the Academy.

It was also suggested, that the library of any Society joining should be placed in the library of the Academy, but it should not become the permanent property of the Academy until the Society has finally merged in the Academy.

The Townshend Reforms.

We do not number amongst our personal friends the Marquis Townshend, nor do we happen to know any one who has any faith in that nobleman's proposals for improving society. He evidently, however, has faith in himself, for he has a neat lot of 11 bills before the House of Lords. Some of these do not concern us very seriously, for instance, that relating to the birching of school-boys, as the marquis does not propose to create medical inspectors to see that his regulations for birching are duly complied with, and the inspection of "baby farming" is to be carried out by the relieving officer. But there is something that concerns the profession. Our aristocratic social reformer wants to compel vaccinators to obtain a certificate of the source of the lymph they employ. Now, most noble Marquis, what about the pay? Vaccinators already have to fill up an unreasonable number of certificates, and doctors are constantly doing an inconceivable amount of work gratuitously, to the injury of themselves as individuals, and as an order, as well as to a thankless public. We have no objection at all to any one engaging in what he thinks to be social reforms, but we do protest against his doing so at other people's expense. Any one who wants certificates in matters medical, can have them by paying for them. Would that no one could get them without.

Newcastle-upon-Tyne Asylum.

The report of the medical superintendent, Dr. H. S. Grainger, shows considerable pressure on the resources of the institution, which, however, will soon be relieved by the new buildings, one of the wings of which will be occupied at once. The mortality of the year was above the average, being 12 males and 5 females, equal to a per centage of 11·9, Disease of the brain was the chief cause of death. One suicide occurred, although great precautions were taken to prevent the catastrophe.

A good deal of work, including the making up of the whole of the clothing was done by the patients, and we are glad to note that amusements were provided in the the form of weekly concerts, dances, or dramatic readings and representations.

We may add that the library is rather short, and that presents of periodicals or books would be acceptable. We hope the people of the borough of Newcastle will take the hint.

The Health of Dublin.

In the Dublin Registration District, the births *registered* during the week ending May 1st, amounted to 181. The average number in the corresponding week of the years 1864 to '68 inclusive, was 182. The deaths registered were 144. The average number in the corresponding week of the previous five years was 164. Seven deaths from scarlet fever were registered: of these, 1 occurred on the 29th of March, and another on the 1st of April. One death was ascribed to typhus, and 2 to typhoid or enteric fever. A male, aged 15 years, and a policeman aged 23 years, died of "cerebro-spinal meningitis." Erysipelas caused 3 deaths, diphtheria 2, and croup 1. Nine children died from convulsions. Bronchitis proved fatal in 24 instances, and pneumonia or inflammation of the lungs in 4. Seven deaths resulted from heart disease, and 1 from aneurism. Four deaths were attributed to liver disease. Phthisis or pulmonary consumption was the cause of 15 deaths, and mesenteric disease of 3.

"Royal Society of Medicine."

The discussion at the "Medico-Chi" took place as announced, and a very desultory and unsatisfactory one it proved, ending in a resolution that the proposed "academy" should be called society. The meeting was then adjourned for a fortnight. Some gentlemen had such vivid recollections of the word academy in the sense of a school that they could not be persuaded to entertain the project under that name, so eventually it was agreed that the old and respectable "Medico-Chi" should carry out its proposed affiliation of several other societies under the name of the "Royal Society of Medicine." What a wonderful advance! Need medicine despair when its leading metropolitan professors spend a whole evening in debating such a question? Surely great things must be in store when the great debate of the year is but a new reading of "what's in a name?"

We have already given full information as to the scheme of amalgamation, and should be glad to see any plan accepted which would put a stop to the waste of power that exists in the two great division of the societies. But we do feel that this plan is not sufficiently broad. It only proposes to take in some of the societies by way of bringing new blood to the "Medico-Chi," and at the same time replenishing its coffers. A little greater liberality in the matter of entrance fees and subscriptions would apparently accomplish all that the majority of the "Medico-Chi" care for.

The Medical Council.

This body will soon meet, and the British Medical Association Committee is making another effort to push its plan of what it calls the *direct* representation of the profession in contradistinction from that which it incorrectly describes as the *indirect* method of Dr. P. James, and which latter now has the support of the majority of reformers. Our contemporary, the *Lancet*, has also now pronounced in favour of the latter scheme, which it speaks of as the "collegiate one" with an amusing fear of allowing its readers to know the name of its originator. Of this we may be quite certain. What are sometimes described as corporate interests will rebel against any plan whatever, and yet nothing would please the profession more than such an enlargement of the franchise of all the corporate bodies as should give every individual member of them a voice in their management. The *Medical Mirror* has lately taken the opportunity of stating that the plan of Dr. Prosser James is too complete, inasmuch as it would reform at one stroke not only the Council, but the whole of the corporations. It commends the boldness of the champion, though fearing that the alliance of hostile interests will be too powerful. One thing is particularly worthy of remark, though we have often stated it before—viz., that, unlike the proposal for direct representation, the "indirect" or "collegiate" plan, as Dr. P. J.'s has been called, does not require any act of parliament to carry it out; while, were it once accomplished, it would at once afford the profession the opportunity, not only of pronouncing upon the desirability of further change, but of expressing its opinion upon all other questions.

The Erasmus Wilson Professorship of Dermatology.

Our readers are aware that the Royal College of Surgeons have accepted the munificent gift of £5,000 from Mr. Erasmus Wilson, for the purpose of founding a professorship of dermatology in the College,—of which the donor is a distinguished fellow. Mr. Wilson also gives a superb collection of models, which will, we anticipate, include duplicates of the whole of the specimens of the *Hôpital St Louis*, for we have heard that Mr. Wilson was the fortunate owner of all those duplicates. Such a collection will be worthy of a place in the great Hunterian Museum, and will, in fact, be a very important addition to that national monument of which we are so proud, while it cannot fail to advance dermatology by drawing to itself the remarkable specimens of other observers who wish to consign them to public uses.

The committee appointed to elaborate a scheme will present their plan to-morrow, and we have little doubt that it will be accepted. It must, of course, embrace the preservation of the dermatological department of the Hunterian Museum, and the regulations for the Chair of Dermatology. We have already said that Mr. Wilson imposed no restrictions on the election of a professor, and we may add that he requires that every registered practitioner shall be considered eligible. Such marked liberality is worthy of the age and of the profession, as well as of the department which the donor has made entirely his own.

A good deal of speculation has been rife as to the probable occupant of the new chair, and some very ridiculous and uncalled-for guesses have been hazarded. For our part we should hope that the College will have the good taste to invite the founder to deliver the first course of lectures himself. Had the chair been endowed by any one else, no one could show a better title to it than Mr. Wilson; and if he would consent to occupy it, no one would more worthily uphold the dignity of the professorship which must always be associated with his name.

Resignation of Mr Wilmot from the Council of the Royal College of Surgeons in Ireland.

We learn with much regret that Mr. Wilmot has intimated his intention not to present himself for re-election to the Council of the Royal College of Surgeons in Ireland, at the Annual Election in June. The announcement of this decision has been received with much regret by the Council, and a resolution was, we learn, adopted at their last meeting, expressive of their feelings at a severance of Mr. Wilmot's connexion with the College.

There is no member of the Council who has more thoroughly deserved, or more fully enjoyed, the confidence of the Fellows of the College, and there can be not the least doubt that if Mr. Wilmot had felt it possible to devote attention to his collegiate duties, he would have been placed high in the voting at the next election.

Sanitary Reform in Austria.

The Austrian Government, having entered on the Reform movement, is active in extending its efforts to medical matters. On the initiative of Dr. Giskra, the minister in charge of such subjects, a commission of forty-two medical men called from all the provinces of the Empire and chosen from the chief of the sanitary service, provincial medical officers, professors of medical schools, the medico-legal advisers of the Crown, civil practitioners, with the addition of five journalists, has been assembled at Vienna, on the 22nd of February, for the purpose of enquiring into the different branches of the medical service, and discussing and voting on the improvements and forms to be effected. It has been already decided to establish, by direct election from the medical body, Provincial Sanitary Councils for each province and district, who are to be re-elected every three years.

A superior Central Council of twenty-eight members, twelve of whom will be appointed by the Government, and will meet at Vienna to form a final judgment on all disputed questions. It is the intention of the minister to submit this project to the Legislature Chambers in the present session, so that it may not be indefinftely adjourned, but may produce an immediate result.

Coombe Lying-in Hospital, Dublin.

The guardians and directors of this institution, having recently purchased a plot of ground which adjoins and communicates with the hospital premises, and which presents a frontage of forty-two feet to Brabazon street, met on Thursday last, in the board-room of the institution, for the consideration of tenders for the erection of additional buildings thereon.

Sir Arthur E. Guinness, Bart., attended, and generously intimated his intention of carrying out the promise made by his late lamented father, Sir Benjamin Lee Guinness, D.L., M.P., and which had lapsed by his death—namely, to contribute the sum of £500 towards the erection of this building when proceeded with.

The plans, which have been prepared by the architect of the institution, Duncan C. Ferguson, Esq., provides for the erection of a building of four stories. On the first of these is to be placed ample accommodation for the general dispensary, consisting of large waiting room and apothecary's shop in the front, towards Brabazon street, and the physicians' room in the rear of, but communicating directly with, each of these two other apartments. On the next floor there will be a large ward, extending over both the dispensary waiting room and the apothecaries' shop, and a smaller one over the physicians' room. These two wards are intended for the reception and treatment of cases of chronic female diseases. On the third floor, the ward over the large chronic ward is to be appropriated for cases of the diseases of children, and the apartment over the smaller chronic ward is to be the operating theatre. The fourth floor is to be appropriated for the exclusive reception of contagious diseases; the larger ward for patients removed from the lying-in wards of the hospital, who are thereby separated from the more healthy patients, and the smaller ward for cases of infectious diseases in children. Each of the three lower stories will have a height of fourteen feet; the top floor will, in addition to that height of walls, have, by means of an open roof, an additional height of several feet. A bath-room and water-closet is to be attached to each story, and an unfailing supply of water is furnished throughout every part of the building, warm water being provided from boilers attached to the several fire-places. The ventilation is to be effected by the admission of fresh air in proximity with the respective floors, whilst the foul air is removed by means of air-funnels in the ceilings, which pass from front to rear of the building; in each of the contagious diseases wards, a range of louvres is to be constructed in the roof. The entrance to the dispensary will be from Brabazon street, while the upper portion of the building can be approached only from the yard in the rear, which opens into that of the hospital. In this way, the dispensary patients will be excluded from access to the other departments of the institution. There are to be two staircases, one leading to the chronic ward, the children's ward, and the operating theatre; the other, at the opposite side of the building, exclusively to the contagious disease wards, which are thereby perfectly isolated. The dispensary physicians' room, and the small wards over it, lie directly between these two staircases. The operating theatre will have a patent lift from the wards below for the diseases of females, and this will be furnished with a mattress fitted to a suitable operating table on castors, whereon patients can be conveyed from and to their respective wards without fatigue or hazard.

The guardians and directors have determined, in order to manifest their sense of Sir Arthur Guinness's liberality, to designate this building the Guinness Dispensary, in connection with the Coombe Lying-in Hospital. It is to be completed for the reception of patients within the next ten months.

It is expected that the guardians and directors will in a few weeks be enabled to proceed with the erection of the Guinness wing of the hospital, towards the expense of which the late Sir Benjamin Lee Guinness contributed the munificent sum of £2,000 shortly before his death, the law proceedings in connection with the title of the ground on which it is to be erected being now nearly complete.

University College.

LAST Wednesday afternoon the prizes in the Faculty of Medicine were distributed. Mr. W. Spottiswoode, F.R.S., took the chair. Mr. Grote, President of the College, and other members of the Council, and numerous visitors were present. Dr. Russell Reynolds, F.R.S., as Dean, read the report, which showed that 222 medical students were enrolled in the past year. The enlargement of the hospital was mentioned, and a feeling tribute accorded to the late Dr. Hillier. The chairman addressed the prizemen, and a vote of thanks to him proposed by Mr. Grote was carried with enthusiasm.

Health Resorts of the Metropolis.

THE death of Sir Thomas Morgan Wilson, which took place at Folkestone, on Wednesday last, must lead to some settlement of the long continued disputes as to the use of Hampstead Heath, which was left by one of his ancestors to his heir's male, to be kept open to the public.

The late Baronet for many years persistently endeavoured both in Parliament and in the Courts of Law to obtain power to enclose and build upon portions of the Heath, but was always successfully resisted by the surrounding landowners and inhabitants.

By his death, without issue, the entail lapses, and his successors are in a position to dispose of the land as they may think fit.

We hope the metropolis will not be deprived of this important lung—one of the most attractive spots in its suburbs—but there is reason to fear such eligible sites for building purposes will not be left unoccupied by the speculative builders who have already established themselves upon its borders.

Indeed, the foundations of houses, which the late Sir Thomas was restrained by the courts of law from erecting, remain on the highest part of the Heath, an irresistible attraction to complete the work.

We trust some steps will be promptly taken to secure at least a portion of this open space for the use and recreation of the inhabitants of London, crowds of whom daily throng the neighbourhood, and in fine weather literally go out to tea, hundreds may be seen partaking tea under the shade of the trees in the well known "Vale of Health."

Hospital Abuse.

A DISCUSSION has been again initiated in the *Times* on the abuse of hospitals by a very practicable letter of Mr. Holmes Cootes. So great is the abuse that prevails in all directions, that too much publicity cannot be given to the facts though we fear little can be done unless the profession fairly resolves to withhold its gratuitious labour.

Secret Remedies in Spain.

THE importation and sale of secret remedies into Spain have been hitherto positively interdicted by the laws and ordinances, one more stringent than another. Representations have, however, now been made by the apothecaries of Madrid that the restriction was prejudicial to the empire, the public health, and their own interests, and, in response, the Minister Sagasta has removed the prohibition by an order of the 12th of April. He defines a "secret" remedy as that of which the composition cannot be discovered, or of which the formula has not been published. All the provisions which impeded the introduction into Spain of foreign galenical products of known composition have been abrogated, subject, of course, to the payment of heavy taxes.

The Outbreak of Typhus in Spain.

THE epidemic of typhoid fever, or rather of famine fever, which rages in Spain, continues to increase in Madrid, and to extend its limits throughout the country. More than 12 physicians have died of it in the capital, 5 of them at the General Hospital, not counting 10 medical practitioners, 1 apothecary, and 21 nurses. Dr. Trelles, surgeon to the Medical Charities' Department, formerly physician to the Royal Family, and a practitioner of great celebrity has died on the 17th of April. Forty medical men have been already cut off in the province of Valencia, and the mortality is probably as great in other districts.

Election of Examiners in the Royal College of Surgeons in Ireland.

THE College assembled on Tuesday week to witness the annual election of examiners for the ensuing year. In addition to the seven examiners who offered themselves for re-election, there were five new candidates—Henry J. Gogarty, Charles Moore, Robert Murney, Richard Tuohill, and R. Persse White.

The three Examiners in Midwifery were unopposed.

In respect of the Examinership in General Education there was a sharp contest, which resulted in the removal of two out of three of the late examiners. No less than six new candidates presented themselves—viz.: Isaac Ashe, M.D.; Rev. A. Leeper, D.D.; William Roe, F.R.C.S.I.; George Scott, M.A.; Anthony Trail, LL.D., F.T.C.D.; Montgomery A. Ward, A.B., M.B.

For the selection of examiners seven councillors were chosen by lot, in accordance with the provisions of the charter, and retired for conference together. On their return the President announced the following gentlemen to have been chosen :—

Examiners for Letters Testimonial and Fellowship.—John Barker, Christopher Fleming, Benjamin W. Richardson, M. Harry Stapleton, Edward A. Stoker, T. Jolliffe Tufnell, and Edward S. O'Grady.

Examiners in Midwifery.—John Cronyn, Edward J. Quinan, and John R. Kirkpatrick.

Examiners in General Education.—Isaac Ashe, M.D.; Thomas Byrne; Anthony Trail, LL.D., F.T.C.D.

Our readers will observe that no change has been made in the constitution of the Surgical or Midwifery Court, and that Dr. Ashe and Dr. Trail, F.T.C.D., have replaced Dr. Murray and Dr. G. F. Shaw in the General Education Court.

PROFESSOR Humphry has been elected Honorary Fellow of Downing College.

DR. GREEN will not be opposed for the Assistant Physiciancy at Charing Cross Hospital.

DR. PAYNE obtains a similar post at the Children's Hospital.

DR. HOFFMEISTER will accompany the Queen to Scotland.

DR. CORFIELD, M.B., M.A., Oxon, formerly Radcliffe Travelling Fellow, has been elected to the new Professorship of Public Health, at University College, London.

DR. PALFREY will commence his course of "Clinical Lectures on Diseases of Women" at the London Hospital, on Tuesday next, the 18th inst., at 2.45 p.m.

THE new Lunatic Asylum for the counties of Cavan and Monaghan will shortly be opened for the reception of inmates.

MR. BLANCHARD Jerrold is at Brussels, on a journey through the poor districts and poor-law systems of Europe, to examine the results of their various modes of administration.

THE Pharmacy Act need give no more trouble to the minds of those who dispense their own medicines. It has been so amended in committee as to reserve the right of all registered practitioners.

ON Thursday last a Mr. Farmer was summoned before the magistrates at the Southwark Police Court by the parish authorities for non-compliance with the provisions of the Compulsory Vaccination Act. The defendant, who pleaded illness as the cause of neglect, was fined two guineas, which he paid.

A LIMITED number of copies of the following works by Sir George Ramsay, Bart., has been kindly placed by the author at the disposal of the Society of Arts, for distribution to such Institutions as may apply for them :—

1. Analysis and Theory of the Emotions.
2. Introduction to Mental Philosophy.
3. Principles of Psychology.
4. Instinct and Reason.
5. Essay on the Distribution of Wealth.
6. Political Discourses.
7. A Disquisition on Government.

Applications for copies should be made to the Secretary.

ACTIVE efforts are being made in Italy to ensure the success of the approaching International Congress at Florence. A circular has been addressed by the Ministers of Public Instruction to the doctors of all Universities soliciting the active co-operation of the Professors of the Faculty of Medicine in the Congress.

THE insubordination of students in the Continental Schools is becoming a very serious matter. We lately reported the closing of a Russian University in consequence of such an outbreak, and the same spirit has recently manifested itself in another form in the Paris Faculty of Medicine.

The students in medicine have evidenced a dislike to M. Regnauld, the Professor of Materia Medica in the Faculty, in consequence, it is said, of his severity in the examinations. They manifest their objections by creating such a riot at his lecture, that he has been unable to complete the course, and has been obliged to omit the concluding lectures.

Medical Gleanings.

ON THE BLUE LINE IN SATURNINE AFFECTIONS, AND ITS PATHOGNOMONIC VALUE. BY DR. FALOT.

DR. FALOT refutes the authors who believe that the blue line along the gums is formed by an accidental deposit on the buccal mucous membrane of lead furnished by dust contained in the air or food, or still more in fluids that have been adulterated or accidentally charged. According to M. Grissolle among others, the blue line is the livery of the lead-worker, not a symptom of poisoning, but a simple deposit, and a sign of the worker's occupation. M. Falot quotes the observations of Beau, Barlow, Gregory Smith, and Lecoq, all of whom observed the blue line in patients undergoing an internal treatment with pills of subcarbonate or acetate of lead; and he gives in addition the reports of some cases of his own, which were gathered in an epidemic of colic in a ship's crew at the Gaboon, the cause of which was lead poisoning. Finally, after having established by experiment the impossibility of reproducing the blue line artificially, by touching the gums corresponding to the incisor and canine teeth of the lower jaw with a brush dipped in acetate of lead, and after having proved that oxygenated water and water sharpened by sulphuric acid, the ordinary reagents of lead, had no influence upon the blue line when it is plainly established, Dr. Falot proves that the line is the result of an elimination of the lead, and indicates by its manifestation that the lead, carried along by the circulation, comes to be deposited in the tissue of the gums, where it forms a combination which reveals its presence by a more or less intense blue coloration. M. Falot finishes his contribution by representing the blue line as a sign of the penetration of lead into the economy, and he derives the important conclusion for forensic medicine, that its presence may denote lead-poisoning, although an analysis of the viscera may not have revealed the smallest trace of the metal.

STATISTICS OF PARIS.

In a paper read before the French Academy of Medicine, by M. Gustave Lagneau, we find the following curious remarks concerning the population of Paris. That of the department of the Seine increases in a ratio nine times larger than that of France, a circumstance naturally owing, not to the difference between the number of births and that of deaths, but to the excess of immigration over emigration. About one-third of the children born in the department of the Seine are sent out to nurse in the others; only one-third of these infants ever return home. From the ages of ten to fifteen for boys, and fifteen to twenty for girls, an immigration towards Paris sets in, which seems to attain its maximum within the ages of twenty-five to thirty. It is so considerable as to embrace nearly two-thirds of the population of the department of the Seine, only one-third of which is really indigenous. In consequence of this double current of emigration of infants and immigration of adults, the Seine differs from all the other departments of France in its having a smaller proportion of infants; a greater one of grown-up persons; a smaller one of married couples; and consequently a larger one of bachelors and spinsters. And now we come to a point at which the author of the paper wanders into the Darwinian system. This constant immigration, he contends—of generally intelligent persons, capable of contributing to the constant advancement of commerce, manufactures, the arts and sciences, of which Paris is the principle centre—seems to explain why since the twelfth century, according to Dr. Broca's observations, the capacity of the skull and the breadth of the forehead have materially increased. To this view of the case it may be objected, that since two-thirds of the skulls one might meet with in Paris are those of foreiguers, there are two chances to one against the validity of Dr. Broca's conclusions. The mortality of children under five years of age amounts to one third in the rest of France; in the department of the Seine it is more than one-half. Again, in this department, mortality generally is one-third greater than elsewhere in France; at twenty, the survivors are only two-fifths of the number born; at forty, less than one-third; and at sixty, less than one-sixth. *Galignani.*

CAUSES OF CHOLERA.

PROFESSOR Pettenkofer gives the following as a summary of his elaborate investigations in the causes of cholera:

In my opinion four conditions are essential in order to bring about an epidemic of cholera:

1. A specific germ.
2. Certain local conditions.
3. Certain seasonal conditions.
4. Certain individual conditions.

I have not investigated the nature of the cholera germ as disseminated by human intercourse. I have only taken for granted that it exists in the intestinal discharges of persons coming from infected places. My own investigations have been chiefly confined to the second and third before-mentioned conditions. Hitherto I have considered the human subject only so far as he is the bearer of the infecting matter of cholera or of the germ of this matter; and have with facts contended against the pure contagionists, who declare that the infecting matter is produced by a process of multiplication within the bodies of those affected by the disease. My chief proofs of this have always lain in simple *facts* (independent of any theory) as to the spread of cholera over large districts. There are certainly *places* enjoying complete immunity from cholera, also *periods* of immunity. The development of epidemics, and the immunity of many places, is totally inexplicable, by the simple assumption of contagion from person to person. Observe the spread of epidemics along the course of railways and other ways of inter-communication. Nor are they to be explained by certain individual disposition of person (food, drinks, domestic arrangements, age, position, &c.); but the circumstances require, besides these, the existence of local and seasonal aiding causes, which have to be assumed.

Are these in immediate relation to the cholera germ itself, or to the individual disposition? Facts speak in favour of the first opinion only. 1. Persons from an unaffected place going to an affected one, are attacked quite as numerously and as soon as the persons who constantly reside in these places. 2. Cases are on record where a person from an infected district conveys (in a way not clearly ascertained) infecting matter in a place enjoying complete immunity from cholera; and there, by means of his limited amount of infecting matter, infects a few persons who themselves had never been subject to the local conditions of an infected place, and therefore could not have had their individual disposition altered by it. Facts imperiously demand that we should consider that the "seasonal" and "local" conditions are intimately connected with the cholera germ, although they may, in addition be in a condition to act on the predisposition also.

The infecting matter, in my opinion, is not a product of the human intestines, but of the soil. In so far as we consider the cholera germ of an organised nature and capable of various degrees of development, it is possible—nay, very probable—that there may be various degrees of infection. The distinction between cholera "germ" and cholera "infecting matter" must be noted. The cholera germ stands in the same relation to the infecting matter as the seed does to the fully developed plant.

THE USE OF CHESNUT-LEAVES (CASTANEA VISCA) IN WHOOPING COUGH. BY J. LUDLOW, M.D.

IN the treatment of this very fatal disease to childhood, I have always wished for some agent or remedy to relieve that most urgent of all symptoms in the second stage, the spasm that is so trying to the sufferer, and to which the patient often succumbs.

I, like the drowning person who grasps at every straw, have tried all the various remedies that have been recommended by the best authority, from time to time, from all of which I obtained some assistance, but not one of the many met my desire.

More than two years ago the remedy placed at the beginning of this article was brought to my notice by a professional brother of this city, Dr. Unziker, he telling me that in his hands it had never failed to *cure*, not *relieve* the spasm, and bring the disease to a speedy end. I therefore determined to give it a fair trial whenever opportunity offered, and in every case that I have treated since, I have invariably used it, and with the happiest results. I have found in all cases that it would in from five to ten days, relieve the spasm, and in about two weeks cure it; and the little sufferer would whoop no more, but go on to a speedy recovery, to the great delight of myself and its friends.

I make an infusion of the leaves, by taking one-half of an ounce of them to the pint of boiling water, and afterwards add a pint of cold water, to which is added sufficient of white sugar to make it palatable to the patient, and give of this *cold* as much as I can get the patient to take during the day and evening. Giving it to drink in place of cold water, the child soon gets to like it, and I have no trouble in getting a sufficient quantity taken to produce the desired result. This remedy I believe of such importance, that I would urge it upon the attention of the profession at large.—*Cincinnati Lancet and Observer.*

CONGENITAL ARTIFICIAL ANUS AT THE UMBILICUS.

I WAS called during the month of April last to visit a female infant, seven days old, of mixed parentage, and was informed that the midwife thought it very strangely affected about its navel. On my arrival I removed the bandages and dressing from the cord and the first thing that saluted me was a considerable discharge of flatulence through the umbilicus. Upon further examination I ascertained that the cord had separated as usual, except it had left an ulcerated surface, and from this surface during my manipulatians the child had a copious operation. I next looked for an imperforate anus, but found everything in that locality in a state of perfect conformation, and the child still passing a portion of its stool *per via naturales.*

I cauterized the opening pretty freely with nitrate of silver, thinking by this means to excite an adhesive inflammation and thus obliterate the aperture. This did not accomplish the desired object, and I next ligated the funis a second time, hoping to detach another portion and leave the remainder impervious. This last treatment suceeded. Never having seen a case of the kind before, or remembered to have read of one, I proceeded to examine the authorities on the subject, and, after considerable search found one case recorded, in which it was thought that the ligature was applied too near the abdominal walls, and included a portion of the ilium at this region. This I do not think could possibly have been the fault here as the cord was properly tied two and a half inches long.

Query.—Could not the conduit to the vitelline sac have been left pervious as a remnant of intra-uterine structure.

Medical News.

MEDICAL CLUB.—(Communicated.)—The usual monthly dinner took place at the Medical Club on Wednesday last, Dr. Richardson, F.R.S., in the chair, the party consisted of between thirty and forty, and amongst the visitors and members present were Professor Macdonald, Mr. Joseph Knight, Mr. Marshall, President of the Medical Society, Sir William Fergusson, Sir Charles McGrigor, &c. Dr. Richardson, in proposing "Success to the Medical Club," said that the Club, though by name Medical, was in fact cosmopolitan in its cha racter. No eminent man in science or in literature was excluded because he was not medical ; on the contrary, the promoters of the Club had done all they could to remove every trace of a narrow and exclusive spirit. At the same time they were satisfied that medicine alone presented a basis sufficiently broad, sufficiently scientific, and sufficiently social on which to place permanently an institution such as the Medical Club claims to be, and is, and is to be. Medically, the Club was a centre for the representation of physic in all parts of the empire, and every man known and unknown who joined it was sure, whenever he was able to visit the Club, to make some new friend and receive some new social advantage. The monthly dinners tended effectually towards this every desirable object of bringing members of the profession, who were widely separated at most times and seasons, into friendly communion, and of making them acquainted also with men of mark and stamp in other professions. The gradual and safe increase of members showed clearly that the principles of the Club were sound, and nothing now was required but time and patience to perfect what had been so happily conceived, and up to this time so faithfully carried out. The Chairman, in conclusion, said he had hoped when the return of Dr. Livingstone was a short time since announced, that the meeting this month might have been graced by the presence of the illustrious explorer. Had it been so, there can be no doubt of the welcome that would have been tendered him in the Club, and he, the Chairman, yet hoped that one day the members would have the happiness of being able to offer a home to a traveller whose work was so pure a glory to the profession he adorned. The finances of the Club he was happy to say were in a satisfactory state, and he had great pleasure in stating that at the next dinner, which would be on Wednesday, June 2nd, Mr. Erasmus Wilson had kindly consented to preside.

THE GERMAN HOSPITAL.—The twenty-fourth anniversary festival of this charity was celebrated at the City Terminus Hotel last Friday under the presidency of the Earl of Shaftesbury, who was supported by his Excellency the Count Bernstorff, and other distinguished persons. During the past year, there was an increase of 74 in the number of in-patients, and of 3,526 in the out-patients. The receipts of the institution for general purposes amounted to 5,523*l*. 14s. 9d. last year ; so that on the 31st December there was a balance due to the bankers amounting to £184. 3s. 3d. the subscriptions and donations awarded were nearly 4,000.

ROYAL FREE HOSPITAL.—This hospital founded in 1828 on the principle of free and unrestricted admission according to the report admits as in-patients about 1,500 persons annually, and more than 60,000 out-patients at a cost of about £7,000 per annum. The income of the charity from annual subscriptions is not more than £1,500 ; leaving the large balance of £7,500 to be raised by means of special appeals. The forty-first anniversary festival was held last Wednesday, at the City Terminus Hotel, under the presidency of the Lord Mayor (Mr. J. C. Lawrence, M.P.), and the company included Viscount Sidmouth, Viscount Dupplin, Sir George Bowyer, Mr. Sheriff Hutton, the Rev. J. B. Owen, the Rev Mr. Mitchell, Dr. Rickards, Dr. Lloyd Owen, Dr. O'Connor, Mr. Sarjeant Robinson, Mr. C. Candy, Mr. S. H. Northcote, Mr. Gilbert Northcote, Mr. Weedon Cooke, Mr. De Meric, Mr. S Rosenthal, Mr. H. S. Bicknell, Mr. E. Masterman, and Mr. W. S. Pritchard. In proposing "Prosperity to the Royal Free Hospital," the chairman called attention to some significant facts in the history of the institution. In 1828, the first year of its existence, 926 sick persons were relieved. Ten years later, in 1838, the number of persons who had availed themselves of it had increased to 8,200. In the last year of the next decade no fewer than 28,600 were relieved, and the number rose to 40,000 in 1858, and to 65,000 in 1868. In conclusion he made an earnest appeal on behalf of the charity, and the secretary subsequently announced subscriptions amounting to nearly £5,000.

EAST LONDON HOSPITAL FOR CHILDREN.—The annual general meeting of the East London Hospital for Children and Dispensary for Women, at Radcliffe-cross, was held on Wednesday, the 28th ult., Lord Enfield M.P., in the chair. The report, stated that since the foundation of the hospital, in January, 1868, the number of in-patients had been upwards of 800, and of out-patients 4,624. The number of beds had increased from 10, with which the hospital was opened, to 40. The expenditure during these 15 months had amounted to £1,653 18s. 7d., a sum which, considering the requisite preliminary expenses for furniture and fixtures, and allowing 8d. per head as the *minimum* for out-patients, reduces the cost for each child treated in the wards to £4 13s. 6d.

THE British Consul at Charleston, reports that the health authorities in that port have issued quarantine regulations for the ports of Georgetown, Charleston, and Hilton Head, on the coast of South Carolina, to the following effect :—1. That all vessels from any place where pestilential, contagious, or infectious disease existed at the time of their departure, or on board of which any case of such disease shall have occurred, arriving between the 1st of May and the 1st November, shall remain at quarantine for at least thirty days after their arrival, and at least twenty days after their cargo shall have been discharged, 2. That all vessels from any port in Asia, Africa, or the Mediterranean, or from part of the West Indies, Bahama, Bermuda, or Western Islands, or from any place in America south of Hilton Head, and all vessels on board of which, during the voyage, or while at the port of their departure, any person shall have been sick, arriving between the 1st May and 1st November, shall, on arrival at the quarantine ground, be subject to visitation by the health officers, but shall not be detained unless they shall have had on board during the voyage some case of infectious, contagious, or pestilential disease ; and 3. All vessels navigated by steam shall be subject only to such length of quarantine and regulations as the health officers shall enjoin.

STRYCHNINE POISONING.—The coroner for Lynn, held an adjourned inquest on Wednesday, on the body of the infant daughter of Mr. A. F. Langford, a chemist in the town. It appeared from the evidence that Mrs. Langford the mother of the child, has for the last six months been in very low spirits. She imagined that her husband's business had fallen off, and that he was on the brink of poverty. At the time of her confinement she had complained of pain in the head, and was much excited. On the 26th ult. Dr. Lowe, the medical attendant of the family, was sent for to see Mr. Langford, who was said to be dying. He found him in bed, suffering from convulsions, and on asking his wife when they came on she said she had poisoned herself and her husband with strychnine. She had just said this when she was herself thrown into a strong tetantic convulsion. Remedies were at once administered, and both Mr. Langford and his wife recovered. The deceased child was found in its cradle, strongly convulsed ; the stomach pump was at once used, but it did not recover. The contents of various parts of the body were sent to Dr. Letheby, of London, who found strychnine in the stomach, and gave his opinion that the child had died from its effects. He did not think the child would absorb the poison through the breast of its mother. He never heard of such a case, but it might be possible. Mrs. Langford, sen., who sent for the medical men on the 26th ult., stated that on the morning of that day she was sent for to see her son. Mrs. Langford, jun., put her arms round her neck and said, "Oh, Mrs. Langford, forgive me ; I've poisoned myself and poisoned them." The jury returned the following verdict :—"Died of strychnine, given by the mother while in an unsound state of mind."

ROYAL VISIT TO THE CHILDREN'S HOSPITAL IN GREAT ORMOND STREET.—On Monday the Prince and Princess Christian paid a visit to this institution. Viscount Gort and Sir William Jenner, received their Royal Highnesses, and the resident medical officer, with the secretary, Mr. S. Whitford, were in attendance, and after inspecting every part of the building, expressed approval of the arrangements. Her Royal Highness the Princess Christian, has for some years past, been one of the Vice-Patronesses of the Charity.

NOTICES TO CORRESPONDENTS.

SPECIAL NOTICE.

We propose in our next to recommence our investigations on the composition and uses of various "Foods and Drinks" most generally known in this country, of which we have not treated in former analyses. Our attention will first be directed to mineral waters, cocoas, mustards, &c. The gentlemen engaged in these reports are in the front rank of modern analysts, so that our readers may depend upon these reports for accuracy and impartiality.

MR. NOURSE, F.R.C.S., Brighton. Your letter upon Dr. Drysdale's theory of overpopulation arrived too late for insertion in the present number. It shall appear in our next.

DR. DAVEY, Walmer, will please receive our best thanks.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 19, 1869.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE
Experiences of a Regimental Surgeon in India. By C. A. Gordon, M.D., C.B., Deputy Inspector-General of Hospitals. 407
On Cancer of the Rectum. By Holmes Coote, Surgeon to St. Bartholomew's Hospital 408
Observations on the Treatment of a Case of Psoas Abscess. By Thomas More Madden, M.R.I.A., L.K.Q.P., M.R.C.S. Eng., Assistant Physician to the Dublin Lying-in Hospital 409
On Prostitution. By Chas. R. Drysdale, M.D., M.R C.P., F.R.C.S., Physician to the North London Consumption Hospital, Hampstead; late Secretary to the V.D. Committee of the Harveian Society of London 411
A Method of making the Interrupted Suture by means of Fine Sewing Needles. By J. Lamprey, M.B., Surgeon 67th Regiment 412

HOSPITAL REPORTS.

Metropolitan Free Hospital and Farringdon Dispensary.—
Further Cases of Syphilis treated without Mercury. By Charles R. Drysdale, M.D., M.R.C.P., F.R.C.S., and Robert W. Dunn, Esq., M.R.C.S. 413
PAGE
Meath Hospital.—
Some Cases Occurring in the Practice of Mr. Porter. Mr. Smyly's Clinique: Nævi treated by Electrolysis 414

OUR ANALYTICAL DEPARTMENT.

An Examination and Analysis of Pullna Water 415

The Rinderpest in 1747 415

LEADING ARTICLES.

The Medical Council and the Accoucheurs 416
Medical Teachers and Hospital Physicians and Surgeons 416

SCOTLAND.

The Health of the Quarter 417
The Mortality in Glasgow 417
The Society of Antiquaries of Scotland .. 418
The New Aberdeen Professor 418
Royal Edinburgh Asylum 418

NOTES ON CURRENT TOPICS.

Royal General Dispensary 419
Dr. Richardson's Lecture at the Polytechnic 419
West Kent Medico-Chirurgical Society .. 419
The Health of Dublin 419
PAGE
Influence of Nutriment on Disease 420
The Royal Irish Academy and the Dublin Scientific Societies 420
Burial Grounds and Sewage 420
Who'll Bid? 421
Dr. Moore and the Belfast General Hospital 421
Town Sewage 421
Charing Cross Hospital 421
Staffordshire Asylum 421
Spinal Injuries 422
The Dangers of Metal Stoves 422

Lying-in Hospitals and Extern Maternities 422
Presentation to Dr. A. C. Chalmers 423

TRANSACTIONS OF SOCIETIES.

Army Medical-Chirurgical Society of Portsmouth.—Two Cases of Cerebro-Spinal Fever 424
Surgical Society of Ireland.—Dr. Hewitt on Chronic Ulcer of the Stomach; Dr. Tufnell on Femoral Aneurism 424

MEDICAL GLEANINGS.

The Health of New York as effected by the Lime Burners 428
The Culpability of Physicians in Deaths from Over-dose of Remedies 428

Medical News, Notices to Correspondents, &c. 428

Original Communications.

EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

By C. A. GORDON, M.D., C.B.,

Deputy Inspector-General of Hospitals.

(Continued from page 367.)

HEPATITIS.

Featherstone, 10th Foot, aged twenty-nine, eleven years in the service, arrived in India late in 1842; shortly after landing suffered from dysentery, from which his recovery was incomplete, inasmuch that he had occasional recurrences of the disease from that time to 1845. During that and the following year he accompanied his regiment on service against the Sikhs, being, at Sobraon, shot in the leg and severely wounded by a sabre cut in the head, he killing his adversary as he fell. From these wounds, however, he recovered, and for the two following years, during which he was present with his regiment at Meerut, retained good health, and was free from any return of his dysentery. In 1848, the regiment being quartered in the citadel of Lahore, he for the first time experienced symptoms of "liver disease," and in that year sustained an attack of the disease, on account of which he was three months under treatment. On being discharged from hospital, he accompanied the regiment to Moultan, and during the whole of the campaign against that fortress enjoyed good health; he subsequently accompanied the corps to Ferozapore, and in 1850 to Wuzzeerabad. Towards the latter end of that year he suffered at that station from an attack of ague; in October, 1851, had a return of the disease, and in the succeeding month was under treatment for dysentery, but without any indication of liver disease.

On the 9th of February, 1851, the appearance of this man was such that Dr. Inglis, C.B., at that time in the 10th, remarked it during his ordinary inspection of barracks, and directed him to be sent to hospital. On being questioned there, he complained of a dull sense of weight and uneasiness in the region of the liver, and in the back; extending to the shoulder, increased on pressure, and attended by an irritable condition of the stomach; pulse was rapid, skin hot and dry.

On the 16th of that month, there was considerable bulging of the hepatic region, with a remote indication from elasticity, &c., of the formation of pus having taken place in the liver; he complained of constant pain in the affected side; the countenance was pallid, approaching yellow; appetite defective; strength prostrate; no febrile excitement. From this time he continued to manifest distinct symptoms of abscess in the liver, and the upper part of the right lobe was diagnosed as being its site.

On the 13th, a trocar and canula were pushed downwards into the projecting tumour from immediately below the false ribs; on withdrawing the canula, a spout of matter followed, and two pints of matter were in this way evacuated. A sense of relief was for a short time experienced, but he shortly afterwards complained of some degree of oppression in the right side of the chest, although a bandage had been applied in the ordinary way after the operation.

On the night of the 14th, he became restless; pain occurred in the abdomen; it soon became evident that the man was sinking, and during the night of the 15th he died.

Post-mortem appearances.—Although the canula had been retained in the wound, no attempt had been made at reparative action; the external opening communicated with a very large sac which occupied the whole of the right lobe of the liver, and an opening was discovered to have taken place spontaneously into the corresponding pleura.

The above case illustrates what has already been stated in regard to the insidious manner in which suppuration sometimes occurs, and as illustrating the ordinary progress of an unsuccessful case of the disease in question.

Murray, 10th Foot, admitted into hospital at Wuzzeerabad, 16th March, 1852, aged at the time thirty-two. He complained of pain around the umbilicus, which had come on without any apparent cause two days previous, and continued to increase in severity; his calls to stool were frequent, evacuations scanty and containing much blood and slime. Leeches were applied, calomel and opium administered, followed by a dose of castor-oil.

On the 18th, was reported as nearly free from pain, but passed a restless night; complained of thirst, and his pulse was somewhat excited; bowels only moved twice.

19th.—An attack of purging came on at three a.m., but was relieved by appropriate remedies; pain increased in the region of the stomach, and great irritability of that organ came on, so that for several days from this time the only medicines that could be administered consisted of effervescent draughts, a blister being applied externally.

On the 27th, slight tympanitis of the abdomen existed, but in other respects his symptoms appeared somewhat decreased in severity.

30th.—The report of his case records that during the previous three days he had a succession of chills, and that now distinct enlargement of the liver can be felt, and also indistinct signs of suppuration of that viscus detected.

About this time he stated that, shortly before his admission into hospital, he had, while in the act of lifting a heavy weight, tripped his foot, and suddenly felt as if something had given way in his middle; and he dated his illness from that accident.

No material change in his condition is recorded till the 1st of April, on which date the report of his case states that he was again seized with shivering, succeeded by a hot and a sweating stage; the tumour in the epigastrium had become more distinct than it had been, and nocturnal perspirations had set in.

On the morning of the 3rd, he had a very severe attack of shivering, and the tumefaction over the liver became much increased, filling up the entire space from the umbilicus to the ribs. The patient experienced no difficulty in lying upon either side. An operation having been determined upon, an oblique incision was made downwards and outwards from about an inch below the cartilage of the false ribs; the rectus muscle was divided, and a trocar and canula pushed upwards and inwards through the tumour the whole length of the tube. Forty ounces of pus, interspersed with clear glairy-looking matter, were at once evacuated, with the usual precautions, the canula being secured in the wound.

On the 4th, nine ounces of pus were in the morning evacuated, and six more in the evening, the dressings being soaked with bile and coloured yellow. He expressed himself as much relieved, and was in good spirits. An anodyne draught was administered, and during the succeeding night he had tolerable sleep.

On the 5th, about an ounce of blood-coloured matter was evacuated, and in the course of that day, while he was in the act of changing his position, the canula slipped from the wound; it was, however, replaced, and for the time no evil consequences appeared to result.

On the 6th, he was reported to have had a good night, to have slept tolerably well; two ounces more of matter were evacuated from the wound. The pulse was soft and of natural frequency; tongue clean. He was in good spirits, and expressed himself as feeling stronger.

According to the report of the 8th, he had been purged four times during the previous night. He had slept well for four hours, but unfortunately during that time turned awkwardly in bed, and instantly awoke, feeling that he had injured himself in the vicinity of the wound.

At the morning visit on the 9th, his features were observed to be somewhat sunken, but no other unfavourable indication for a time presented itself. The pulse was moderate; skin moist. About noon, unequivocal symptoms of peritonitis set in, and from that moment the case was considered as beyond hope; the new disease progressed rapidly, notwithstanding the use of as active remedies as the case admitted of. He gradually became more and more weak, abdominal pain ceased, and on the 14th, at five p.m., he expired.

Post-mortem appearances, seven hours after death.—Slight adhesions existed around the opening into the liver, the external orifice of that in the organ itself being dark in colour, and presenting a semi-gangrenous appearance; the entire lower aspect of the right lobe formed but a sac of an abscess, the cavity of which was sufficiently large to admit the fist. Its inner surface was lined with a layer of what seemed to be lymph, over which was a coating of dark offensive matter. No opening into the abdomen through the adhesions could be discovered, but the whole of that membrane was in a state of inflammation. The intestines were glued together in many places, and in the right hypochondrium suppuration had occurred in some of the glands. The other organs were not examined.

JAUNDICE.

Although the occurrence of jaundice among troops in India is by no means frequent, a considerable number of cases of the disease appear from time to time. In some cases, it occurs during attacks of acute hepatitis; more frequently it attends chronic attacks of the disease, while in others it presents itself unaccompanied by symptoms of either, although doubtless there exists in all a certain amount of deranged nutrition of the liver, of which the jaundice itself is a more attendant condition.

In a considerable number of cases of malarious fevers, jaundice exists as a complication of the general disease, and in a few the discolouration of the surface and conjunctiva is so great, while the period of evident pyrexia lasts, that persons so affected manifest symptoms approaching more or less closely those of yellow fever in the West Indies. This may be the case with, or in the absence of, symptoms of vascular engorgement of the liver.

It is by no means an easy matter in India, any more than it is at home, to form a correct opinion as to the precise condition upon which jaundice depends, or, in other words, its proximate cause—that is, whether it arises from suppression or retention and re-absorption of bile, as enumerated in the ordinary manuals. When I was surgeon of a regiment there, the method of Dr. Harley to distinguish these classes of cases was not known, at any rate by me, and I would here note them for the benefit of my successors. Jaundice from suppression, according to him,* is distinguished by the circumstance that only those products which exist preserved in the blood accumulate in the circulation, whereas in that from retention or obstruction, the products that are manufactured in the liver, equally with those preserved in the blood, find their way back to the circulation.

Considering the physiology of biliary secretion, and knowing the pernicious results that arise when the eliminating and transforming operations exerted by the liver upon the blood are ineffectually performed, it becomes a matter of surprise how little constitutional derangement attends the vast majority of cases of jaundice met with in India; slight indisposition, with nausea and anorexia, being perhaps the only accompaniments of the malady.

According to the statistics to which I have access, the greatest liability of men to the affection exists during the early years of their residence in India. I observe, however, that after the 10th Regiment had served five years in that country, and after being exposed to a severe outbreak of fever and dysentery, consequent upon occupation of very unsuitable quarters in the citadel of Lahore, a very marked increase took place in the number of cases of jaundice that for some time afterwards occurred. Thus, whereas from the time in question the yearly ratio of cases of the affection was no more than 2·50 per 1,000 mean strength, it subsequently rose to 13·0.

It seems to occur in somewhat larger relative frequency among officers than among men, is less than half as frequent among women as among soldiers, and is somewhat more frequent among children than among females of, and beyond, the age of puberty. Infants at the time of birth, in some instances, are jaundiced.

In some cases, biliary calculi are found in the gall-bladder of persons who have, during life, suffered from jaundice, and died of some other disease. The occurrence of these conditions, however, does not appear to be either constant or necessarily connected with jaundice; for while, on the one hand, that disease is found in persons who are subsequently found free from the presence of hepatitic or biliary calculi, so in others, whose gall-bladder is filled by those masses, no jaundice has been observed.

---

* Aitkin's Science and Practice of Medicine, p. 952. Also, Tanner, p. 153.

(To be continued.)

◆

ON CANCER OF THE RECTUM.

By Holmes Coote,

Surgeon to St. Bartholomew's Hospital.

The rectum is not infrequently the seat of carcinoma, and, as in other parts of the body, so in this either soft cancerous growths may spring from the mucous membrane; or cancerous matter may be infiltrated among the tissues of the bowel, producing a general induration and thickening, accompanied by a narrowing of that part of the tube. We have in the museum a specimen in which distinct masses of soft, spongy, medullary substance have grown from the mucous membrane for about three inches above the anus; another in which, at about a similar distance from the anus, the greater part of the circumference of the intestine is occupied by a firm medullary tumour growing from beneath its mucous membrane. The mucous membrane is healthy. The tissues around that part of the rectum which is occupied by the morbid structure are thickened and condensed. The lymphatic glands behind the rectum are enlarged, and filled by a substance similar to that of which the tumour is composed. The patient, from whom this specimen was taken, was a woman of forty years, who died extremely emaciated, with medullary tumours in the liver and other parts, and who had made no complaint leading to a suspicion of disease of the rectum.

Infiltrated cancer, sometimes called "fibrous," approaches in character scirrhus of the breast. It may occupy at its commencement only part of the circumference of the intestine, where, its progress being slow, and a compensating dilatation being allowed by the unaffected portion of the tube, it may exist for a considerable time without interfering with the action of the bowels; nevertheless, it sooner or later involves the neighbouring structures—the bladder, or the vagina may become adherent, and similarly affected, or the rectum become fixed to some part of the pelvis.

A case of melanotic cancer has been recorded by Demarquay (*Journ. de Med. et de Chir.*, vol. xxxii., part 9). A tumour, the size of a hen's egg, protruded from the back of the rectum, above the internal sphincter. Demarquay detached the sphincter from the coccyx, and cut off the back of the rectum with the tumour, which he pulled down with a forceps. The bowel was then stitched to the skin, in order to avoid infiltration of the surrounding tissues by the fæces. Notwithstanding that several arteries were tied, so much blood was lost during the day that plugging was necessary. The patient died of exhaustion on the second day.

The usual seat of cancer is about two inches from the anus to the sigmoid flexure of the colon, and the disease is attended by such an amount of progressive narrowing, that often a passage of only a few lines diameter remains. In these cases the patient often obtains temporary relief by the ulceration and breaking down of the cancerous knots and deposits; the passage of the bowel is widened for a time, and the discharge of fæces is rendered easier. In other cases an artificial passage is formed between the healthy portions of bowel above and below the seat of disease—a tortuous, perforated, fibrous passage results, which in some degree obviates the distressing symptoms which would result from complete obstruction.

But in all cases the disease has a fatal termination. The patient may die from inflammation of the distended bowel, or general peritonitis; or from progressive marasmus; from a high state of tympanitis, interfering with respiration; there may be symptoms of fæcal vomiting, gradually increasing in severity.

It is said that inflammation of the bowel above the seat of stricture ensues as a consequence of pressure of the impacted fæces, and blocking of the blood-vessels. It involves all the tunics, and is characterised by enormous hyperæmia of all the vessels, and by a deep blue, or black hue of the gut itself. Both the mucous membrane and the sub-mucous tissues are infiltrated with the usual products of exudation, and often so as to become discoloured, soft, and friable masses. Peritonitis commences here, and spreads over the entire membrane.

The treatment must of necessity be only palliative; but we may soothe that which we cannot cure. A tube introduced through the stricture, by means of which the bowel may be washed out with warm water, gives an amount of ease to the patient which will be better understood when the effect of the mechanical impaction of the hardened fæces is brought to mind. With this warm water some preparation of opium may be mixed; or the same drug may be used in the form of a suppository. In some stages of the disease a bougie, carefully introduced, has relieved symptoms; and in all cases the proper regulation of diet is an essential indication.

Discharge from the rectum is often very offensive in odour during the stage of carcinomatous ulceration. The employment of Condy's fluid, and of other disinfectants, is here strongly indicated.

The idea that cancer of the rectum is in any stage a mere local affection is no longer entertained by any well-educated surgeon.

◆

OBSERVATIONS ON THE TREATMENT OF A CASE OF PSOAS ABSCESS.

By Thomas More Madden, M.R.I.A., L.K.Q.C.P., M.R.C.S. Eng.,

Assistant Physician to the Dublin Lying-in Hospital.

Many years ago, a case of the cure of a large psoas abscess by absorption was recorded by the late Mr. Wilmot (sen.) in the "Transactions" of the Dublin Medical Association for the year 1818, and the session before last a very interesting paper was read by Dr. Lyons, before the Medical Society, upon a case in which the matter was absorbed from the cyst of a large hepatic abscess, and the disease thus spontaneously cured. I now venture to think that the following case may also be of some interest, inasmuch as it tends to bear out the views expressed in both the papers I have referred to, as to the powers of the "vis medicatrix naturæ" to effect the removal of large collections of purulent matter from the system without any material aid from surgical interference.

On the 21st of November, 1860, I was requested by the late Mr. Cusack, who was unable to go himself, to visit a poor patient, named Joseph C. On reaching his residence, I found a boy, about twelve years old, lying in bed; his legs were drawn up; he was greatly emaciated, his limbs being little more than skin and bone; his eyes were pearly and lustrous, and the pupils were largely dilated; his pulse was quick, feeble, and compressible; the tongue was of a bright red colour, and his bowels were constipated. Notwithstanding this, however, his appetite was said to be very good, and his sleep was sound and natural. He complained of great weakness, and of some slight soreness and tenderness in the lumbar region. On making an examination over the seat of this uneasiness in the back—for it did not amount to pain—I found no appearance of spinal curvature; but there was considerable tenderness on pressure over the left transverse processes of the lower dorsal and upper lumbar vertebræ, and I could detect some fluctuation in the left groin.

The history of the case was as follows :—Six weeks before I saw him this boy had a severe attack of gastric fever, on recovering from which he complained of tenderness in the lumbar region. Mr. Cusack was consulted, and ordered poultices, quinine, and a generous diet. The symptoms continued to increase, however, until he was reduced to the state which I have just described.

The diagnosis was not difficult, for if not a case of psoas abscess, what else could this have been ?

The prognosis was certainly unfavourable. The patient was a delicate scrofulous child, already greatly emaciated and worn out by his previous illness. The circumstances in which he lived—supported by comparatively poor parents, who were often obliged to stint themselves in order to allow him the necessary nutriment, and living moreover in a densely inhabited court—were all against the probability of his recovery.

Treatment.—I ordered him cod-liver oil, a quinine mixture, and the most nutritious diet that could be procured. Two days later, his bowels being still confined, I prescribed a mild aperient pill, which produced such purging and weakness that I was obliged to check the diarrhœa it occasioned by astringents and aromatics.

November 28th.—The fluctuation in the groin has now become quite evident.

December 3rd.—He appears much weaker than when I first saw him ; suffers from night sweats, and is still losing flesh. Suppuration is going on slowly, and I directed poultices to the groin. I gave him claret freely, ordered sulphuric acid with the quinine, and larger doses of cod-liver oil.

8th.—Swelling in groin harder, and night sweats increasing. Medicines continued ; water dressing substituted for the poultices.

10th.—Pulse very small ; is worse ; stopped the quinine mixture, and gave compound tincture of bark in its place.

14th.—Pulse stronger ; abscesses larger and very tender ; no change made in the treatment.

On December 23rd, the abscess pointed and opened naturally, just below Poupart's ligament. There was very little discharge from it, but the boy complained much of the great pain it caused. I now consulted Mr. Cusack as to the propriety of making an opening in the usual manner into the abscess, but that eminent surgeon, with his usual wisdom, dissuaded me from doing so. "The boy will probably die in any case," said he ; "the opening will do no good, and if he dies after it you will only get the credit of killing him." I acted on this advice, and afterwards had reason to congratulate myself that I had asked it.

On January 4th, 1861, the abscess was discharging a little better ; the patient, however, presented very marked symptoms of hectic fever (night sweats, &c.), and complained loudly of the weight of the poultices, which had been constantly applied, as warm as he could bear them. I squeezed out as much as I could of the curdy ill-conditioned pus from the cyst, and made pressure over the lower part of it by straps of adhesive plaster. I also substituted the familiar soap and brown sugar plaster for the poultice. From the long-continued confinement to bed, a tendency to bed-sores on the spine was observed, for which a spirit lotion was directed. Steel wine, cod-liver oil, and bark, with sulphuric acid, were also prescribed.

On January 16th, he was nearly in the same state as he had been twelve days previously ; the discharge from the abscess in the groin was very scanty and sanious ; his urine was albuminous, and of low specific gravity. He was now ordered bark in powder, with a little rhubarb and magnesia, carrot poultices, and porter in place of claret. I had little hope, however, of benefit from these remedies, for the boy was evidently sinking rapidly, and it was only wonderful to me how a creature so reduced and debilitated lasted so long. It occurred to me, however, that this might be a good opportunity of trying the plan of treatment resorted to by Dr. William Hunter, in the well known cases of marasmus cited by Sir Thomas Watson, and accordingly I ordered a teaspoonful of olive oil to be rubbed into the inside of the thigh twice a day. The effect of this was most satisfactory, and my chief object in the present paper is to record my experience of the great efficacy, in certain cases, of this old-fashioned and now seldom employed remedy. From the day that I ordered these inunctions, the patient commenced to improve, and day by day regained flesh and strength, and, more especially the power of extending his legs, which previously had been drawn up and contracted under him.

On the 27th of January, he was better, and the colliquative sweats were much diminished ; but the orifice of the abscess was closing, and there was very little discharge, although there was evidently a great deal of pus in the cyst. I therefore introduced a tent into the opening. Having some slight diarrhœa, the powders were discontinued until that ceased. The inunctions were continued, and the quantity of oil rubbed in gradually increased to a tablespoonful each time.

On the 31st of January, he was better, and another tent was introduced.

February 4th.—The abscess had closed ; he was stronger and decidedly better.

7th.—The patient going on so well that I gave him leave to sit up for an hour on the following day. Syrup of bark was prescribed, together with tincture of the sesquichloride of iron, porter, and nutritious diet. From this time his recovery was rapid, and on the 27th of February, when he was able to walk nearly a mile to see me, there existed only some hardness, discolouration, and a slight depression to mark the site of the abscess. There was no tenderness in the lumbar region, and his general health was better than could have been expected, although his pulse was still quick and rather weak. A few months after this I heard that he was attending school, and from that time I lost sight of him till a short time ago, when a tolerably robust looking young man of eighteen came to consult me for gonorrhœa, and, seeing that I had forgotten him, reminded me that he was the boy I had attended seven years previously, and whose case I have just described.

The foregoing case presents, I think, some points not unworthy of consideration. In the first place, this was a case of perfect recovery from an advanced stage of a disease in which recovery is less frequent than an unfavourable termination. Secondly, the surgical methods of treatment usually recommended were not adopted in this case. Thirdly, the treatment which appears to have done most good was the use of the oleaginous inunctions.

That recovery is less frequent than the contrary termination in the advanced stage of extensive psoas or lumbar abscess is a proposition which few surgeons will dispute. I may cite the words of a surgical writer of great eminence in his day—namely, Mr. Kirkland—who, in his "Surgery," published in 1786, says on this subject :—

> "The most dangerous of all abscesses that belong to the abdomen is the lumbar abscess that forms in the cellular membrane about the psoas muscle, and points in the thigh, groin, back, or sometimes at the anus. Of these patients few, I believe, recover ; nor indeed is it to be expected, as the source of the disease can seldom be laid dry, and a caries of different parts of the back bone is sometimes added to the malady."

The second point I referred to, was that in this case none of the surgical methods of treatment usually recommended were employed. Modern practitioners appear to have no hesitation as to the propriety of operative interference in cases of psoas abscess, in the treatment of which the older surgeons considered it more advisable to content themselves with merely aiding nature's efforts to effect a cure. Now, however, some operative measure is generally resorted to in cases of psoas abscess. Either Mr. Abernethy's valvular opening into the cyst is made, or the small and repeated punctures suggested by the same authority, and more recently recommended by Sir William Furgesson, are tried ; or Mr. Vincent's revival of the operation proposed long ago by Deckers is essayed ; or the modified form of seton introduced by M. Chassaignac, and approved of by Mr. De Morgan is employed ; or else, perhaps, the plan of injecting the pyogenic cavity with iodine, as practiced in some cases by Mr. Coulson, is resorted to. The great English surgeons of the latter part of the last century, and of the early part of the present age were less bold, and yet perhaps, were not less successful, in their treatment of psoas abcess than their successors now are. Thus Kirkland, speaking of psoas and lumbar abcess, says—"Some, however, I have seen survive these collections of matter, by the tumour being suffered to break of itself, and its contents to drain gently off through a very small aperture, which prevents the free ingress of air and violent symptoms, for when a large tumour of this sort forms on the inside of the thigh, and breaks in a large opening, in such a manner that the air has ready passage, we frequently see a violent colliquative fever succeed, that closes the scene in a very short time."* The same opinion was also expressed by John Hunter.†

There are unquestionably many cases of psoas abscess in which each of the modern plans of treatment may be useful. But I would venture to say that in the majority of cases of psoas abscess, which generally occurs in delicate scrofulous children, it is better to trust more to nature and less to art, than is often done, and to content ourselves with aiding Nature's efforts by improving the general health of the patient. If we allow the pus to discharge itself by a natural opening, although the process may be very slow and tedious, we shall, I believe, find that, in many cases, the walls of the abscess will contract, and accommodate themselves to the gradually diminishing volume of their contents, so as to leave no vacuum for the admission of air, and the consequent ill effects which so often follow the artificial opening of psoas abscesses.

I have little doubt that in this case a considerable part of the pus contained in the abscess was not discharged from it through the opening in the groin ; but that purulent resorbtion took place. In my patient there was every local and constitutional symptom of a large collection of purulent matter, which was not, I think, accounted for by the discharge from the groin, and, therefore the cessation of those symptoms appears to be necessarily connected with the absorption and elimination of the pus through some other channel.

The third, and last point to which I shall allude, was the benefit derived from the inunction of olive oil in this case. The employment of frictions with oleaginous substances as a remedy has fallen into disuse at the present day, and yet there appear to be many cases in which this very ancient practice might still be resorted to with advantage. During the last eight years, since I experienced its efficacy in the case just described, I have used frictions with cod-liver oil, and I think with great benefit from the practice, in the treatment of cases of phthisis, when it was impossible to induce the patient to take cod-liver by the mouth and also as an adjunct to thq ordinary manner of using it. I have also prescribed rubbing in olive oil in cases of local paralysis, and muscular atrophy, in dysphagia, and in cases of torpid digestion from functional causes. I have succeeded in relieving pain and spasm in certain neuralgic and spasmodic complaints which have come under my treatment amongst the patients attending the Dispensary for Diseases of Women at the Dublin Lying-in Hospital, by ordering an ointment containing a very small quantity of opium, with a little unguentum hydrargyri nitratis, in a large bulk of spermaceti ointment, to be rubbed in over the seat of pain ; and the success which has attended this treatment, in some cases in which sedatives administered internally had failed to check the spasmodic action or to allay pain, I attribute almost entirely to the friction with the spermaceti, the amount of opium and mercury being too minute to produce much effect. There are many other diseases in which I think this remedy might be equally serviceable.

We have abundant proof how highly the ancients valued oleaginous inunctions as a means of preserving health. Friction with olive oil, was used by them before taking violent exercise to soften and strengthen the parts, and they, moreover, resorted to friction in the treatment of several diseases, and to this day their example in both respects, has been followed by almost every primitive race. So common was the practice of oleaginous inunction in ancient Rome, that, under the Empire, the citizens were provided gratuitously with the oil for the purpose, at the public baths, which were supported by the state.

In the earliest records of medicine we find mention of oleaginous inunctions being regarded as most important remedies. Even in the Grecian temples, where valuable therapeutic agents were employed, together with pretended supernatural means, we read that frictions with oily substance were used by the patients. Thus, Apollonius of Tyane, on being introduced as a patient into the temple of Ceres, at Patras, was rubbed over the head with a yellow ointment, until a dense vapour arose from the heated surface, and was then plunged into a cold bath.

I have collected these few references, which I might have extended very easily, were it not for the space they would occupy, merely to show what importance was formerly attached to a now almost forgotten remedy. I would venture to add, in conclusion, that it might be worth further trial, to ascertain whether or not its revival would be an addition to the therapeutic means at our command in certain cases.

◆

ON PROSTITUTION.

By CHARLES R. DRYSDALE, M.D., M.R.C.P., F.R.C.S.
Physician to the North London Consumption Hospital, Hampstead,
late Secretary to the V. D. Committee of the Harveian Society
of London.

It is, as all members of the medical profession are now well aware, at present in contemplation by a bill before Parliament, to extend the provisions of what is called the "Contagious Disease Act of 1866," to the general or civil population of this kingdom. The result of this will be, if carried out, that to a great extent the French system, as it is called, will be introduced into this country. It is proposed, for example, that all prostitutes should be forced to come to periodical examination in any town, which shall adopt the Act, and shall be compelled to enter hospitals prepared for the purpose, if they are found suffering from syphilis or gonorrhœa, and made to stay in them until all contagious symptoms have disappeared. The majority of the members of the medical profession seem enamoured of this proposal and with their usual desire to get rid of the disease, a most disinterested one, they hope that the extension of this Contagious Diseases Act may much lessen the spread of what is certainly at the present time one of the most formidable foes to human happiness, the venereal disease, and above all, that pest, syphilitic contagion.

The writer of this paper yields to no one in his desire to see the contagious disease arising from prostitution stifled, and thus that dreadful evil syphilis, perchance, in the end stamped out. And yet, he is not, and has never been, as his friends know, by any means enthusiastic in his belief as to the results attained by the French system. In the great meeting of medical men from all countries in Paris, in 1867, he asserted his opinion in the presence of M. Ricord and a most distinguished auditory, that the French system of examination of prostitutes had not, as far as he could see, made syphilitic contagion a whit less common in Paris, then in London. This he asserted from his own experience of the hospitals of the two cities.

---

* An Inquiry into the Present State of Medical Surgery. By Thomas Kirkland, p. 200. Lond. 1786. Vol. 2.

† Hunter "On the Blood, Inflammation, and Gunshot Wounds," p. 396. London. 1794.

* Philostrat, vita Apollonius lib : iii. c. 17. p. 108. See Kurt Sprengle's Hist : De la Medicine. Vol. 1. p. 157. Paris, 1815.

M. Auzias Turenne, a distinguished writer on syphilis also, said at the Congress, with much truth, that the police system of examination of prostitutes made the girls into a kind of "white slaves," and that it was quite incompatible with the ideas of democracy and individual liberty which the great revolution had made so widespread in Europe and America. With the views of M. Auzias Turenne, the writer greatly sympathizes. Were it, indeed, clearly and distinctly shows that venereal diseases could be stamped out by the system of police supervision and examination, it would not be possible, perhaps, for an adherent of the principle of utilitarianism (and the writer professes himself a humble follower of Mr. Mill in this, as in other points), to refuse his sanction to this infringement of individual liberty. But, on the contrary, he feels convinced that on the whole, those states will be found perhaps, to suffer more from syphilitic diseases, where the French system prevails, than those where freedom obtains. In speaking thus, it is not meant to say that bodies of men, such as soldiers, who are kept in enforced and most unnecessary celibacy, since standing armies are now known to be quite a mistake, as Prussia has proved, he thinks, may not be protected from disease by governmental regulations, as is now done and should have been done long ago at Aldershot, Portsmouth, and other military and naval stations. The whole system of standing armies requires revision, and in the meantime this kind of disease should not be allowed to decimate them, as it has hitherto done, owing to the silliness and superstition of our rulers. But, when we come to the civil population, other considerations at once arise, and other principles must be attended to, which, in the writer's view, far more than counterbalance any supposed power that the municipalities possess to stamp out syphilitic and other contagions by the aid of the police. In the first place, any one who has given mature consideration to the present condition of the female sex in this country, will see how unfortunate the condition of a vast portion of that sex is. The wages of labour for women of the poorer class is often so very low that one does not see how they are expected to live by it. I have repeatedly had before me, at the Metropolitan Free Hospital, girls whose earnings by the needle did not exceed three or four shillings a week. These women were necessarilly fed, in bad health, and in a deplorable condition. It is, of course, from this class, above all, that the class of prostitutes is fed. For to say that a woman would, of her own accord, take to the precarious subsistence of a prostitute in this country for any length of time is an error. To ameliorate then, in the first place, the position of the workwoman, is one of the chief elements in the stamping out of venereal contagion, a deeper question than the majority of our *confrères* seem willing to sound.

But, secondly, who is there among us, who has had much experience among prostitutes as patients, who is not well aware how impossible it is for these poor women, even when diseased, to get into a place of shelter and to procure medical treatment in such cases. The evidence given on this head by Mr. De Meric, Mr. Weeden Cooke, and others, to which we gladly add our own, shows often poor prostitutes with ulceration and other severe contagious symptoms of the organs of generation are compelled to pursue their avocations in order to live, and who, at the same time, would gladly enter hospital if they could. Surely it is a mockery to say that they *must* do so, before the voluntary system has been tried, and before hospital accommodation for these unfortunate women, who are the results of an imperfect knowledge of social science, has been provided. We beg the attention of our *confrères* to this latter point, which, indeed, they cannot but be well aware of.

It is very difficult indeed, well to define what is a prostitute. Many workgirls, in times of distress, become prostitutes for a month or two, and then, when times mend, they return to the workshop. How dangerous to class them, as is done in Paris, immediately with the prostitute class, and thus damn them perhaps for life. Prostitution, be it remembered, is not *a crime* by the statutes, and we have no right to assume tacitly, that it is ; and to watch over the prostitutes as we do over the ticket-of-leave man. Just think what an outcry there would be, if men, who frequented houses of prostitution, were put under police surveillance. And if this be true, what right have we, except on the principle of "might make right," to enforce such like regulations upon that sex, which already has so many political disabilities, and is so ill-paid and defenceless against the ills of humanity.

Besides this, there comes the further consideration, that prostitution is an evil which does not at all require to exist. To say that it does, is just like saying that "poverty must always exist." Both of these phenomena of civilisation acknowledge similar causes. Reverse the causes, their evils will disappear. The writer of these remarks has more than once, following in the footsteps of the illustrious Malthus, Chalmers, Whately, and J. S. Mill, endeavoured to show how poverty was caused in industrious communities like this almost solely by the over-rapid multiplication of the species ; or, in a word, that large families were the main cause of poverty and overcrowding. Prostitution also, is caused by low wages and large families, and the true remedy both for poverty and for prostitution, and thus the removal of contagious venereal diseases, is the advising of early marriages, small families, and facility of divorce. Early sexual contracts are quite essential to get rid of the evils of masturbation, as well put by Sir W. Jenner, (in his evidence before the House of Lords) but there is no need to be contented with prostitution and its evils, on that account. Early marriages we repeat, very few children, (indeed none at all perhaps, as frequently in France, for some years) and greater facility of divorce, as obtains at present in Indiana, U.S., and some of the States of North America, is, in the opinion of the writer of this article, the only real solution of the problem of stamping out venereal disease, which can bear looking into. All other plans have the fatal imperfection of either expecting far too much, or of inflicting much concomitant evil. We have, fortunately, had the experience of continental nations to point out to us the imperfection of police inspections of prostitutes. The writer appeals to his continental brethren for confirmation of his assertions. Let us not say we despair of stamping out contagion by voluntary means, by appealing to the hearts and intellects of our male and female citizens, before we have really given the matter any serious consideration. Above all, let us have no more asceticism. Sexual instincts are quite as legitimate as any other appetites, and must be met, not evaded, as we have hitherto done, with our usual dislike to positive truth. Marriage must be made *universal* and compatible with the interests of economy and population. And then, if such a day should ever arrive to our unfortunate race, prostitution and venereal diseases will be only matters of history, not as now, sad and afflicting realities.

◆

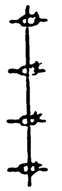
A METHOD OF MAKING THE INTERRUPTED SUTURE BY MEANS OF FINE SEWING NEEDLES.

By J. Lamprey, M.B., Surgeon 67th Regt.

Incised wounds, especially of the face and head, frequently claim the attention of the military surgeon, as soldiers, who are not less inclined to be pugnacious than civilians when intoxicated, very often, in their drunken brawls, receive wounds of so formidable a character that it is necessary to resort to sutures to keep the edges of the wounds in position. The kind of suture I hitherto had recourse to was made with the ordinary suture needle and silk thread, and this is perhaps still generally used by surgeons, notwithstanding the investigations of Sir J. Y. Simpson, who has pointed out the advantages of metallic wire over silk, or other organic materials for such a purpose.

It struck me, that the ordinary suture needle, which is also required in using fine metallic wire, and a very formidable weapon in its way, capable of making a considerable wound and giving rise to severe pain, might be dispensed with by using the finest sewing needles, and making them serve the same purpose as the wire or thread, in the manner suggested by the twisted suture, but with this difference, that instead of inserting the needles at the distance of half an inch or so from the edges of the wound, if I inserted them quite close to the margin of the edges and passed them through the cutis alone, without touching the deeper tissues, I could keep the edges of the wound in close coaptation sufficiently long to allow of immediate union taking place.

Accordingly, on the first occurrence of a case of incised wound, I inserted a fine needle, of the kind used in sewing cambric, through the margins of both edges of the wound, and bringing them together, I secured them in that position by passing a single noose of ligature silk from one extremity of the needle to the other in the manner shewn in the illustration, and taking care to avoid unnecessary pressure or constriction. At a distance of about three-eighths of an inch I inserted a second needle in a similar manner, and noosed it also, and again a third needle, and so on throughout the whole extent of the wound. I then removed by means of the cutting pliers both ends of the needles, merely allowing an eighth of an inch of the needle to project above and below the wound.



Showing the mode of inserting and noosing the needles.

Before inserting the needles, I applied a solution of carbolic acid diluted to 1-40 to the open wound, and when they were inserted I applied lint wet in the same solution, and covered all with a piece of gutta percha tissue. On the following day I removed the external dressing and withdrew the needles carefully, so as not to disturb the noose of silk thread which acted as a support to the recent agglutinating lymph holding the edges of the wound together. I allowed all to be exposed to the air by applying no further dressing, and in a few days, the nooses of silk thread being quite superficial fell off, leaving the smallest trace of a cicatrix behind. No discharge of pus or ulceration followed this proceeding. I have recently had some extensive cutaneous wounds, one of them a large scalp wound treated in this way, and the results were so satisfactory, that I have no hesitation in treating all similar wounds in the same manner.

The advantages of this mode of treatment appear to be as follows :—

1. The fine needles make the smallest possible wound.
2. They are inserted and remain so, thus causing a minimum of pain.
3. Their presence causes no irritation, consequently there is no secretion of pus or ulceration.
4. They are much more easily and expeditiously applied than other modes of making suture.

I prefer removing the needles on the following day, though if necessary they could be retained longer, but once immediate union is established they are no longer required, and should be removed at once. This removal is much facilitated by using only the pointed extremities of the needles, owing to their taper form, and with this view, I now only allow so much of the needle to project on the opposite side of the wound as will permit of the easy application of the noosing thread. I have also observed, that the longer the needle remains in the wound the facility of removing it becomes less, as the oxidization of the needle increases its size, and roughens it. Still a little rotatory movement will enable it to be extracted by the forceps quite easily.

Having seen so much benefit derived from the use of carbolic acid, I apply it in all cases to such wounds in the manner stated, as I consider it not only has valuable antiseptic properties but also prevents the formation of pus, and as it could not be applied to wounds kept together by adhesive plaster, these sutures are necessary.

From what I have observed in this mode of applying sutures to wounds of a superficial character, I should have no hesitation in adopting the same method for bringing together the flaps in cases of amputation, using if necessary, a stronger needle, and inserting it a little further from the margin, and using fine iron wire in lieu of ligature silk.

◆

Hospital Reports.

METROPOLITAN FREE HOSPITAL AND FARRINGDON DISPENSARY.

FURTHER CASES OF SYPHILIS TREATED WITHOUT MERCURY.

By Charles R. Drysdale, M.D., M.R.C.P., F.R.C.S.,

and

Robert W. Dunn, Esq., M.R.C.S.,

A part of which was read at the Harveian Society on March 18, 1869.

(Continued from page 371.)

Case 52.—E. S., aged six weeks. The mother was syphilitic, and the child when born was very puny. Three weeks after birth an eruption broke out on the skin and the child snuffled, when it was treated by mercurial bandage and got rapidly worse. It then came under Mr. Dunn's care on December 7th, 1864. The child was then much emaciated, had diarrhœa, syphilitic eruption on the buttocks, legs, and face. Ordered to leave off the bandage and to take gr. ij. of chlorate of potash t. d. January 5th, 1865, child still purged; ordered some chalk mixture. January 12th, much better. Repete pot chlor. February 16th, pronounced well.

Case 53.—E. C., aged five weeks. Three weeks after birth a rash appeared and snuffles. A previous child of the mother had been under Mr. Dunn's care for the same disease. The mother, a strong, healthy woman, noticed no disease in herself; but the father had primary disease some years before marriage, but no secondary symptoms or other symptoms as far as he could remember. The patient was delicate, had snuffles, had also syphilitic eruption on buttocks, legs, &c. Ordered to take gr. ij. of chlorate of potash t. d., when first seen by Mr. Dunn on March 28th, 1865. The child was pronounced to be well on April 20th, 1865.

Case 54.—J. B., aged eight weeks, a delicate child from birth. The rash first appeared, with snuffling, when the child was four weeks old, on the buttocks first, and soon spread more or less over the whole body. This is the first living child the mother ever had. She had been twice married, but had no living children by her first husband, but frequent miscarriages, and had suffered from a rash on the skin and sore-throat. No trace of disease about the second husband. The child was first seen by Mr. Dunn, June 5th, 1865, and he ordered it to take gr. ij. of chlorate of potash t. d. The child was pronounced well on June 29th, 1865.

Case 55.—L. M., aged four months, was brought to the Farringdon Dispensary to Mr. Dunn for an eruption which appeared after vaccination, up to which period the child had been quite well. The matter used to vaccinate the child was supposed to have infected it. On careful examination, however, it was found that the father had suffered from syphilis two or three years before marriage, and had been treated by mercury and then by sarsaparilla. He had an eruption on the head and skin, and sore-throat, and had been treated with iodide of mercury at the Skin Hospital. The child had a syphilitic eruption on its head, face, and legs, and had snuffles. It was very emaciated and restless. Ordered to take a teaspoonful of a mixture of virum ferri and oleun morrhuæ t. d. The child was under treatment four months, and then was pronounced quite well. This was a case of syphilis called into activity by vaccination.

The following cases are cited in order to show in what cases of hereditary syphilis the mother may be expected to escape infection, and in what cases of maternal syphilis the child may escape.

Case 1.—Seen by Mr. Dunn. The mother being three months pregnant when first infected, was then treated by mercury. She had secondary eruption at the latter months of pregnancy. The child was born alive and first showed signs of hereditary syphilis when three months old.

Case 2.—Seen by Mr. Dunn. The mother, in this case, was infected by her husband during the second month of pregnancy. She had ulcerated sore throat, mucous tubercles on lips, and was treated by mercury and iodide of potassium. The child was born alive. It first showed signs of syphilis when it was one month old, when it was treated by hydrargyum cum cretâ and migentum hydrargyou nitrates. It first was seen by Mr. Dunn when two years old with mucous tubercles, and with a dry syphilitic eruption over the body.

Case 3.—Seen by Mr. Dunn. The mother in this case was infected by her husband when she was three months pregnant. Had syphilitic eruption before the child was born. The infant first showed symptoms of the eruption when it was four months old. The mother was treated without mercury.

Case 4.—Seen by Mr. Dunn. The mother in this contracted the disease during the fourth month of pregnancy, and was treated with mercury. The child first showed signs of the disease when two months old.

Case 5.—Seen by Mr. Dunn. The mother in this case contracted the disease at the end of the seventh month of pregnancy, and had eruptions one month after the birth of the child. The child was born healthy, and has remained so. Mother treated without mercury, is in good health.

Case 6.—The mother contracted the disease during the first month of pregnancy. The child was born alive ; but showed symptoms of hereditary syphilis, when six weeks old. The mother was treated without mercury.

Case 7.—The mother contracted the disease during the eighth month of pregnancy. The child was born alive, and showed no symptom of disease up to the age of two years. The mother had secondary eruption four months after the primary chancres, which were treated without mercury.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. Thornley Stoker, M.D., L.R.C.S.,
Demonstrator of Anatomy in the Royal College of Surgeons in Ireland.

MEATH HOSPITAL.

SOME CASES OCCURRING IN THE PRACTICE OF MR. PORTER.

Excision of Wrist Joint.

Cornelius C., æt. thirty years, was admitted into the Meath Hospital, April, 1869, suffering from extensive disease of the left wrist joint. The caries, which had commenced eighteen months before, seemed to implicate a great part of the bones forming the articulation ; there was much enlargement and discolouration of the surrounding parts, and several sinuses leading down to the unhealthy tissue. The man was otherwise in pretty good health.

On April 7, we had the advantage of seeing Mr. Porter excise the joint, operating by means of the lateral incisions recommended by Mr. Lister, and removing with some difficulty the end of the radius and of the ulna, and the first row of carpal bones.

There was little hæmorrhage ; only one ligature was required, any oozing being stopped by the douche of cold water which was used to wash the wound for the purpose of removing such detritus as might remain. A few points of suture were introduced to bring the edges of the incisions together, and the hand and forearm were placed on a splint well padded to fit the concavity of the palm ; the carbolic acid lotion of the hospital was applied as a dressing, and the man put to bed.

We saw the patient again on April 21st ; he had shown no unfavourable symptoms ; the incisions were nearly healed, having in some parts united by adhesive inflammation ; the sinuses were with one exception closed ; the wrist reduced very much in size, and the skin was regaining a healthy colour.

On the 6th of May, when we last saw the man, the wrist was greatly improved in condition, the sinuses had all closed, and the lines of incision were quite healed. He suffered no pain, and could to some extent use his flexor and extensor muscles, although the hand and forearm were still kept on a splint.

Wutzer's operation for the cure of radical hernia.

Pat Martin, æt. thirty, presented himself at hospital early in last April, suffering from an oblique inguinal hernia of the right side. It was of two years' standing, was reducible, and had not descended into the scrotum ; all which conditions being favourable, induced Mr. Porter to attempt its radical cure by means of Wutzer's operation.

On April 7th, he introduced the instrument, having smeared the cylinder with cantharides ointment, and did not remove it until the seventh day, when the invaginated portion of scrotum seemed well fixed in its new position; no impulse on coughing could be perceived. The cavity was plugged with lint until the twenty-third day, when a light truss was applied. The man was dismissed from hospital a few days afterwards, not having presented a single untoward symptom during his treatment, and being quite cured of the hernial protrusion.

Removal of a fibrous polypus from the back of the soft palate.

A. B., a healthy lad, æt. twenty, was operated on by Mr. Porter, on April 12th, for the removal of a fibrous polypus as large as a hen's egg, which grew from the back of the soft palate, and depended into the pharynx. A strong cat-gut ligature was passed by means of Bellocq's sound back through the left nostril, was removed from the instrument in the mouth, the loop carried round the tumour, and then tightened with a small canula and rack. The ligature was tightened each day until April 12th, when the tumour fell off, and the lad has since suffered no inconvenience.

MR. SMYLY'S CLINIQUE.

Nævi treated by electrolysis.

In the Medical Press and Circular for April 7th of the present year, we noticed a new galvanic battery introduced by Mr. Smyly, to replace the very large and inconvenient one of Althaus, which he was previously in the habit of using. We have on several occasions seen Mr. Smyly employing his battery in the treatment of nævi by galvano-puncture, and have also seen him using that of Dr. Althaus, and there is no doubt that the smaller and more convenient battery is also the better of the two, is more powerful, and yields most excellent results. Mr. Smyly has found this plan of treatment to afford, in some classes of nævi, infinitely more advantage than any other which he has tried. In those nævi situated in places where a scar would disfigure, it is particularly excellent, as it leaves very little mark, owing to the fact that the skin suffers but slightly from its action. In cases, also, where the nævi do not project above the level of the surrounding parts, and where consequently a ligature would be troublesome of application, or when they are in a situation where a like difficulty would occur, the mode of treatment by electrolysis is found to answer admirably.

In one case, that of an infant of nine months, on which we saw the two operations performed, the nævus was situated just beneath the inner canthus of the eye, was deeply seated, composed principally of large veins, and projected but slightly above the surface of the surrounding skin. The change which each operation produced in its appearance was very marked, and the hæmorrhage resulting from the puncture of the veins—the uncontrollable character of which, in such cases, everyone is acquainted with—was readily checked by increasing the strength of the current.

In one case on which Mr. Smyly operated successfully, the nævus, which was situated on the scalp, has since become covered with a crop of hair, showing how little likely the skin is to suffer any injury from the action of the galvanic current.

◆

Our Analytical Department.

AN EXAMINATION AND ANALYSIS
OF
PULLNA WATER.

It is frequently found necessary to analyse mineral waters at stated intervals, simply because they change their composition, both qualitatively and quantitatively. These changes may proceed from volcanic or other alterations which are carried on subterraneously, and which are frequently not easily explained. Thus, Dr. Muspratt ("On Harrogate Waters," *Chemical News*, Oct. 2, 1868) has noticed that a considerable change has taken place in the composition of one of our most important mineral springs. Again, two years since, the writer of this report had occasion to examine the "Schwalheim" waters, and discovered therein lithia. Baron Liebig had previously examined these waters, and had not noticed the presence of that base. It was not probable that in this case any less care had been expended upon the first analysis, or that the lithia had suddenly appeared therein; but it was probably due to the fact that the spectroscope has placed within the hands of the chemists extra facilities for the detection of the rarer alkalies and alkaline earths. The whole of the mineral waters of celebrity should be examined for these bases, and it is also necessary that all springs which are resorted to as medicinal agents should be examined at intervals with a view to the point to which we first referred.

The water at present under consideration is termed, "The Bitter Water of Pullna," Pullna being situated near Brüx, in Bohemia. It was received in glazed earthen bottles, of forty ounces capacity, each bottle being secured by a lead seal marked, "*Püllnaer Gemeinde Bitterwasser.*"

It was found to contain—

Soda.
Potash.
Magnesia.
Lime.
Iron (trace).
Alumina (trace).

Sulphuric acid.
Chlorine.
Silicic acid (silica).
Phosphoric acid.
Nitric acid.

The water was carefully examined for the rarer elements, viz., lithium, cæsium, rubidium, &c., but there was no evidence of their presence. Its qualitative examination led to the following apportioning of the constituents. As regards this point, we were almost inclined to arrange them differently; but as the water had been examined some years since by Struve, we determined to leave the arrangement according to that adopted by him, for the sake of comparison. The water contains—

Sulphate of sodium	1093·43
Sulphate of potassium	40·635
Sulphate of calcium	23·539
Sulphate of magnesium	801·44
Chloride of magnesium	179·623
Nitrate of magnesium	3·001
Carbonate of magnesium	57·359
Carbonate of calcium	6·624
Carbonate of iron (ferrous oxide trace), with trace of alumina	
Phosphate of calcium	·068
Silica	1·952
Total solid anhydrous ingredients in the Imperial gallon	2207·671

The specific gravity at 60° Fahr. was 1026·5.

As regards the qualitative examination, our analyses only differs from Struve in the presence of traces of iron, alumina, and nitric acid; the two first might proceed from the vessels. In the quantitative examination, the total solid ingredients are decreased (Struve gives this water as containing 2293·9 grains to the imperial gallon), but there is an increase in the carbonates and phosphates. It also differs in the presence of nitrate of magnesium. In all other respects the water is similar.

As the specimens were bottled, it was not considered desirable to determine the amount of free carbonic acid present.

This water is what is termed a "bitter purging water," and may be considered a mild but efficient aperient, certain in its effects, and excellent in all those diseases where disturbed defecation exists. The bitterness is due to the large amount of soluble magnesian salts, which would be even more marked if it were not for the presence of the bicarbonates and nitrate of magnesium.

There is a general opinion that mineral waters cannot be made artificially so efficacious as those procured from the springs. This is, no doubt, true to a certain extent, particularly when applied to the more complicated waters.

The actual analysis does not always represent the composition of the original water, and there is at present a considerable amount of theory appertaining to the mapping out of the results of mineral water analyses. In the present state of our knowledge, much must be left to the diagnostic acumen of the analyst. This statement may be better conveyed by the following:—The centesimal composition of the residue obtained on drying down a mineral water may be exactly given, but how the molecules are grouped together in solution must be hypothetically given by the analyst. The results would frequently differ materially. The artificial waters are generally constructed upon the ultimate analysis without due regard to these points. One important peculiarity of Pullna water is its perfect freedom from copper and other deleterious mineral substances, which might naturally be present.

The principal agents for the sale of this water in Great Britain are—Messrs. Best and Sons, 22 Henrietta street, London; and Messrs. Thwaities and Co., 57 Upper Sackville street, Dublin.

THE RINDERPEST IN 1747.

The cattle distemper existed in England in 1747. A hundred thousand cattle died in Lincolnshire. An old diary says that "the Common Symptoms of this Distemper were a runing at the Eyes and Nose, hanging to the Ears, and a Scouring in the body, and sometimes bound, which I apprehend was according to the degree of the Feavour; it was thought infectious therefore a stop was put to holding any Fairs or Markets for the Sail of horned Cattle, near the Distemper, by an Order of Council which said Council ordered all Beasts, as soon as discovered to have the Distemper, to be removed from the herd they were in and immediately shot dead; their hydes cut and slashed in such a manner as to make 'em useless and then directly to be buried."

Registered for Transmission Abroad.

The Medical Press and Circular *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price* 5*d. Stamped* 6*d.*

By Post to Annual Subscribers, £1 2 6

" *If paid in advance,* 1 1 8

** Post-Office Orders and Cheques to be drawn in favour of A. A. Tindall, 20, King William-street, Strand, London,
Moffat & Co., 6, D'Olier-street, Dublin.
Maclachlan & Stewart, South Bridge, Edinburgh.

Sole Agents for the United States.
Messrs. Kelly and Piet, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 19, 1869.

THE MEDICAL COUNCIL AND THE ACCOUCHEURS.

The Reform of the Medical Council has not yet reached the position of an exhausted topic. Every one has his own notion, and too many seem more anxious to promote their own views than to serve the profession. We have heard too much of class interests to be particularly gratified at the proposal of the Obstetrical Society to set up a representation of the special interests of accoucheurs. The Councillors are not sent as deputies of the two orders of physicians and surgeons, and if they were, the accoucheurs might be content to rank as one or the other. They will ask presently for the incorporation of a new college or hall. There is already a special diploma or two in midwifery, a circumstance to be much regretted. The violent people who continually anathematise specialism too often do much to create it. Not a few of them have contributed to sever obstetrics from the other branches of the art of healing, and by their ignorant outcry and prejudice are continually lopping off other branches from the goodly tree.

Every one who sees any defect in the Council, and proposing to redress it really advances the day of its reform. The accoucheurs, therefore, are doing a good turn for the reformers of the Council, although we trust they will never completely separate themselves from our common profession. It is as members of the body medical—not as mere men-midwives that they have earned their right to rank on an equality with all their medical brethren.

The very aim of their memorial, received by the Home Secretary last week, would at once be gained were the plan of reform we have advocated carried out. Let everyone have a vote for the representative of the corporate body that granted him his diploma, and if obstetric interests were neglected in the Council, the return of some one who understood them, would be certain.

The following is the memorial alluded to presented by an influential deputation :—

1. The Obstetrical Society of London begs leave most respectfully to invite the attention of Her Majesty's Secretary of State for the Home Department to the general defect in the constitution of the General Medical Council, resulting from the want of adequate representation in that body of obstetric medicine.

2. The General Medical Council is constituted of seventeen representatives, elected by the Universities, the Colleges of Physicians and Surgeons, and the Apothecaries' Societies ; by six nominees of the Government ; and by a president elected by the Council itself.

3. Owing to the constitution of the governing bodies of the Universities and Colleges, these bodies have always elected representatives who neither teach nor practise obstetrics.

4. Amongst the members nominated by the Government there is not one who teaches or practises obstetrics.

5. The result is that at the present moment the General Medical Council does not contain a single member who has ever been a public teacher of obstetrics, and only two or three members who actually practise obstetrics.

6. The position and claims of obstetric medicine in reference to the Examining Boards, and the licence to practise, are very unsettled : the provision of competent midwives for the poorer classes and the public services is in the highest degree unsatisfactory ; the encouragement of obstetric science, and the regulation of obstetric practice, are duties of undeniable importance to the public interest.

7. Your memorialists submit that these duties can hardly be efficiently discharged to the public interest, or so as to command the confidence of the great bulk of the medical profession, by a body from which teachers and practitioners of obstetrics are practically excluded.

8. Your memorialists therefore earnestly pray that the constitution of the General Medical Council may be so remodelled as to make due provision for the appointment of members conversant with, and capable of informing the Council upon, matters relating to the science and practice of obstetrics.

◆

MEDICAL TEACHERS AND HOSPITAL PHYSICIANS AND SURGEONS.

It is satisfactory that the remarks we made on this subject should have caused pleasure in many quarters, though in the few localities where selfishness has long prevailed the feeling has been one of intense vexation. It was natural for us to seize the occasion of the little incident respecting Dr. Beale's position to point out how often such narrowness has defeated its own ends, and allowed some of our best men to be lost to public institutions. We remain of opinion that the staff of every hospital should, as a rule, be chiefly occupied with the clinical department of instruction, and that the theoretical courses should be left for the juniors and for worthy men who may not be in the staff. We have been reminded that some schools of medicine are so entirely subjected to the hospital authorities that they may be said to be ruled by them, and in these the most illiberal rules prevail. No one can be associated with school or hospital who is connected with any other institution. It is not that special hospitals alone are discountenanced, but even sister general hospitals ; all connected with some of them are pronounced ineligible for appointments at others. This is surely going too far, but sometimes worse narrowness prevails.

A minor hospital or two have pronounced that their charities and their schools shall not be served by any one who serves a major. The absurdity of the thing can only be exposed by supposing examples of the practical working of such laws. It is as much as to say that Sir W. Fergusson should not be suffered to lecture on surgery to the half dozen pupils of an inferior school because he is surgeon to King's College Hospital; or that Sir W. Jenner could not prescribe for the out-patients of a smaller hospital because he is so favourite a clinical instructor, and is occupied at University College. We purposely take the names of men who have reached the "top of the tree," to show the folly of a spirit of exclusiveness which would restrict others in their work. A fortnight ago we showed that Dr. Beale's appointment to a chair in one of the English Universities should be a cause of pride to King's, where he has so long lectured, and that his giving up that part of his work was no reason why the hospital should be deprived of his services. We think committees, while anxious to secure the best men for their charities, should take care lest, in asking too much, they do not in the end defeat the cause they have at heart. Already medical officers do too much gratuitous work, and for that reason committees are apt to place too stringent conditions on the places to which they elect. Leave the other school, give up your other appointments, has been said not only to the pure specialist, but to men who cannot be ranked as such. After a time a step further may be taken. Hospital committees will say to candidates, not only give up your dispensary, or your special institution, or even your paid lectureship—that has already been said!—but give up your life assurance company, and perhaps then, after a short time of ignominious compliance, give up your private practice. Yes, the time seems coming when men shall be required to forsake father and mother, and wife and children, for the glorious privilege of serving an ungrateful public, by doing the hard work of carrying on a charity towards which the governors contribute a trifle from their abundance of filthy lucre. It is time that some one lead the way in a rebellion against the unconscionable tyranny of hospital boards, for which, from Hunter's time till now, our noblest brethren have toiled as slaves.

SCOTLAND.

THE HEALTH OF THE QUARTER.

The Scottish Registrar-General has issued his quarterly report, and it will be found as interesting as usual. We have not space to devote to the births, marriages, and other interesting particulars, but our readers will expect to have an account of the mortality of Scotland in the quarter, and to this we may fairly add the comments on the weather and the health of the people generally.

Deaths.—20,431 deaths were registered in Scotland during the first quarter of 1869, being in the annual proportion of 25·4 deaths in every thousand persons, or 2·54 per cent. The average mortality of the quarter during the ten previous years was 24·9 deaths in the thousand persons, or 2·49 per cent. The death-rate, therefore, has been very high.

In England, on the other hand, the mortality of the quarter was below its average, being at the rate of 24·8 deaths in every thousand persons, while the average of the quarter during the ten previous years was 25·3 deaths in every thousand. This fact shows that, though Scotland and England are closely adjoining, weather and other baneful influences act very differently on the health and lives of the inhabitants during the same period of time.

The death-rate in the various-sized towns and in the rural districts bore a close relation to the birth-rate in each during the quarter, being highest where the greatest number of human beings were massed together, and lowest in the sparsely inhabited rural districts. Thus, the proportion of deaths during the quarter in every thousand persons of the estimated population was 35·0 in the principal towns, 28·8 deaths in the large towns, 23·8 in the small towns, but only 18·9 deaths in the rural districts.

The same fact was shown with regard to each of the eight divisions of Scotland. In the sparsely inhabited Northern division, only 16·5 deaths occurred in every thousand persons, but 31·1 in the populous manufacturing and mining south-western districts.

Of the eight principal towns, the mortality was highest in Glasgow and lowest in Perth. Thus, for every thousand persons in each town, there died in the proportion of 22·3 in Perth, 26·4 in Leith, 27·2 in Aberdeen, 28·1 in Paisley, 32·3 in Edinburgh, 33·4 in Dundee, 35·8 in Greenock, and 39·8 in Glasgow.

Of the 20,431 deaths, 6,619 were registered in January 6,172 in February, and 7,640 in March; being at the rate of 213 deaths daily during January, 220 daily during February, but 247 daily during March.

Health of the Population and the Weather.—January and February were unusually mild months, the prevalent winds being from the south-west, with less easterly or northerly winds than has occurred for years—indeed there was no truly wintry weather during either of these months till just on their close. The health of the people was good during these months; there was less sickness, and the mortality was below its average. All this was reversed during March. On the 27th February the wind veered to the north and north-west, and the whole of Scotland was immediately covered with snow; the frost was often keen; and during the whole month of March the winds blew with biting severity from the north, varying slightly to north-east or north-west. The pernicious effects of these cold withering winds was instantly marked on the health of the people. Every disease increased in virulence and fatality; and though the inflammatory affections of the respiratory organs presented a very large increase of deaths, their proportionate increase was not greater than that witnessed among the zymotic class of diseases, which are too often considered to be dependent on causes different to those which induce or influence inflammatory affections of the respiratory organs. Scarlatina still continued to be the prevalent epidemic among children over the greater portion of Scotland, but in some of the northern counties measles was the leading disease. During March, bronchitic attacks were nearly universal, and typhus and enteric fevers increased in prevalence and fatality. Bowel complaints, also, were frequent during March.

THE MORTALITY IN GLASGOW.

A report has been submitted to theBoard of Police by Dr. Gairdner upon the health of Glasgow for the first quarter of the present year, with special reference to the high rate of mortality in March last. The death-rate per annum per 1,000 of Glasgow as given by the Registrar-General for successive weeks of the past quarter, has been as follows:—In January, 34, 35, 37, 38, 42; in February, 37, 38, 35, 40; and in March, 38, 44, 47, 46—These March rates being the highest experienced in Glasgow since 1865, when the rate for one week ranged as high as 48. In 1868, the deaths at all ages during the months of January, February, and March, numbered 3,528; whereas, in the same period of the present year they amounted to 4,613, being an increase of 1,085, or nearly 31 per cent. The deaths of children under five years during the same periods of the two years were 1,677 and 2,332, being an increase of 655, or about 39 per cent. Taking separately, the deaths occurring during the month of March 1869, the increase is more remarkable, being, in persons of all ages, 48 per cent; and in children under five years, 57 per cent. It appears that during

January and February the excess of mortality fell chiefly on children from two to five years of age, in the fatal month of March it was children of a still more tender age who were the sufferers. The deaths of children under one year in March of the present year, show an increase over those in the same month of last year of 56·6 per cent; those of children between one and two years, an increase of no less than 71·1 per cent. and those of children between three and five years, 43·5 per cent. Proceeding to an analysis of the pathological causes of the increased mortality, Dr. Gairdner confines his attention to the fatal month of March. He points out that among zymotic diseases, the most decided increase occurred in measles and typhus, the respective figures in measles in March 1868-69 being 24 against 71, and in typhus, 41 against 85. In tubercular diseases, the present year presents a decided increase, the excess of deaths being principally owing to pulmonary consumption of which 232 fatal cases occured last March, as compared with 189 in the corresponding month of the preceding year. It is among the diseases of the respiratory organs, however, that we find chiefly the explanation of the inordinate mortality of the month. In March 1868, there were only 218 deaths from diseases of that group, against 504 in March last; In the principal infantile diseases of the digestive organs, on the other hand, we find a decided decrease.

Dr. Gairdner next takes up the incidents of excessive mortality in the principal towns of Scotland, and finds that, in 8 towns, with the exception of Paisley and Aberdeen, there has been during the first quarter a decided excess of mortality in 1869, as compared with 1868. In Glasgow this amounted to 30 per cent; in Greenock, to 25; in Edinburgh, to 17; in Dundee to 14; in Leith to 13; and in Paisley to 7. To account for this high mortality in Glasgow and Greenock, the Registrar-General has advanced the theory of "northerly and easterly winds," but, Dr. Gairdner remarks it is curious that those two towns should have been sufferers from such a cause, while Aberdeen and Perth should have escaped. Again, it appears, that, while infantile deaths in the 7 towns formed 38 per cent. of the total mortality during the quarter, they amounted in Glasgow to nearly 51 per cent., that zymotic diseases were fatal in Glasgow to the extent of 38 per cent., against 18 per cent. in the seven towns, that diseases of the respiratory organs, excluding consumption, had a relative mortality of 26 per cent. in Glasgow (which in the month of March advanced to 28 per cent.), against 21 per cent in the seven towns. "What we have to deal with, then," says Dr. Gairdner, "in the following more strictly local researches, is the fact of an excessive mortality, due in part to zymotic diseases (measles, scarlet fever, hooping-cough, typhus), but swelled to a very remarkable degree in the month of March by a sudden development of acute respiratory affections especially among children of the youngest ages.

Dr. Gairdner says:—"I fear that a very heavy bill of indictment will lie against Glasgow for a long time to come, unless the Improvement Commissioners can find it consistent with their duty not only to make purchases with a view to the future, but also to begin the process of active reform, and especially to lead the way in building up houses for the poor upon new and better models. It is impossible to acquiesce any longer, without formal protest, in arrangements by which the proper influence of the Sanitary Department is systematically excluded, as it were from operations which may more than any others, affect the health and lives of whole generations of future citizens."

THE SOCIETY OF ANTIQUARIES OF SCOTLAND.

A MEETING of the Society took place in their Library, Royal Institution, on Monday, May 10—Mr. W. F. Skene, LL.D., Vice-President, in the chair. On a ballot, the following candidates were admitted—viz., Mr. John Chalmers, Castlebank, Merchiston, and Mr. Gilbert Goudie, National Bank of Scotland.

Thereafter the following communications were read:—

I. Remarks on some of the Vitrified Hill Forts of Scotland, with reference to descriptions of similar remains in Bohemia, in a communication to Mr. Stuart, from Dr. Ferdinand Keller, Zurich. By Mr. John Stuart, secretary.

A discussion ensued in which the chairman, Dr. Maclauchlan, Dr. Burton, Mr. Milne Home, Dr. David Laing, and Colonel Robertson took part. Mr. Home stated that he had examined several vitrified forts, and had found in some cases that the stones of which the walls were formed were different from that of the hills on which they were placed, and were brought from other localities. All the speakers agreed that the subject was one of great interest, and that a more general examination of the forts than had yet been made was extremely desirable.

II. Notice of a Pict's House, recently discovered at Westhill' near Dundee, with sketch and measurements, and of Stone Cists found at Fallaws, Monikie. By Mr. A. Jervisecoir, Mem. S.A. Scotland.

This house was accidentally discovered in digging a foundation, when it was found that part of it had been destroyed at an earlier time. Enough remained, however, to show its strict conformity to the plan and mode of construction usual in this class of buildings, of which several examples have been recently described by Mr. Milne Home and Lord Rosehill.

III. Notice of old Scottish Coins, recently found near Prestonpans. By the Rev. John Struthers, F.S.A. Scot.

A number of donations to the museum and library were announced.

THE NEW ABERDEEN PROFESSOR.—On Friday evening, Dr. Andrew Inglis was entertained at a dinner to commemorate his appointment as Professor of Midwifery in the University of Aberdeen, in room of the late Dr. Dyce. The chair was occupied by Dr. Burn, President of the Obstetrical Society, and Dr. John Duncan. Sir James Y. Simpson, Bart.; Professor Dickson, of Glasgow; Dr. Graham Wier, Dr. Pattison, Dr. Argyll Robertson, Dr. P. H. Watson, Dr. Granger Stewart, Dr. Keiller, Dr. Archibald Inglis, Dr. Menzies, Dr. R. M'Lagan, Mr. Annandale, Mr. Stevenson Smith, Dr. Chiene, Dr. A. G. Miller, Dr. Joseph Bell, Dr. Sidey, Dr. M'Donald, and others were present. The chairman, in proposing the toast of the evening, the health of Professor Inglis, said he was descended from four or five generations of medical men, and had been early destined for the medical profession. Professor Inglis, in returning thanks for the toast, expressed the gratification he felt at having succeeded in securing the good wishes of so many of his fellow-practitioners. The toast of the "Scottish Universities," was proposed by Dr. Matthews Duncan, and responded to by Professor Dickson, of Glasgow; "The Royal College of Physicians," was proposed by Dr. P. H. Watson, and acknowledged by Dr. Graham Wier; "The Royal College of Surgeons," by Dr. Pattison, and replied to by Dr. Joseph Bell.

ROYAL EDINBURGH ASYLUM.—Dr. P. Maury Deas, senior assistant physician in this institution has been appointed medical superintendent of the new Cheshire County Lunatic Asylum. The *Scotsman* says:—Dr. Deas is the fourteenth assistant who has left this asylum to become medical superintendent of other asylums in England and Scotland.

Notes on Current Topics.

Royal General Dispensary.

This, the most ancient of London Dispensaries, having been founded in 1770, has recently taken a step alike honourable to its management and to its medical officers, and from which we are convinced the institution will lose nothing. It has been decided to award the medical officers a small annual stipend, in recognition of their services both among the patients who attend for advice at the dispensary, and among those who have to be visited at their own homes. The hard-working physicians and surgeons who visit from house to house, in court and alley, to minister to the helpless sick, certainly are labourers who are worthy of their hire; and the knowledge that a small fraction of their annual subscription goes to pay their physicians and surgeons is a fact calculated to stimulate more numerous and liberal subscriptions from those of whom many know well enough what it is to be working for their daily bread.

Dr. Richardson's Lecture at the Polytechnic.

On Tuesday, May 11th, Dr. Richardson gave a Lecture on the Large Induction Coil at the Polytechnic Institution, illustrating the effects of the electric discharge on animals, and showing how death is caused by lightning.

The lecturer commenced by a few well chosen, and well deserved, compliments to the Directors of the Polytechnic, and to Professor Pepper and Mr. Apps, the deviser and maker of the giant coil, for their liberality and kindness in freely giving the use of their theatre and apparatus for the lecture. This done, amid much applause from the crowded audience, the lecturer proceeded to demonstrate the various forms of discharge that can be obtained from the coil, showing how there is the discharge of flame that burns and the intense discharge which kills.

This last form of discharge was shown on a rabbit and a pigeon, both these animals being struck dead by the discharge from a battery of Leyden jars. The first shock appeared only to paralyse or stun, for the pigeon after one shock, when removed and handled, was alive, but breathing slowly and with difficulty; in time it would recover provided it were spared a second shock.

In the instance of a pigeon killed by a third shock from the Leyden jar, the body very soon became quite rigid and stiff, in which state it was handed round to the audience for them to see it thus proved that death by electricity in no way prevents or retards the development of the rigor mortis.

In the case of a pigeon that had received the shock down one side only of its body, it was observed after death that this side became stiff and rigid, while the other was soft and flaccid.

It was also shown that the blood in these animals killed by electric shock became firmly coagulated after death; and to disprove the assertion that the bodies of those killed by electricity are wont to run into rapid putrefaction, the body of a pigeon was handed round that had been slain by the electric shock three weeks before, and now showed but slight evidence of decomposition.

At the conclusion of this highly interesting and able lecture, Dr. Forbes Winslow proposed, and Mr. Hunt seconded, a cordial vote of thanks to the Directors of the Polytechnic, which was acknowledged in a very neat speech by Professor Pepper, who made the welcome announcement that the Directors had invited Dr. Richardson to give a second lecture in their institution on that day three weeks. Instead, therefore, of giving the last lecture of his Summer Course at Hinde street on June 1st, Dr. Richardson will lecture at the Polytechnic Institution on that day.

West Kent Medico-Chirurgical Society.

On Friday, May 14th (Dr. Thorowgood, President, in the chair), Dr. Morell Mackenzie gave a most interesting and instructive demonstration of the use of the Laryngoscope before this Society.

After giving a short history of the first introduction of the instrument, Dr. Mackenzie proceeded to show the method of using various laryngeal instruments, mirrors, brushes, cauterisers, galvanisers, &c. He then invited the members present to see, in the cases of actual patients, examples of syphilis affecting the larynx, and instances also of cancer, laryngeal phthisis, and one case of growths springing from the vocal cords. Each of the members was able to examine these cases and compare them with admirable drawings by Mr. Lennox Brown, which were placed on the table.

The paper concluded with some practical remarks on treatment, insisting much on the importance of judicious local treatment of any ulcerations after the surface of these had been perfectly cleared. Dr. Morell Mackenzie stated that he rarely used the solution of nitrate of silver now, as he found it produced often sickness and much discomfort, which was not the case with solutions of the salts of iron and copper. The case of the man with ulcerated cancer of the larynx showed what good effect treatment can exercise even on this serious affection, there having been no attacks of serious hæmorrhage since the man came under treatment. It was mentioned incidentally that this man had applied to a general hospital in consequence of his throat symptoms, and after a period of varied treatment he was sent about his business as a "shammer." Laryngoscopic examination soon disclosed the real seat and source of the man's sufferings.

The thanks of the Society were most warmly accorded to Dr. Mackenzie, and also to his excellent coadjutor, Mr. Lennox Brown, for the useful and highly practical paper; and the last meeting this session of the Society came to a close.

The Health of Dublin.

In the Dublin Registration District, the births *registered* during the week ending May 8th, amounted to 145. The average number in the corresponding week of the years 1864 to '88 inclusive, was 169. The deaths *registered* were 132. The number in the corresponding week of the previous five years was 139. Eleven deaths resulted from scarlet fever, showing an increase of four as compared with the week preceding; the average number of deaths from scarlet fever for the corresponding week of the last five years was three. Three deaths were referred to measles. Typhus fever caused two deaths, typhoid or enteric fever three, and simple fever two deaths. The deaths of seven children were returned under the head of convulsions. Bronchitis proved fatal in twenty-two instances, and pneumonia or inflammation of the lungs in three. Paralysis was the cause of four deaths, and apoplexy of two. Disease of the heart contributed eleven deaths. Phthisis or pulmonary consumption was the cause of nineteen deaths.

Influence of Nutriment on Disease.

The *Journal Central de Medicine de Berlin* publishes *seriatim* the conclusions arrived at by Dr. Salisbury from a large number of experiments on this subject. They are as follows :—

1.—The continuous use of vegetable aliments, particularly of the leguminous and amylaceous plants, provokes constipation and a sort of scorbutic condition.

2.—The use of amylaceous plants causes a great variety of morbid condition ; for example, fibrinous deposits and embola in the capillary vessels, and congestion, inflammation, diarrhœa, and paralysis, as the result, and, at a later period, tuberculous deposits in the lungs, affections of the eyes and ears, and pains in the back and extremities.

3.—These symptoms may be advantageously met by having recourse to albuminoid aliments of animal origin, and especially by the use of salts of potash and iron which prevent coagulation of fibrin, favour the circulation of the blood, and render active absorption and intestinal secretion.

4.—The morbid states which we have enumerated are developed in armies on the field, especially when they are subjected to an amylaceous dietary.

5.—The officers, who have the privilege of varying their diet, are free from these accidents.

6.—When the nutriment is exclusively amylaceous or saccharine, constipation soon appears, and stomachic digestion is effected with difficulty.

7.—This constipation is not slow in engendering the products of fermentation, intestinal gases, and parasites in great number.

8.—This condition continues until diarrhœa sets in, and then small colloid gelatinous masses are found in the fæces in variable quantity.

9.—These are in no respect the cause of the diarrhœa ; they result from the production and metamorphosis of saccharine and fermentine matter. Once produced, these substances act as a true poison on the organism and aggravate the intestinal lesions.

10.—It is specially in the evening and during the night that the products of fermentation are developed in the intestines. Each day they increase. The continual excitement of the intestinal mucous membrane by the gases and parasites produces diarrhœa, which soon becomes chronic, and resists all methods of treatment.

11.—This state is always accompanied with a tendency to paralysis accompanied by singing in the ears and violent headache, symptoms which are attributable to defective nourishment and to the presence of fibrinous masses in the capillary vessels.

12.—There are often at this stage symptoms of bronchitis. The expectoration is thick, yellow, principally at night, and it is complicated with dyspnœa and palpitations.

13.—Diabetes and strumous affections often supervene on a diet exclusively saccharine or containing too much starch.

14.—The diarrhœa, characterised by colloid greenish stools, which attack children during the summer, depends on the abuse of saccharine substances and fruits, and the colloid masses are divided from the intestinal epithelium.

The Royal Irish Academy and the Dublin Scientific Societies.

As we anticipated, the societies of Dublin, though no doubt anxious to co-operate in any measure which would promote science or benefit the Academy, have not received the proposal which we detailed in our last with any great enthusiasm. We learn that the Geological Society have only accepted it in a very modified form. The Society is in a flourishing condition, is provided with a *locus* by the University of Dublin, and possesses a considerable fund in hand. It is not disposed, therefore, to merge its identity in the Academy ; but it will consent to hold its meetings and publish its transactions in connexion with the Academy, still retaining its funds and its separate entity. The Chemical Club discussed the proposal last week ; and though the members were indisposed to discourage, in any respect, the rejuvenation of the Academy, it was felt that the objects of the Club were not such as would fulfil the Academy's idea of a scientific section. The Club was started originally for the communication of knowledge in a sort of conversazione ; and it was considered that the reading and publication of essays would be *ultra crepidam.*

We anticipate that, despite these discouragements, an effort will be made by the Council of the Academy to establish the Sectional system ; and we conceive that it can do so with much less injury to its prestige, and perhaps as effectually as by the haphazard assimilation of all members of Dublin societies.

Burial Grounds and Sewage.

The last meeting of the Academy of Sciences of Paris was occupied by a representation from M. Dumas on the matters of great interest to the public health.

The first was relative to the enormous quantity of human remains contained in the soil on which great cities are built, by reason of the cemeteries which have hitherto existed, and are still to be found occasionally. According to an investigation by M. Freycinet, ii would appear that there are at least 100 millions of pounds weight of such *débris* in the soil of London.

The second observation treated of the sewage of Paris, the quantity of nitrogenous matter it contained, and its applicability to agricultural purposes. It would be necessary, said M. Dumas, to sink seven millions of francs every year, if we wished to render the same quantity of water as rich in nitrogen as the sewage is. How many more millions are lost in not utilising the sewage could hardly be stated. If he had thought that this question would come under the discussion of the Academy, he would have brought with him specimens of sewage, in order that he might show the Academy a simple and rapid manner by which its purification might be effected. It was sufficient to add to it a very small quantity of alum in order, at the end of five minutes, to produce a dense flocculent deposit, which carried down with it nearly all the nitrogenous matter, which was in suspension in the liquid. The supernatant fluid would be limpid, and so free from smell, that birds would drink it. With one centime of sulphate of alumina a cubic metre of sewage may be so purified.

Who'll Bid?

DEGREES.—Gentlemen desirous of obtaining degrees from foreign universities must state their qualifications, and apply for form, &c., to Dr. S., ——— street, London, N.

From a morning contemporary we clip the above ominous announcement. To anxious, yet not over-energetic title hunters, the reader will see it offers the usual advantages, at, of course, the usual rate per head, payable in advance!

The "Bermondsey Spec" having fallen through by reason of the *untimely* interference of the police authorities, this Packington Street Spec will yield to the brazen "Doctor S." ("Spec," if you will), and the diplomatic hucksters of whom he is the trumpet, a harvest, perhaps, if not as ample, sufficiently so to meet the pressing requirements of either home mendacity or foreign university mendicancy. That the police official sickle might be employed in the really ripe field of medical puff quackery and humbug, there is no doubt, but how to employ it is still the problem. This "Dr. Spec's" affair reveals to us the system in a rather chivalrous sort of light, and with a sprinkle in it of the philanthropy attributed by moralists to the wily spider when proffering to the semi-wary house-fly the advantages of a quiet home and fraternal fellowship. The system tells sometimes—rather, it pays, therefore sharks, be jubilant.

Dr. Moore and the Belfast General Hospital.

THE reproach against the social relations of medical men which has called down on our profession the many sneers and much ridicule, the contemptible and narrow-minded jealously between individuals—a feeling which if it exist in other professions, is certainly kept in commendable secrecy. We regret to observe a peculiarly humiliating display of this feeling in Belfast. The Board of Management of the General Hospital have been forced into an investigation of a charge which is thus recorded in the minute book. The treasurer stated to the Board certain charges made to him by Dr. James Moore in reference to an operation performed on Adam Martin, a patient who had died in this Hospital, reflecting upon the character of the medical gentlemen who conducted the operation, *and stating at the same time if he had been present the result would have been different.* The treasurer then reiterated circumstantially Dr. Moore's statements, and the injurious allegations he had made regarding the Hospital, which, the treasurer affirms, he was prepared, if necessary, to substantiate upon oath. Dr. Moore stated that the treasurer had entirely misunderstood him in the conversation referred to; that he had never intended to make any charge against Dr. Wm. MacCormac, or the Hospital; and that if any such had been made by him it was now withdrawn in the most unqualified manner. Dr. Moore also stated that he believed there were no grounds whatever for injurious imputations against the surgical practice of the Hospital. With so complete a repudiation of the statements attributed to him we are bound to assume that Dr. Moore's observations were misinterpreted. Nevertheless, it is most unfortunate that their general tone should be such as to convey to the mind of an unprejudiced listener so serious and unworthy a slight on Dr. MacComac, and to put Dr. Moore in the position of an abject disclaimer. After the fullest inquiry and investigation into every circumstance connected with the case, it was unanimously resolved—"That the Board of Management desire to record their full appreciation of the great skill, kindness, and attention of Dr. William MacCormac, the surgeon who operated, and also of Dr. Brown, who assisted at the operation performed in the case of the late Adam Martin, who died in the General Hospital of strangulated hernia, upon the 26th of February, 1869." We are unpleasantly reminded that we have been obliged some years ago to notice a similar attitude of Dr. Moore, in respect of his medical brethren in Belfast, and we are constrained to say that he is, in respect of his relation to them, either the most unfortunate or most injudicious of men.

Town Sewage.

MERTHYR Tydfil has fallen a victim to the same circumstances that have caused Cheltenham, Leamington, and some other towns so much expense. The Local Board having expended £30,000 on the drainage have had an injunction served to restrain them from polluting the river. Land cannot be had for irrigation, and after much anxious consideration another scheme has been adopted, viz., to continue the main sewer seven miles further down the valley, to a point four miles above Pontypridd, where it widens considerably. Here there is a large tract of common land suitable for the purposes of irrigation, and which may be acquired on easy terms. About 400 acres will be required for the effective disposal of all the sewage of the town, and the cost of continuing the main conduit to this land, and preparing it for the sewage is estimated at £20,000: but, on the other hand, it is calculated, from what has been done in other districts, that in the course of a short period the soil will have been so much improved by the application of sewage as to command good tenants at rents that will cover all the outlay, the land being admirably situated with regard to the centres of population.

Charing Cross Hospital.

THE above institution has entered on its fifty-first year of charitable usefulness. The annual dinner in aid of its funds was held in Willis's Rooms, on the 13th instant, the guests on the occasion numbering about 200.

During the evening it was stated that the expenditure in connection with the hospital for the year 1868 amounted to £7,423, and the reliable income about £3,000, which statement exhibited a balance on the wrong side of over £4,000.

No more noble proof can be adduced of the high estimation in which the charitable and philanthropic hold Charing Cross hospital, than the telling fact, that the subscriptions amounted during the evening to the magnificent sum of £2,500, which sum includes the Queen's donation of £50.

Staffordshire Asylum.

THE fourth annual report of the Staffordshire Asylum has reached our hands. It has been carefully and studiously prepared, and offers to the medical reader invaluable tables of statistics, unburthened by irrevelant matter, terse, concise, yet forcible, nevertheless.

Spinal Injuries.

We lately drew attention to the differences of opinion so often exhibited in the witness-box by members of our profession. The trial of which we speak, and which ended in a verdict for £4,000 damages, is likely enough to give rise to further litigation. Another trial has ended in a verdict for damages of nearly as much. This latter case was *not* a railway one, but arose from the plaintiff having met with an accident by falling down an open communication with the hold of a ship on which he was passenger. Railways have been blamed for peculiar effects by some, whilst others have contended for quite different views. The reader cannot fail to be interested in the following extract from the evidence as reported in the *Times* respecting the case to which we have alluded.

> "The evidence of various medical men in India was read, and Mr. Erischen was called as a witness. He said he saw the plaintiff first on the 17th of last month, just after his return from India; he was suffering from the effects of two distinct injuries—dislocation of the right shoulder and disturbance of the nervous system about the head and spine. The right shoulder was painful, and the movements were difficult. The arm could be moved forwards, and in an underhanded manner, but not backwards, nor raised from the shoulder—or, at least, only to a very limited extent. In addition to the dislocation, there must have been some other injury, for there were various symptoms referable to irritation of the brain, as, for instance, frightful dreams, loss of memory, and irritability of temper. On examining the spine he found it tender over two of the vertebræ and in the loin, and bending the spine increased the pain. The plaintiff complained also of uneasy sensations in the legs, a prickling numbness, and startings. He rather dragged the right leg, the muscles of which were less sensitive to the electric current than was usual or natural. There were also other symptoms, the usual effects of irritation of the spinal nerve. The witness concluded that the present condition of the shoulder was in consequence of the dislocation described, and he attributed the other symptoms to the unusual severity of the injury and laceration of the muscles. The plaintiff might, perhaps, have been pulled out by the dislocated arm, or might have fallen upon the shoulder itself. The witness thought he would recover the underhanded movements; for instance, he might be able to write; and the nervous symptoms might disappear, but he would never be able to raise his arm for any useful purpose."

The Dangers of Metal Stoves.

General Morri has just made a report to the Paris Academy of Sciences, in the name of the commission appointed to inquire into the alleged insalubrity of metal stoves. The result of numerous experiments instituted by the commission is that the use of metal stoves is dangerous to health. Contrary to the opinion of Dr. Caret, it is found that wrought iron stoves are, to a certain extent, objectionable, but not nearly so much so as those of cast metals. Both are found to disengage considerable quantities of oxides of carbon. The heat too quickly desiccates the confined atmosphere of rooms, and may, moreover, decompose the carbonic acid of the air. These dangers commence at a dull red heat, and it, therefore, seems that those who continue to use metal stoves should invariably have them fitted wih fire brick so as to prevent their becoming heated to redness.

By the will of the late Mrs. Celia M. Boulton, of St. John's Wood—Westminster, St. George's, St. Mary's, Middlesex, Charing Cross, and the Cancer Hospitals, each receive a legacy of £200, free from income tax. The Royal Hospital for Incurables also receives a like amount.

In the Lynn poisoning case, the jury returned a verdict that deceased died from diseases from which he had long been suffering, but that his death was hastened by strychnine given by his wife, she being of unsound mind. The viscera gave no traces of the poison on chemical investigation.

The Middlesex Hospital Home for Nursing—a building in connection with, and adjoining the, Middlesex Hospital—was opened on Thursday last by the Princess of Teck. The institution is to accommodate fifty women as probationers, who after having received a complete education in nursing in the wards, may become either permanent nurses on the staff of the hospital, or be available for the exigencies of private families. Lady Louisa Ponsonby and Miss Burdett Coutts were among the ladies who attended the ceremony.

On the 10th inst., at the comparatively early age of 48, died Dr. McCormick, a highly respected practitioner of Bayswater, and who will be a great loss in that locality, especially amongst the poor, who always found in him a ready friend.

In 1847 he contributed a paper on "Epidemic Fever and Dysentery" to the Medical Press, and has since communicated some practical notes to other medical journals. He was M.D. and L.R.C.S. Edin., L.S.A. Lond., and L.M. Dub.

◆

LYING-IN HOSPITALS AND EXTERN MATERNITIES.

The debate of the Dublin Obstetrical Society on Dr. Evory Kennedy's paper, which we reported last week, was renewed with great vigour and much interest to the profession last Saturday. The President and Vice-President of the College of Physicians were present, and the room was crowded at all parts. The debate was opened by Dr. McClintock, who, at great length and with much power and eloquence, treated the subject. His speech occupied almost the entire evening, and was, without doubt, *the* speech of the occasion.

Dr. McClintock commenced his observations by expressing his opinion that, without doubt, metria is a zymotic disease; but in enunciating this fact it was necessary to distinguish between cases of simple post-partum peritonitis, which had no such character, and the true blood poison of metria, which resembled uterine phlebitis more than any other disease. He was of opinion that puerperal fever and erysipelas were mutually convertible, the one into the other, and had one and the same contagion. He was not new in this idea, for Putot and Dr. Douglas had expressed the same opinion, and Mr. Simon had said that a surgeon in attendance on erysipelas might communicate metria. This analogy had been followed up by Cruveilhier's comparison of a lately delivered woman with a newly operated patient, and by Mr. Dease's parallel between the pathological conditions after metria and after bladder operations.

He (Dr. McClintock) and Dr. Hardy had always held the strongest opinion that metria was so highly communicable that no man would be justified in neglecting the smallest precaution against its transmission, but Dr. Meigs had met this statement by an "utter rejection and denial." It seemed to him that the length of the period of incubation of zymotics was an important argument against Dr. Kennedy's argument, for there was no analogy whatever for a disease communicated epidemically with the short interval which was known to precede many cases of metria. Aickin placed the incubative period of metria at ten to fourteen days, and thus it would seem that puerperal fever, which often appeared in a few hours, must be rather by inoculation of virus than by infection.

He (Dr. McClintock) quite agreed with Dr. Kennedy in his disapproval of lying-in wards in general hospitals, and he would go further and say that if midwifery students abstained from dissections, and obstetric practitioners from *post-mortem* investigations, the disease would be much less frequent. "The man who devotes himself to obstetrics should abjure pathological anatomy."

He thought, then, that in respect of its contagiousness Dr. Kennedy had made out a strong case, but that he had failed to show that the disease was proportionate to the number of women in hospital. How could this theory be maintained in face of the statistics? He found that, in 1842-43-44, the deaths amounted to 1 in 214; in 1850 to '53, to 1 in 565; while from 1829 to '33 on a yearly average of 2,150 cases, or a total of 10,785 deliveries, there was *not one single death*, while within the last fifteen years, when the admissions were not one-half, the mortality was doubled. Furthermore, it appeared that in the first three years of Dr. Labatt's Mastership there were 10,248, and yet the death-rate was only 1 in 180. Surely this disproved any proportion between crowding and mortality. And even in country hospitals the theory was not carried out, for he found that, while New Ross Hospital only admitted thirty patients a year, Waterford Hospital, with three times the number, had a less mortality. And the fact of an hospital being small did not seem to protect it in the least, for we had the instances of the South Eastern Hospital, admitting only 350 patients a year, with a mortality of 1 in 69; and Kingstown, admitting only 90, with a mortality of 1 in 114 from metria alone.

Dr. McClintock greatly distrusted the statistics adduced by Dr. Kennedy, for there were many differences between the hospitals compared which invalidates the conclusions; for instance, some hospitals admitted only certain classes, while others were obliged to take in all comers, and seduced women resorted to them in much greater numbers. His experience instanced this fact in a very forcible way. During his mastership of the Rotundo, there were 126 women admitted who were *known* to be unmarried, of whom the enormous proportion of 46 died—a mortality which cannot fail seriously to influence the statistics. Moreover, the very numerous deaths which occur during, but not in consequence of, the puerperal state were not charged against the obstetric mortality anywhere except in lying-in hospitals; elsewhere they went to swell the general death-rate. In lying-in hospitals they were debited to the midwifery mortality. Dr. McClintock produced a table, or tabular statement of the mortality in private practice, under some of the most reliable practitioners. It showed that the mortality in childbirth from *non-puerperal* disease was 27 per cent. of the whole mortality, or more than one-fourth. If these deaths were eliminated from the extern returns, a mortality of 1 in 200 would be 1 in 145; and if the omissions from defective registration were allowed for, the proportion would become 1 in 129. Moreover, it appeared that in private practice in Ireland in 16,106 cases the deaths were 1 in 134, and this amongst patients derived from the superior classes.

Dr. McClintock then proceeded at length to corroborate these statements from the registration statistics, and declared as the result of his calculations, that the death-rate of women in their own homes was 131⅓—a much closer approximation to the mortality in lying-in hospitals than Dr. Kennedy had represented.

Dr. Denham, in continuing the debate, pronounced the statistics of out-door delivery absolutely unreliable, because the cases were seldom seen more than once after delivery, and were set down as recoveries when, in fact, they might be deaths. If small hospitals were to form a just comparison, they should be in cities and not in country atmospheres. He thought the great mortality of the last fifteen years might be easily accounted for—firstly, by a very unwonted prevalence of zymotics in Dublin in that time. On this subject he quoted the opinion of Dr. Stokes. Secondly, because the instant a death occurred in hospital it changed the class of cases admitted, and thereby increased the mortality by keeping away the better class of patients.

Dr. Denham read two letters—one from Dr. Martin, of Portland, acknowledging the frequency of puerperal fever in his district, and the other from Dr. Johnson, of Kilkenny, to the effect that for twenty years he had not been aware of a case in his locality. Dr. Denham said these letters proved the capriciousness of the disease even in country districts.

At the conclusion of Dr. Denham's remarks, the debate was adjourned. It will be resumed on Saturday evening next by Dr. Sawyer.

PRESENTATION TO DR. A. C. CHALMERS, THORNHILL.

A correspondent forwards us the following from a local contemporary :—

Dr. Chalmers who has for many years practised his profession with great acceptability over a wide district, of which Thornhill is the centre, being about to remove from that locality to Sheffield in England, his many attached friends determined to present to him some lasting testimony of their gratitude and esteem. The time being limited the ceremony took place in the Buccleuch Hotel, Thornhill, on the morning of the 28th ultimo. Dr. Russell in the chair.

Before proceeding to present the testimonial, the Rev. Mr. Murray, minister of the parish, who was chosen by the committee to do so, after stating that he regretted the duty had not fallen on some other individual better qualified, addressing Dr. Chalmers said :—It is now seventeen years and upwards since you came to the Upper Vale of Nith highly recommended by eminent men, professors of the School and Universities of which you are a distinguished alumnus and graduate, and also by others who perhaps less known to fame, were equally well qualified to judge of your professional ability and attainments, and it is almost a work of supererogation to tell the meeting now assembled, how nobly you have responded to the recommendations, now referred to, or how well you have realised the high expectation which at the outset of your career amongst us, we were led to form of you. You have in all respects done your duty admirably, and to the entire satisfaction of all classes of the community. In your general practice you have at all times manifested much skill and judgment, and at particular times, and in more trying cases you have evinced a degree of reliance on your own professional resources, which men of more timid and less firm minds cannot well understand or appreciate. You have proved yourself in all respects a master in your profession and worthy of all trust and confidence. It cannot then, I am sure, be a matter of surprise that the regret generally felt at the prospect of your departure should have taken the shape it has this day done in the handsome memorial now before us. To the poor especially, your departure will be a severe loss, and your name by them will be long held in grateful remembrance. These things being so, it may be naturally asked why does Dr. Chalmers leave? Or why should he wish to transfer his services to another and distant part of the kingdom? The answer is easy and ready. Dr. Chalmers never bargained to remain here for life, and he has talents and energy for a far more important field, and such a place as Sheffield offers many attractions which no mere provincial district affords to a man of his reflecting and enquiring mind. The population of Sheffield is great, its wealth is great, and then every branch of science and of art meets with due attention. New discoveries, whether in medicine or aught else are without hesitation considered and tested, and every encouragement given to genius and exertion. In such a place talent of every kind has full scope, and merit receives its due reward. In one word I augur well of the step you are about to take, and I believe that a bright future is in store for you. You are still in the prime and vigour of your life, health and strength are your portion, and by God's blessing on your labours a man of your enthusiasm and perseverance must succeed. Mr. Murray then presented Dr. Chalmers with a chronometer of much value, and added, at the request of the subscribers, that a much larger sum than the cost of the timepiece was still on hand unappropriated. That Dr. Chalmer's hurried departure had not afforded time to dispose of that sum satisfactorily, but that other souvenirs of his labours would in due time follow him to his home in Sheffield.

Dr. Chalmers replied as follows :—Mr. Murray and gentlemen, I can assure you it is no affectation of language when I tell you that I find it impossible adequately to express how much I feel your kindness in presenting me with such a very handsome and very valuable gift, and the kind wishes with which you have accompanied it. At all times a very bad speaker your great kindness and my own unworthiness of such a distinction as you have been pleased to accord me paralyses my utterance so that I can only, and that in very few words, say how much I thank you, not only for this but for the unwearied kindness and courtesy I have had extended to me for the seventeen years spent so pleasantly amongst you, and which go where I will can never be forgotten. That love is now in a degree broken, but believe me from the kindly feelings so able expressed by Mr. Murray, and so cordially responded to by so many of my friends now around me, it can never be altogether severed, and although painful to say good bye, I hope the time may come when we may meet again and renew to a certain extent what has always been to me pleasant intercourse ; and sincerely do I hope you will never have cause to regret the proceedings of this morning, whilst it will be my earnest and constant endeavour to give none. Be assured of this, gentlemen, I feel much more than I can possibly express on this occasion. You will, therefore, I feel certain, kindly excuse the brevity of my remarks and not take it as a gauge of my gratitude for your very great kindness. Again, thanking you now present, and all my other friends who have so highly honoured me, I shall now most gratefully bid you good bye.

◆

Transactions of Societies.

ARMY MEDICO-CHIRURGICAL SOCIETY OF PORTSMOUTH.

5th May, 1869.

Deputy Inspector General C. A. Gordon, C.B., in the Chair

TWO CASES OF CEREBRO-SPINAL FEVER,

which have lately occurred among the troops in garrison, were brought before the Society :—

The first, described by Assistant Surgeon J. Ross Murray, R.A., was that of a driver, æt. eighteen, with five months' service; of temperate habits, and well conducted. He was admitted to hospital on the 15th April, 1869, complaining of lassitude; anxiety at præcordia ; and slight febrile symptoms. An eruption of a petechial character having appeared on the legs an hour or two after admission to his battery hospital, as a precaution, he was removed the same afternoon to the infection ward at Portsmouth. He stated that on the day previous, he had been drinking with a comrade (since dead from the same disease), in a public house, in a low and dirty part of Portsmouth.

On the morning of the 16th, when seen for the first time by Dr. Murray, to whose care he was transferred, he had passed a restless night from severe and continual vomiting of dark green bilious matter, and frequent purging, he was slightly feverish ; a diaphoretic mixture was now prescribed.

On the 17th, symptoms had developed, which left no doubt as to the nature of the case. Delirium had set in, with intervals, during which he was very apathetic, but answered questions rationally. There was now well marked retraction of the head (opisthotonos), great pain in the muscles of the back, extending down to the lumbar region, and muscular debility of the lower extremities, almost amounting to paralysis. Pulse 84, Temperature in axillæ, 100, skin moderately cool and moist. Quinine, grs. iv., calomel, grs. ij, opium, grs. ¼, were now ordered every second hour ; ice to be applied to the head, a blister to the nape of the neck, and dry cupping along the spine. At evening visit, the delirium was found to have increased, the retraction of the head was more marked, and the pulse had risen to 120, these was conjunctivitis of the eight eye. Temperature in axillæ 101°, respirations, 23.

On the 18th he was semi-comatose, the right cornea had become quite opaque, the eruption had commenced to fade, but the retraction of the head was still well marked. Some urine, obtained for examination, showed a sp. gr. 1006, was slightly deficient in chlorides, but gave no trace of albumen. He got gradually worse towards evening, and was evidentaly sinking. Pulse, 92, respirations, 23, temperature. 100°.

On the morning of the 19th, complete coma had set in, the pulse was very rapid (152), small and thready, temperature 105, respirations, 41 ; tongue dry, brown and glazed. In addition to the petechiæ in the legs, a bruised appearance of the skin of lower extremities showed itself. He died at 3.40 p.m. on the 19th, the fifth day.

On *post-mortem* examination twenty hours after death, the spinal sub-arachnoid space was found filled with a layer of greenish yellow lymph, which closed the spinal cord from the medulla downwards, the substance of the cord itself appeared normal to the naked eye. On reflecting the dura mater cerebri, an extensive deposit of greenish yellow colour, closely resembling pus as seen through the arachnoid, but proving, when cut into, to be firm lymph, following closely the vessels of the pia mater, which were themselves much congested with fluid blood. The lateral ventricles were distended with serum, and the crura pons varolii, and optic commissure were covered anteriorly by a thick greenish gelatinous looking lymph, which extended along the right optic nerve for about a third of an inch. A layer of lymph coated the anterior surface of the iris of the right eye. A water colour drawing by Dr. Lamprey, 67th Regiment, was exhibited showing very exactly the appearance of the cerebral lobes, when the dura mater was reflected.

The second case read to the Society, by Dr. Park, Royal Artillery, was that of a driver of the 11th brigade, a comrade of the former man, æt. twenty-nine, service nine years, whose habits were temperate, and conduct good. He had been absent in Portsmouth for three days, the greater part of which was spent in his company at the same public house. He returned to Hilsea on the 16th April, and was punished for absence, by seven days' confinement to barracks. He reported sick early on the morning of the 20th April. As he was unable to attend stables at half-past-five in the morning, and complained of general feeling of malaise, with pain in the lower extremities, slight sore throat, pain at præcordia, and extreme restlessness. His symptoms resembled those of the cold stage of ague, with marked "cutis anserina," eyes suffused, quickened pulse, and the tongue coated with a whitish fur. A cathartic dose of infusion of senna and sulphate of magnesia was given, and the throat was swabbed with a solution of nitrate of silver. Two hours afterwards, at 9 a.m., there was very great exhaustion, pulse 130, small, and wiry, he complained of coldness of lower extremities, and great frontal headache, there was no eruption. At 3 p.m. he was still more prostrated, and was now covered with large black patches of ecchymosis, the general hue of the skin being a dusky yellow. He was perfectly conscious and rational until about twenty minutes before his death, which took place at 5 20 p.m. rather suddenly. Just before death he ejected some bloody mucous from the mouth and nose. At 9 a.m., five grs. of calomel were prescribed, and ordered to be followed by five grains of quinine, every two hours. Beef tea and brandy were given.

Post-mortem examination forty-two hours after death, showed the membrane of the brain and spinal cord intensely congested, and the sinuses enormously distended with dark fluid blood. There was considerable effusion into the sub-arachnoid space, and the cerebal ventricles contained an ounce of pinkish serum. The brain and upper part of the spinal cord showed numerous red points on section. The lungs were gorged with blood, the right side of the heart contained fluid blood, while the left was empty. The blood was everywhere fluid, of a dark colour, and apparently disorganised, it continued to ooze out for some hours after the *post-mortem* was completed.

The Honorary Secretary read a paper by Assistant Surgeon Wales, R.H.A. "On a Peculiar Form of Athritis."

◆

SURGICAL SOCIETY OF IRELAND.

April 16, 1869.

George H. Porter, Esq., M.D., President of the College, in the chair.

The Society met in the Albert Hall, Royal College of Surgeons. The following members were present :—

Messrs. C. Moore, M.D. ; G. Montgomery, F. T. Porter, M.D. ;

Murdock, M.D.; H. Stewart, G. Buchanan, H. Coulton, E. D. Mapother, W. T. Stoker, Charles Benson, J. H. Benson, W. Colles, R. Bookey, R. Macnamara, Vice-President; J. H. Wharton, P. Shannon, D. B. Hewitt, T. Darby, J. Leech, C. Nixon, J. G. Beatty, M. H. Stapleton, W. Stokes, junior; F. S. McDowell, J. Tufnell, and B. Wills Richardson.

CHRONIC ULCER OF THE STOMACH—ADHESION TO THE PANCREAS—DESTRUCTION OF ALL THE COATS OF THE STOMACH—SLIGHT EROSION OF THE PANCREAS—DEATH FROM TUBERCULOSIS.

Dr. Hewitt exhibited the stomach, lungs, liver, and small intestine of a girl, aged twenty-three, who had died of exhaustion, induced by rapidly developed tuberculosis, coming on nearly six years subsequent to the first appearance of symptoms which were referable to gastric ulcer. The ulcer was on the posterior surface of the stomach. It had led to such constriction as to give rise to the hour-glass appearance, and, though from this change of shape it was not easy to say positively, was probably nearer to the concave margin. The ulcer in outline was somewhat like a longitudinal section of a pear; its margins were greatly thickened, and the infiltration extended to a considerable distance from its edge. The base of the ulcer was formed by the anterior surface of the pancreas, which had undergone slight erosion. The edges of the ulcer were rounded off, and the handle of the scalpel could be inserted between the edge and the pancreas. Firm adhesions existed external to the margin of the ulcer, between the stomach and pancreas. The constricted portion of the stomach admitted two fingers readily. There was not the slightest trace of any other ulcer or cicatrix in the stomach. The liver was enlarged; its convex margin was adherent to the cartilages of the ribs by long transparent bands, in which small blood-vessels could be detected. Several small, yellow, cheesy masses, the size of a coriander seed, could be seen shining through the peritoneum on the surface of the liver. Where the anterior margin of the left lobe came in contact with the thickened and constricted surface of the stomach, there appeared to exist, to the extent of a square inch, a white fibroid infiltration of the liver, which, on section, was found to extend into the substance of the organ, and to exist chiefly around the vessels in the portal canals—in fact, it was an example of that limited cirrhotic inflammation of the liver noticed by Habershon in cases of ulcer of the stomach where the liver came in contact with the site of inflammatory thickening around the ulcer. The liver was otherwise tolerably healthy.

Scattered under the peritoneum in all directions, numerous small granulations of yellow tubercle were visible, and similar small masses were situated in the site of the solitary glands in the small intestine. The last few inches of the ileum was one mass of yellow cheesy tubercular infiltration of the glands of Peyer, and for an inch or two above the ileo-cœcal valve the irregular ulceration, with raised and irregular adhesions, so characteristic of tubercular disease, was but too apparent. Several small round and some oval ulcers, with raised edges, existed in the cæcum; this ulceration had not extended to any depth. The right pleural surfaces were, to a great extent, agglutinated by thick organised adhesions, and between the meshes of the adhesions there was a considerable amount of yellow sero-purulent fluid. The right lung was solid throughout; a section displayed the deposition of tubercular granulations throughout its entire extent, and numerous cavities of various sizes and very irregular shapes, with rugged walls, were distributed throughout the lung; one larger than the others occupied the inferior and anterior part of the superior lobe.

The left lung contained a great many masses of tubercle scattered throughout its substance, but there were no cavities. The apex, anterior margin, and internal surface of this lung were very emphysematous.

Dr. Hewitt then gave the clinical details of the case, for much of which, he said, he was indebted to Dr. J. H. Benson, under whose care the girl had been for a considerable period. She was admitted into the City of Dublin Hospital, on October 28, 1867, under the care of Dr. Benson; she was then twenty-one years of age, and had suffered from pain in her stomach and disinclination for food for more than four years. She said that at first the pain was aggravated by food, and relieved by vomiting. She had menstruated regularly up to a year before her admission, and she stated that she had vomited some "black stuff" about six months before. The pain in the stomach was not precisely located by the patient, nor did she refer its point of greatest intensity always to the same region of the stomach; it was much worse after food had been taken, although she never referred the increase of pain to the use of food, and complained much more of it at night and during the early morning than throughout the day. She complained of a beating in the epigastrium, but neither tumour nor distensile pulsation could be detected. On auscultation, a distinct bruit in the aorta was audible.

The stethoscopic examination always gave great pain, so that it was omitted for a long time. The bowels were generally confined; the tongue was natural; the appetite was not much impaired. The vomiting was very frequent; it did not come on soon after food, and was most frequent at night. The vomited matters were usually dark green, abundant, acid, and contained a good deal of mucus. Under treatment, the pulsation and bruit in the aorta gradually disappeared.

Dr. Benson's first notion respecting the case was, that it was an aneurism of the abdominal aorta, but this idea was soon abandoned, and that of gastric ulcer entertained; and Prof. Benson at that time thought the balance of evidence was in favour of that view of the case. Both lungs and heart were examined frequently, but no lesion could be detected.

When the patient came under my care, the symptoms had undergone considerable modification; all pulsation, bruit, and epigastric tenderness had disappeared. Severe pain continued, but it was complained of in a great many situations, one day in the lower part of the back, another between the shoulders, while on a third occasion she would refer it to the epigastrium and right or left hypochondrium. She had a very quick pulse, and complained a good deal of palpitations.

The exacerbations of pain and vomiting came on at night, while during the day she often got out of bed and went about the wards, and even secured the remains of chops and other food which some of the patients could not use; these she ate from time to time, and she always opposed the restriction to fluid food and nutritive enemata.

These circumstances, with the fact that evidence of hæmorrhage was slender, and only founded on the statement of the patient respecting the occurrence of what she had learned to call "coffee-ground" vomiting, and the long period which had elapsed since the advent of the pain without any symptom of perforation and with no excessive degree of emaciation, and, above all, the existence of a very fair amount of appetite, and that for food requiring considerable digestive power, made him doubt the existence of an ulcer. After pursuing a sedative line of treatment for some time with but very partial relief, and having blistered the epigastrium more than once to check the vomiting, he determined to stop all solid food, and, at the same time, to give small doses of arsenic by the mouth and nutritive enemata. After a very few doses of the Fowler's solution, she experienced great relief from the pain, and in twenty days she was so much improved that she was allowed a cautious return to solid food of a very bland nature. She left the hospital, and rapidly recovered her appetite and strength, and after three months she had regained her flesh so much that you could hardly recognise her.

On the 6th of January, 1869, she was admitted a second time, under the care of Dr. Benson, complaining of a return of the pain of much less severity than on the former occasion; there was no vomiting, but she had again lost flesh to a great extent. The lungs were examined, but nothing wrong could be detected. Dr. Benson, learning that she had derived benefit from the Fowler's solution, prescribed it for her, but on every occasion it aggravated her pain. About three or four weeks before her death, she complained of cough for the first time; this was accompanied by an abundant muco-purulent expectoration, and on stethoscopic examination there was detected *bruit de pot fele*, cavernous respiration, pectoriloquy, and gurgling, about half an inch below the right clavicle. The progress of the case to a fatal issue was rapid, but it is remarkable that there was no purging, notwithstanding the ulceration in the intestine.

Dr. Hewitt drew attention to the form of ulcer in this case, which, though common at a more advanced age, was unusual in one so young. He thought the case interesting, as proving the possibility of a change in the symptoms and of temporary recovery, with a return of nutritive power sufficient to cause the disappearance of loss of flesh. This girl had looked ruddy and fat for some months. It also threw light on the connection between gastric ulcer and those complications which so often exist in amenorrhœa. He believed they were both alike, the result of that deterioration in the blood caused by the imperfect nutrition necessitated by the ulceration. This was a case in which tubercle was developed by mal-nutrition, for none of the girl's relatives are consumptive.

He thought the case proved the great value of rest to the stomach in the treatment, and he drew attention to the curious fact that arsenic, instead of aggravating the symptoms at a certain stage seemed to give decided relief, while later on it only served to increase the pain. This difference might be accounted for, he thought, by some such difference as was often found in external ulcers, which, at a certain stage, bore stimulation very badly, and at another well.

Dr. Tufnell read a paper on a case of

FEMORAL ANEURISM, TREATED PRIMARILY BY COMPRESSION, AND SECONDARILY BY THE LIGATURE.

In this case, Mr. President, which, with your permission, I beg to lay before the Society this evening, death ensued from pyæmia, the 21st day after the operation.

It is interesting to those who are advocates for the treatment of aneurism by compression as showing that the failure of cure in each instance was owing to constitutional causes, and that whilst compression did not succeed, the ligature would equally have failed, as death from secondary hæmorrhage must inevitably have ensued had life been prolonged until the continuity of the artery was severed by ulceration.

The patient in this instance was a gentleman, fifty years of age, of very steady habits, even temperament, and well regulated mind, just the very reverse of an individual in whom you might anticipate this disease. His pursuits were literary, and the only exertion to which he could possibly attribute the occurrence of the aneurism was working occasionally at a forcing pump.

In the latter part of July of 1868, he complained of uneasiness extending along the inner side of the right thigh, more particularly when he lay down in bed. Upon the 15th August, when examining the limb with a view to ascertain the cause of this pain, he discovered a small swelling below the groin, which he regarded as a sympathetic enlargement of one of the inguinal glands. He accordingly, treated it as of no consequence continuing his ordinary occupation. As the month wore on however, he found the swelling to be increasing in size and becoming soft, with a marked pulsation in it. He now showed the tumour to Dr. Lawlors, of Tralee, who in consultation with Dr. Crimp, at once pronounced it to be aneurism of the femoral artery, and recommended that the treatment by compression should be adopted. The patient was ordered to bed until Carte's pelvic compressor could be procured from Dublin.

This was applied for the first time upon the 4th of September last, and worn for a few hours each day during six weeks, partially cutting off the flow of blood, but not entirely arresting the circulation. The general health of the patient during this time was good, he required no medicine of any kind and was allowed to get out of bed for all necessary purposes, at the end of six weeks he felt so much improved that he was permitted to get up and move cautiously about the room, and a fortnight later to walk daily to his club, a distance of about a quarter of a mile from where he lived. The pulsation at this time although greatly diminished, had, however, never altogether ceased. The tumour again began to enlarge, and the progress of the case becoming tedious, Dr. Lawlors brought this gentleman up to Dublin for consultation, and early in December he was seen by Dr. McDonnel and myself. The aneurism was now about the size of a large lemon, and somewhat of the same shape, with all the ordinary symptoms present. Complete occlusion of the artery not having been previously carried out for any continuous length of time, it was recommended that he should be placed under the influence of narcotics, or anæsthesia, and the circulation completely shut off from the sac for several successive hours. This upon his return home was attempted by the aid of opium, friends sitting up to see that the compressor did not slip off the vessel. Pressure was borne for eight hours consecutively the first night, three full sleeping draughts having been taken. Similar treatment was adopted the succeeding night, and upon some other occasions, but, all failing to produce consolidation of the contents of the aneurism, instrumental compression was given up, and he came again to town, arriving in Dublin upon the 25th of January of the present year. During this interval the aneurism had considerably increased in size, although the most perfect quietude had been maintained.

It now measured (including the girth of the thigh) over the centre of the tumour, twenty-three and a half inches, or about two inches more than the circumference of the opposite limb at its corresponding part; the thigh in the centre being about one inch larger than the other, but the calf of the leg of the same size. The aneurism was oval, situated in the line of the femoral artery, and filling the whole of the adductor space, being seven inches in length from above downwards, and six inches in transverse diameter. It encroached somewhat upon Poupart's ligament. The sac was perfect, but thin upon the inner side.

Pulsation was completely and easily controlled by pressure of the finger upon the artery at the pubis, the passage of the blood giving a peculiar whirring sensation or jar to the finger when laid upon the vessel. The bruit in the aneurism was a soft single souffle. The pulse 98 and regular. No disease could be detected by the stethoscope either in the heart or the great vessels. The functions of the bowels and kidneys were regularly discharged, and the tongue perfectly clean. There was nothing to indicate a departure from ordinary good general health, excepting a more than usual pallor of the countenance and skin, which might be accounted for by long confinement to bed and one room with restricted diet, and the medicine employed to reduce circulation and favour coagulation of the contents of the sac. There was no œdema whatever of either extremity. The popliteal artery beat freely, but neither the anterior or the posterior tibials could be felt.

It was now decided to employ digital compression for twenty-four hours *continuously*, by means of a relay of assistants, and a number of gentlemen having volunteered to relieve one another every half hour during the day and night, complete occlusion was commenced on Sunday morning the 31st of January, at eleven o'clock, by Mr. Browne, Mr. Croly, Mr. O'Sullivan, Mr. Thompson, Mr. Clendinnen, Mr. Bradley, Mr. Morris, Mr. Bloomer, Mr. Widdup, Mr. Moriarity, Mr. Townshend, Mr. Negan, Mr. Stokes, and Mr. Frile, many of these gentlemen being fellow-countymen of the patient. And I here would avail myself of the opportunityof saying that I never saw men stick to their work with such a determination to succeed, or subsequently after the ligature had been applied remain night and day in general close attendance, prompted solely by kindness of disposition, and a generous interest in the welfare of the patient, of whom I can only say that to know him was sufficient to create sympathy and engender friendship. I must apologise for wandering from my subject, but I feel that I should not be acting rightly towards those gentlemen were I to pass over in silence their devotion to the case.

Opiates in the form of black drops were given at intervals during the twenty-four hours, and during the period hardly a jet of blood was permitted directly to enter the sac. The period of pressure exercised by each volunteer being thirty minutes at a time, and the pressure maintained steadily during the shifting of the relay.

Towards nightfall the heart's action became rapid, and the pulse jerking from irritation, consequently upon the continuous pressure, but the effects of opium restrained this in a great measure. On the succeeding day, upon discontinuance of compression the only change perceptible in the aneurism was that the pulsation seemed to be less and the bruit diminished. The patient at once fell asleep, and slept almost continuously throughout the day. In the evening both pulsation and bruit had regained their former force.

Upon the 4th February, compression was again resorted to by means of Carte's pelvic instrument for a portion of the day, and digital pressure in the intervals applied by some of the gentlemen who came in turns and relieved one another so as to make in the aggregate a considerably prolonged arrest of pulsation of the tumour.

Upon the 5th February, the aneurism was somewhat flattened. Upon the 6th, the patient became restless, and at night dreamed horribly. Becoming alarmed, he struggled violently and straightened his leg with force. The following morning there was an increase in the size of the tumour, and a louder bruit. The leg was now slung up in a cradle of linen suspended from the railings of the bed, the thigh being placed upon the pelvis at such an angle as to reduce the circulation in the sac to almost nil.

Upon the 8th, this flexion was discontinued as it seemed to press the contents of the sac too much towards the front of the tumour, thereby altering its shape into a conoid form, and less forcible flexion had no influence in reducing the current of blood.

Upon the 9th, the aneurism was somewhat painful, and ice in a spinal ice bag was therefore applied upon its surface, and continued. Digital compression being used at intervals.

Upon the 10th February, Signoroni's tourniquet was applied upon the iliac artery, but its pressure caused intense pain, and after an hour it had to be removed.

It was reapplied upon the 11th, a large pad, formed of cotton wadding, enveloped in chamois leather, being laid over the artery and between the tourniquet pad and the skin. This permitted of its somewhat extended use, but still it could not be long endured. Its employment was, however, succeeded by the burning pain in the tumour, which has so often preceded cure. This pain came on at midnight, lasting until 2.30 a.m., when it lulled, and the patient slept, the pain returning upon his awaking, and continuing for two hours more. In the hope of producing consolidation Signoroni's touniquet was again employed the succeeding day, and applied for four hours consecutively, ether spray being douched freely over the aneurism. Digital compression was also used at intervals. Upon the 12th, the tumour had become somewhat larger, and at night there was a renewal of the burning, extending between the tumour and the knee, and prevailing to such an extent as in the patient's own words "*to rage fearfully.*" This lasted for the space of an hour and twenty minutes, when Mr. Neligan, who arrived during this time, at once put on strong pressure. This relieved the pain, which gradually died out. Next morning pulsation in popliteal artery was found to have ceased, but the aneurism itself beat as before, and was moreover somewhat discoloured upon the surface. I now resolved to allow the patient a day or two rest, and then to give him one more chance of consolidation of the contents of the aneurism by total occlusion of the vessel by digital compression, continued for twenty four-hours, and employed as before, the pressure of the finger upon the artery being but little heeded or complained of. Upon visiting him, however, upon the 18th, the day I proposed so doing I found that the aneurism had increased during the night, and I resolved therefore to tie the external iliac artery at once as the tumour now measured twenty-five inches in circumference, or an increase of an inch and half since arriving in town.

The operation was performed at one p.m., the incision being extended upwards and outwards for some inches in order to permit of the vessel being tied as far as possible above the site of the long continued compression, and also preparatory to further extension upwards, in the event of the external iliac artery being found, upon exposure, to be diseased, and the common iliac therefore requiring to be secured. No undue difficulty however, was experienced, and the artery when tied (about its centre) was found to be perfectly sound. A very considerable amount of yellow fat presented itself, and the vessel lay at a much greater depth than, from the appearance of the patient, might have been anticipated. The ligature employed was one of green hemp, well waxed, and the aneurism needle of the common kind. Upon tightening the ligature all pulsation ceased.

Brandy was given prior to the use of the chloroform, which was administered to full effect, thereby preventing any struggling upon the part of the patient—a most important point to be attended to in ligaturing either of the arteries of the abdomen, as obviating the forcing forward of the intestines and their protrusion into the wound, thereby obscuring the operator's sight. Towards evening delirium set in; the pulse rose to 126, and the patient complained of heat in the ligatured extremity. Thirty minims of black drop were given at first, succeeded by a second dose of twenty drops more; Wenham Lake ice and good claret and water were ordered to allay thirst. Upon the 19th, he was free from pain, tranquil and clear, having rested well under the influence of the opium, and awakening without any headache. The belly lax, urinary secretion natural, and the temperature of the leg good.

He was now ordered strong chicken jelly, at intervals with good claret, and ice as desired, and full opiates at night. Upon the 20th, the line of incision was found agglutinated, and the aneurism feeling perfectly solid; the tumour, too, was flatter than before the operation; the same treatment to be continued.

The succeeding day he was not so well; he had been wandering during the night, and at four p.m. I was suddenly sent for, a discharge of blood being reported as issuing from the wound. Upon arrival, I found no blood, but some sanguino-serous discharge, which was welling up the side of the ligature; vent was given to this by a withdrawal of one of the wire sutures. Full opiates ordered, under which the patient slept soundly.

Upon the 22nd (that is, the fourth day from the operation) the integument in the vicinity of the wound exhibited a dusky yellow colour, and pain was complained of in the region of the liver, the surface of the skin over which was tense and somewhat shining. This cellulo-cutaneous swelling extended rapidly, passing upwards for eight inches in the direction of the axilla during the day and night, so that upon the morning of the 23rd it was upon a level with the nipple. Broad straps of adhesive plaster were now drawn from the opposite scapula *tightly* round and across the chest, thus mechanically preventing extension of the swelling, whilst looser straps brought from behind supported the tissues over the ribs; more of the wire sutures were withdrawn, so as to liberate the orifice of the wound. Madeira was substituted for claret, and beef essence for the chicken jelly.

Hiccough, however, set in towards evening with vomiting of small quantities of fluid resembling coffee lees acted on by the gastric juice. A large sinapism was now applied over the epigastric region, and burnt brandy with black drop freely given.

Upon the 24th he was sad and desponding; the vomiting had ceased, but the hiccough continued, and the cellular inflammation, though stopped above, was descending, and had already reached to the trochanter. Here, again, the strapping was adopted, commencing from the inner side of the thigh so as to obtain a firm purchase, but not entirely encircling the limb.

The bowels had not acted since the operation, and the belly being somewhat tympantic, an enema of warm mutton broth with a tablespoonful of common dinner salt was thrown up, but without producing feculent evacuation. The discharge from the wound had become considerable, and contained bubbles of air.

Upon the 25th he was better, the hiccough having ceased, the discharge being of a more healthy character, and the patient having rested well under the use of black drop. He took also an egg for breakfast, and a sole for dinner, which he asked for.

Towards evening, without any apparent cause, the whole aspect of the case was changed. He was now sighing and desponding, the belly very tympantic, and the side of the chest intensely painful. The secretion of urine, too, which up to the present had been copious, now suddenly stopped. An injection of six ounces of beef tea, with four grains of quinine, and a glass of brandy, was thrown up the rectum. A mixture containing ten grains of chlorate of potash to the ounce given every three hours, with a pill of three grains of quinine every six hours, and milk and brandy as desired, together with essence of beef (cold in jelly) each hour. Towards night he was visited, in my absence from town, by my colleague, Professor Hargrave, who found him worse; the extremities cold, the hand picking at the bed-clothes, and the pulse barely perceptible at either wrist. He was ordered brandy in increased quantity, heat to the extremities, and three grains of quinine every four hours.

Upon the 26th he had rallied again, the pulse had become fuller and firmer, and the pain in the pleura had subsided. The discharge copious, but yet healthy in appearance, with lumps of dead cellular tissue, which had been cast off, welling up through the pus. No action having taken place from the bowels for some time, and the patient's mind being anxious upon this point, a lavement of ten ounces of strong mutton soup with a tablespoonful of common salt was again administered. This brought away one or two portions of feculent matter. The following day there was an increased improvement in the patient, who expressed himself as quite easy. I should mention that a water-cushion of very large size had been employed in order not only to afford support to the back and lumbar regions, but by pressing forward the matter contained between the ribs and integuments of the chest, thereby prevent it from burrowing backwards. The patient was now taking two fresh eggs daily, essence of beef, brandy and milk, meat gravy with madeira as desired. Ten grains of the saccharated carbonate of iron and three grains of sulphate of quinine were also given every six hours. The pulse was now reduced to 88, and all looked favourable for recovery.

(*To be continued.*)

◆

Correspondence.

THE QUACKS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—My father and myself were the earliest supporters of the Medical Circular, when practising in the county of Durham at Ebchester twenty years ago. My two brothers, Dr A. Bolton of the Newcastle Infirmary, and Dr. W. T. Bolton of Ebchester, retain with me a very sincere respect for the bold spirit of independence with which the MEDICAL CIRCULAR has hitherto been conducted.

Since its alliance with the MEDICAL PRESS of Ireland, I regard the publication with increased interest.

In the "Anatomy of Quackery" years ago, it did great good. In later life, when through "Detector" it boldly revealed the misdoings of scoundrels who insult decency, plunder the public, and deprive the legitimate profession of their due, it conferred an additional blessing on civilisation throughout the world.

May the day be not far distant when an officer of health, under the direction of Government, may summarily suppress the evil by stamping it out before a bench of magistrates whenever it crops up, either by post, by placard, or by crime. I believe every means is used to intimidate both young men and young women by these wretches, and when sufficiently frightened by letter and pamphlet, the hand is in the pocket, the robbery is completed, and the wretch more disreputable than burglar or highwayman is allowed to escape.

The Home Secretary may soon find a speedy and specific remedy for this malady.

I am, Sir, Yours &c.,
Leicester. JOHN A. BOLTON, M.D.

Medical Gleanings.

THE HEALTH OF NEW YORK AS AFFECTED BY THE LIME-BURNERS.

THERE are in the city four lime-kilns, consuming over 20,000 tons of oyster shells per day. Each ton gives off about 1,100 barrels of carbonic acid. This will make the total of 88,000 barrels of carbon poured out daily and spread over the city to be inhaled by the people.

THE CULPABILITY OF PHYSICIANS IN DEATHS FROM OVER-DOSE OF REMEDIES.

JUDGE FISHER, of Washington, in a recent trial for manslaughter, charged the jury that a mere error of judgment should not be punished, for all are liable to error. If the defendant had given medicine for the purpose of relieving the patient, and by mistake prescribed an excessive dose, he is not guilty of manslaughter. If there was wilful rashness, if he cared not whether the medicine killed or cured, it would be different from a case where medicine is administered with honest intentions. It has been testified that this was one of the prescriptions which it was designed should not be administered after relief was had, and that deceased was relieved by the first dose. The physician was not responsible for the administration of the second dose, and they should acquit him, The jury after a short absence returned with a verdict of not guilty.—*N. Y. Med. Record.*

Medical News.

DEATH OF A CHILD FROM AN OVERDOSE OF MEDICINE.—An enquiry was made by the Leeds coroner, on Tuesday week, into the death of a child, seven weeks old, named Charles Buttrey. The child had been suffering from a chest affection, and the mother, in her anxiety to alleviate his sufferings, procured a bottle of Washington's cordial. A small quantity was administered to the child, and it soothed him into a sleep out of which he never awoke. The jury found that death had been caused by "an overdose of cordial containing opium given by the mother to alleviate pain and without culpable negligence."

HOSPITAL FOR SICK CHILDREN.—The anniversary festival of this institution was recently held at Willis's Rooms. The event in the history of the institution during the past year has been the adoption of a scheme for the establishment of a Country Branch Hospital and Convalescent Home. The committee have taken a lease of a spacious old mansion at Highgate, called Cromwell House, to which extensive gardens and grounds are attached. The number of in-patients amounted to 718, being 36 in excess of those admitted in the previous year. In the out-patient department the applicants for relief numbered 15,143 The annual subscriptions to the hospital had increased from £2,688 3s. 9d. in 1867 to £2,753 13s. 7d. in 1868; and the donations on which the committee had so much to rely amounted to £3,551 15s., being £300 more than the previous year. The subscriptions announced amounted to £1,600 and the new annual subscriptions to £70 10s.

CONTAGIOUS DISEASES.—Last week an important meeting was held at the residence of Mr. Mitford, M.P., in Cavendish square, of members of Paliament, eminent medical men, clergymen, and gentlemen interested in the Health Laws to confer respecting the extension of the act of 1866. Among those present were Lord Charles Bruce, M.P., Sir John Simeon, M.P., Mr. Waterhouse, M.P., Mr. Mitford, M.P., the Hon. Percy Wyndham, M.P., Sir Henry Thompson, Dr. J. E. Pollock, Dr. Mouat (Inspector General of Hospitals), the Rev. E. Wyatt-Edgell, Dr. Myers (of the Coldstream Guards,) Mr. Berkeley Hill, Mr. J. Brandon Curgenven, Mr. G. C. Gascoigne, Dr. T. Fox., Dr. B. F. M'Dowell (of Dublin), and Mr. James Lane. The hon. secretaries, Mr. Berkeley Hill and Mr. Curgenven, reported that letters had been received from rectors of parishes, and from the mayors of different towns, stating they were prepared to urge forward the measure advocated by the association. A meeting had been held in Birmingham under the bishop and leading clergy of the diocese, advocating this purpose, and the movement was proceeding in Bristol, Reading, Newcastle, Dublin, Gloucester, Manchester, Gravesend, Bath, and Chelteham, and letters in support had been received as well from most of the large ship companies over the kingdom. The mayor of Liverpool, the rector, and others of the Municipal Council of that town, offered to attend with a deputation on the Ministry to urge the adoption of the Act, and the Colleges of the Physicians and Surgeons. Many influential persons sent in their names to be added to the committee, among whom were Lord Lifford, Bishop Smith of the Colonial Church, and several rectors of towns. The chairman supplemented the report of the executive committee by passing in review the course of circumstances arising on this question. He referred to the answers given by the Government in the House of Lords, and said that Mr. Gladstone had been more reticent in the Commons. He regretted that the Government had not taken up the matter, as the evil to which it referred was still continuing its ravages. He was happy to say the Bishop of Worcester had taken the side of the association, and was the fourth bishop who had justified the necessity of the extension of the Act. There had been an increase of between fifty and sixty members of the association, which was satisfactory; but he regretted to say that one of the religious societies had taken an opposition view, and had sent papers to members of Parliament urging that no compulsory measure should be taken. The society, however, gave no facts in answer to the statistics given by the association. Reference having been made to the facts that the association for the extension of the Act had no paid officers or offices, and therefore could only leave the society referred to to be answered by some clergyman who had experience of the practical working of compulsory treatment as against the present position of things, the general business of the meeting was proceeded with. Lord Lifford and Sir John Simeon, M.P., were elected on the committee, the adoption of the report, which contained statistics contrasting the condition of towns to which the Act was applied with those where it was not applied, and proved that the health of the first class was vastly improved and vastly superior to the second in point of freedom from disease, was moved by Mr. Waterhouse, M.P., seconded by Sir J. Simeon, who said he should use his exertions to extend this Act, as he knew the populations of the large towns would be benefited, and the immorality decreased. The chief obstacle to be overcome, he said, was the "flying-in-the-face-of-Providence" argument, and he assured the meeting that he knew some of the chief dignitaries of the Church who were in favour of the association's views. The report was carried, and it was thus announced that branch associations, conducted by clergymen and gentlemen, who were convinced of the evils of leaving matters as they were, had entered into communication with the association for the purpose of bringing to bear upon the Imperial Government the views of the municipal governments all over the kingdom. The vast good the Act had done was referred to by Lord Charles Bruce, Dr. T. Fox, Dr. Myers, who stated that Colonel Michael Bruce, of the Coldstreams, was in favour of the Act, and by other gentleman, who declared that while they held the "continental system" in utter abhorrence, as far as regarded licensing, still they had found that compulsion had worked most successfully. It was at length agreed that the executive committee should have full power to take such measures as were thought proper for bringing this organization of public opinion to bear upon the Government. A cordial vote of thanks was given to Mr. Mitford and to the hon. secretaries, and the meeting closed.

◆

NOTICES TO CORRESPONDENTS.

Dr. McMahon Murphy's note shall have early insertion.

Dr. Hayes's paper is in type.

C. C. writes from Nice respecting the letters from our Special Correspondents :—"The most noted places for bad smells are Nice, Cannes, and Monaco. The part of Nice where the smells that tackle your nose are the strongest and most disagreeable is the most fashionable portion. The best hotel in Nice is the Grand Hotel—and why? Because just in front they have just built over the river a garden on arches. A few ladies, wiser than the rest, as they pass in front of the *Hotel des Anglais*, wet their handkerchiefs with eau de cologne and hold their noses until they have passed the bad smells."

D. D.—The work is published by Messrs. Churchill.

Drs. J. A. Bolton and C. Griffiths, new subscribers, will please receive our best thanks.

Communications, enclosures, &c., have been received from Mr. H. B. Tuttiell, Ventnor; Mr. J. C. Proctor, Lydd; Dr. Palfrey, London; Dr. Lory Marsh; the Secretary, Medical Society of London; Mr. Harris; Dr. Caplin, London; Mr. Short; the Secretary, Anthropological Society; Dr. Paine, Philadelphia; Mr. C. Griffiths, Bristol; Dr. Leonard Sedgwick, London; Sanitas; Mr. Cottell; Dr. R. Crothers, Nice; Mr. Balmanno Squire, London; Mr. W. S. Whatford, Brighton; Mr. Nourse, Brighton; Dr. Davey, Walmer; the Secretary, Pharmaceutical Society; Mr. Holden, Liverpool; Mr. W. W. Wiseman, Ossett; Mr. J. B. Blackett, London; Mr. W. Acton, London; Dr. A. Kidd, Ballymena; Mr. H. Grace, Bristol; Mr. J. M. Clatson, London; Dr. Douglas, Wymondham; Dr. J. A. Bolton, Leicester; Mr. McCormick, R.N., Bayswater; Dr. Chalmers, Thornhill; Dr. G. L. Thomson, East Woodham; and Mr. Donald McClean, Walsall.

◆

VACANCIES.

Newcastle Infirmary.—House-Surgeon and junior House-Surgeon. Salaries respectively £100, and £50 per annum, with board and residence.

Reading Medical Dispensary.—Resident Surgeon. Salary £120, with furnished residence, &c.

Highworth Union.—Medical Officer. Salary £120 10s., with extra fees. Election to-day.

North Stafford Infirmary.—Resident Medical Officer. Salary £80, with board and residence. Election, June 3rd.

Denbigh Infirmary.—House-Surgeon. Salary £75, with board and residence.

Mullingar Union.—Medical Officer. Salary £90, with extra fees. Election, Saturday next. See Advertisement.

Dingle Union.—Apothecary. Salary, £50. Election to-morrow (Thursday). See Advertisement.

◆

APPOINTMENTS.

Adam, C., M.B., late House-Surgeon to the Northern Infirmary, Inverness, has been appointed House-Surgeon to Gray's Hospital, Elgin.

Davidson, A., M.B., has been appointed Assistant-Physician to the Children's Infirmary, Liverpool.

Hudson, R. S., Queen's Univ. Irel., has been appointed Assistant House-Surgeon to the Royal Albert Hospital and Eye Infirmary, Devonport.

King, T. R., M.D., has been appointed Junior Assistant-Physician to the Royal Edinburgh Asylum for the Insane.

Lloyd, Mr., has been appointed Dental Surgeon to the Northern Hospital, Liverpool.

Lynn, Robert Kerrison, A.B., M.B. Trin. Coll., Dub., F.R.C.S. Irel., has been appointed Physician to the County Sligo Fever Hospital.

◆

BOOKS, PAMPHLETS, &c., RECEIVED.

Official Report of the Health of Glasgow. By the Medical Officer.

Reflexions sur les Moyens d'Enseigner aux Sourds-Muets. L'Art D'Emettre Des Sous Phonétiques. Par S. A. Smith, M.R.C.S. London: Baillière.

The Fourth Annual Report of the Staffordshire Asylum.

The Baths and Wells of Europe, their Action and Uses. By J. Macpherson, M.D. London: Macmillan and Co.

The Journal of Anatomy and Physiology. Conducted by Professors Humphry and Turner. London: Macmillan and Co.

The Glasgow Medical Journal.

The New York Medical Gazette.

◆

Deaths.

Brown.—At Uppingham, on the 11th inst., Sydney Morton, infant son of Frederick Warren Brown, Surgeon.

Girdwood.—On the 5th inst., Gilbert Finlay Girdwood, M.D., of Howley place, Maida hill, aged 67.

Edwards.—At Poverty Bay, G. A. M. Edwards, M.R.C.S.E., aged 37.

Johnstone.—At Leamington, on the 11th inst., J. Johnstone, F.R.C.P., aged 67.

M'Cormick.—On the 10th inst., J. V. M'Cormick, M.D., of Talbot road, Bayswater, aged 48.

Rogers.—On the 8th inst., Newcome Rogers. M.R.C.S.E., of Bowden, Cheshire, aged 55.

NOTICE TO ADVERTISERS.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales, and Transfers of Practices, Surgical Instruments Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0 3s. 6d.
Per line afterwards	0 0s. 6d.
One-quarter page	1 5s. 0d.
Half „	2 5s. 0d.
One „	4 0s. 0d.

The average of words per line is twelve.

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the Office, on Saturday, by Two o'Clock.

Advertisements.

RARE OLD WINES
FOR CONNOISSEURS.

Messrs. HEDGES AND BUTLER

INVITE ATTENTION to their extensive Stock of CHOICE OLD PORT, selected and bottled with the utmost care, and now in the highest state of perfection, embracing the famed vintages of 1820, 1834, 1840, 1847. 1858, 1861, and 1863, ranging in prices from 42s. to 144s. per dozen.

White Port (very rare), 72s.; Pale and Brown Sherry, upwards of fifty years old, 120s.; choice old East India Sherry, 84s.; remarkably fine East India Madeira, very old in bottle, 96s.; Chateau Lafitte, 84s., 96s.; Chateau Margaux, 60s, 72s.; Steinberger Cabinet, 1834 vintage, 120s.; Imperial Tokay, fine old Sack, Malmsey, Frontignac, Constantia, Vermuth, &c.

WINES FOR ORDINARY USE.

Claret	18s., 20s., 24s., 30s., 36s. per doz.
Sherry	24s., 30s., 36s., 42s. per doz.
Port	24s., 30s., 36s., 42s. per doz.
Champagne	36s., 42s., 48s., 60s. per doz.
Hock and Moselle	24s., 30s., 36s., 48s. per doz.
Fine old Pale Brandy	48s., 60s., 72s., 84s. per doz.

FULL LISTS OF PRICES ON APPLICATION.

On receipt of a post-office order, or reference, any quantity will be forwarded immediately by

HEDGES AND BUTLER,
155, REGENT-STREET, LONDON,
And 30, KING'S-ROAD, BRIGHTON.
(Originally established A.D. 1667.)

KINAHAN'S LL WHISKEY.
DUBLIN EXHIBITION, 1865.

This celebrated Old IRISH WHISKEY gained the Dublin Prize Medal. It is pure, mild, mellow, delicious, and very wholesome.—Sold in bottles at 3s. 8d., at the retail houses in London; by the Agents in the principal towns in England; or, wholesale, at 8, Great Windmill-street, London, W.—Observe the Red Seal, pink label, and cork, branded "Kinahan's LL Whiskey."

MOST IMPORTANT TO FAMILIES.
GUINNESS'S XXX PORTER.—J. Bebe invites attention to this Celebrated Porter in Bottle, being now specially ordered to invalids, for its nutriment and strengthening qualities; in fact it has been found, in great many instances, to supersede Wine in recruiting health and strength. Each Bottle is wired and tin-foiled, and is protected by his label and "Trade Mark." Prices are as follows. Terms Cash.

	Per doz.
Guinness's Celebrated XXX Porter (small bottles)	2s. 4d.
Guinness's Celebrated XXX Porter (large do.)	4s. 6d.

Ten Vans deliver daily in the city and suburbs, and orders sent by Railway to all parts of Ireland.

JOHN BEBE, Rectifying Distiller, Direct Wine and Brandy Importer
18, THOMAS-STREET, DUBLIN.

AERATED LITHIA WATER.

MESSRS. BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original manufacturers under Dr. GARROD's instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain two grains and five grains in each bottle, either by itself or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA. Also, POTASH, CITRATE of POTASH, SODA, SELTZER, VICHY, and MINERAL ACID WATERS, as usual.

BLAKE, SANDFORD, and BLAKE, Pharmaceutical Chemists
47 PICCADILLY.

PURE TASTELESS COD-LIVER OIL,

IMPORTED BY BEWLEY AND DRAPER.

IT is this OIL, the use of which is directed by the MEDICAL COUNCIL, and which is ordered by the BRITISH PHARMACOPŒIA.

DR. PEREIRA

Says, "The FINEST OIL IS THAT WHICH IS MOST DEVOID OF COLOUR, ODOUR, and FLAVOUR."—"No other Livers but those of the TRUE COD can be obtained for the preparation of Oil at Newfoundland," a fact which is the best guarantee of the GENUINENESS OF THIS OIL.

In bottles, price 1s., 1s. 6d., 2s. 6d. and 4s. 6d.

Also, BEWLEY and DRAPER'S

ETHERIZED COD LIVER OIL,

AFTER THE FORMULA OF
DR. BALTHAZAR FORSTER.

Sold by BEWLEY and DRAPER,
23 MARY STREET, DUBLIN.

And May be had from all respectable Apothecaries in Town and Country.

HAMILTON, OLDHAM, LONG, & CO.'S

COD LIVER OIL of 1869.

THIS OIL, prepared by them since 1850, with the increasing approbation of the Profession and the Public, is extracted from the fresh Liver of the Channel Codfish, on their own Premises, and warranted perfectly pure.

H., O., L., and Co.'s ETHERISED COD LIVER OIL, now in general use, particularly suitable when the stomach is sensitive.

PREPARED BY
HAMILTON, OLDHAM, LONG, & CO.,
THE STATE APOTHECARIES,
3 AND 4 LOWER SACKVILLE STREET,
107 GRAFTON STREET, DUBLIN,
AND
1 RATHMINES TERRACE, RATHMINES.

J. J. GRAHAM AND CO.

BEG TO ACKNOWLEDGE with most grateful feelings the liberal and increasing patronage bestowed upon them by the Medical Profession, and to assure them that it is their constant aim to render themselves deserving of a continuance of their support.

J. J. GRAHAM AND CO. confine themselves strictly within the limits of the Pharmaceutical Profession, and under no circumstances do they take upon themselves Medical or Surgical duties, other than those performed by the Apothecary under Medical directions—namely, Cupping, Leeching, Blistering, &c.

As the value of a Prescription is completely dependent upon the therapeutic efficacy of the medicines ordered, J. J. G. and Co. are most particular in keeping up a stock of the purest Chemicals and freshest Pharmacopœia preparations. Every article used in the making up of Prescriptions procured from the first Houses regardless of cost, and such as are at all liable to adulteration tested before used; the Profession may therefore rest satisfied that the medicines prescribed will be of the best quality, and carefully compounded under the immediate superintendence of the Principal (J. J. Graham), who resides on the Premises and devotes his whole time and attention to the management, supervising the operations of the assistants, and who is accessible at all hours.

THE MEDICAL HALL, 30 WESTMORELAND-STREET.
ESTABLISHED A.D., 1821.

ALOINA.

T. and H. SMITH, the Discoverers of this, the CRYSTALLINE PURGATIVE PRINCIPLE of ALOES, vide "Edinburgh Monthly Journal of Medical Science," for Feb. 1851) continue to prepare and supply it. They have the gratification of knowing that the most eminent of the Profession prescribe it, to the exclusion altogether of the various kinds of aloes.

Orders executed direct, or through any Drug House, by T. and H SMITH and CO., 69 Coleman street, City, London, and 21, Duke street Edinburgh.

TASTELESS PILLS—COX'S PATENT.—

Surgeons and Chemists supplied with an excellent Aperient Pill (the formula for which will be forwarded), covered with a thin non-metallic film, rendering each Pill perfectly tasteless, at 1s. 6d. a gross. Postage 2d. They present an elegant pearl-like appearance, and may be kept in the mouth several minutes without taste, yet readily dissolving, even in cold water, in an hour. Any formula dispensed and covered, and samples, with a list of pills from 130 different forms which are kept in stock, will be forwarded free on application to COX and CO., Tasteless Pill Manufacturers, Brighton.

SIX MEDALS—London, New York, Dublin, and Paris.

JAMES'S FEVER POWDER.

4s. 6d. PER BOTTLE, PACKETS 2s. 9d. EACH.

PREPARED and sold by J. L. KIDDLE, 31 Hunter street, Brunswick square, London.

This preparation has been so extensively employed by the Faculty and its merits so universally acknowled by the public at large, as to render all further remark on the part of the Proprietor unnecessary To be had of all Wholesale Druggists.

BARNES'

PURE ETHERISED COD-LIVER OIL

Augments the pancreatic secretions, and improves digestion!—Vide Paper read at the Oxford Meeting of the British Medical Association, "On the Use of Etherised Cod-liver Oil in the Treatment of Phthisis."

Further experience shows that 72 per cent. of the cases treated with it improved.

No 1, minimum strength, is generally used, but occasionally No. 2, medium, and No. 3, maximum strength, are found to be required.

Dose, Two Fluid Drachms.

Prepared with the best Oil, and sold in Imperial Pints and Half-Pints, also per Gallon.

J. B. BARNES, Pharmaceutical Chemist, 1 & 2 Trevor terrace, Princes' gate, S.W., London.

Prize Medal Awarded in 1851, *for Valerianic Acid and Valerianates.*

J. ROBBINS & Co. 372 OXFORD ST

BICHLORIDE OF

METHYLENE.

The new Anæsthetic, superior in its action, and pronounced to be much safer for administration than chloroform, 2s. per ounce.

COMPOUND ANÆSTHETIC ETHER, for producing Local Anæsthesia.—SPECIAL ADVANTAGES: Lower specific gravity and boiling point than pure Sulphuric Ether less odour, quicker action in producing insensibility, and less uneasiness to the patient. In 4-oz., 10-oz., and 20 oz. stoppered bottles, 2s., 4s., and 7s.

STYPTIC COLLOID, for promoting the Healing of Wounds by the first intention, for treating Open or Fetid Wounds, and for arresting Hæmorrhage. In 2 oz. and 4 oz. bottles, with brush, 2s. 6d. and 4s. 6d., and 16 oz. bottles, 12s.

PEROXIDE OF HYDROGEN. 4 oz., 2s.; 8 oz., 3s. 6d.; 16 oz., 6s.

OZONIC ETHER for Diabetes. Vide *Lancet*, January 11, 1868. In 4 oz., 10 oz., and 20 oz. stoppered bottles, 3s. 6d., 7s., and 12s.

CHARCOAL CAPSULES, containing pure Vegetable Ivory Charcoal. In boxes, 2s. 6d. each.

Charcoal and Carbolic Acid Capsules, 2s. 6d. per box Pepsine Capsules, 3s. per box. Manganese Capsules, 2s. 6d. per box. Sulphur Capsules, 2s. per box. Dr. Beigel's Oxygen and Universal Inhaler, 21s. Oxygenerator, sufficient for twelve charges, 3s. per bottle.

372 OXFORD ST J. ROBBINS & Co

THREE PRIZE MEDALS—[PARIS EXHIBITION, 1867.]

CROSSE AND BLACKWELL,

Purveyors in Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared, that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles, and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-foot Jellies of various kinds for table use. C. and B. are Sole Agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstair's Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSSE & BLACKWELL, 21, SOHO-SQUARE.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 26, 1869.

CONTENTS.

LECTURE.

PAGE
On Fibrous Tumours of the Uterus. By Jas. Palfrey, M.D., M.R.C.P., Assistant Obstetric Physician to, and Lecturer on Clinical Obstetricy at, the London Hospital; formerly Obstetric Physician to the Farringdon Lying-in Charity, and to the Metropolitan Free Hospital, and to the Surrey Dispensary, &c., &c 429

ORIGINAL COMMUNICATIONS.

Medicine, Magic, and Witchcraft. By M. Donovan, Esq., Honorary Member of the Philadelphia College of Pharmacy.. 432

OUR ANALYTICAL DEPARTMENT.

Cocoa. Report on the Quality at present supplied to the British Market 434

HOSPITAL REPORTS.

Metropolitan Free Hospital and Farringdon Dispensary.—
Further Cases of Syphilis treated without Mercury. By Charles R. Drysdale, M.D., M.R.C.P., F.R.C.S., and Robert W. Dunn, Esq., M.R.C.S. 436
PAGE
Carbolic Acid in Scarlatina 437
Carbolic Acid in Intermittent Fever...... 437

LEADING ARTICLES.

The Limitation of Contagious Diseases 438
Royal College of Surgeons of England 439
The Debate at the Dublin Obstetrical Society 439

SCOTLAND.

The Mortality of Scotland in 1866........ 440

NOTES ON CURRENT TOPICS.

Samaritan Free Hospital 441
University of London 441
Diagnosis of Cancer by the Microscope .. 441
Elevated Regions for Consumption 441
Railway Travelling 441
Royal Medical Benevolent Fund Society of Ireland 442
The Pharmaceutical Society's Conversazione 442
Royal Society of Medicine 442
Hospital Management 442
Charges of Assault against Medical Men.. 442
Intern and Extern Maternities 442
Health of Dublin....................... 443
PAGE

TRANSACTIONS OF SOCIETIES.

Surgical Society of Ireland.—Dr. Tufnell on Femoral Aneurism (*continued*); Dr. Darby on Strangulated Femoral Hernia 441

LITERATURE.

What shall we do with our Refuse. A contribution to the discussion of the Sewage Question. By Henry Simpson, M.D. Lond. 446
The Climatic Treatment of Consumption. By J. C. Thorowgood, M.D. 446

CORRESPONDENCE.

Repression of Quackery 447
The Dialecticians Again.................. 447

MEDICAL GLEANINGS.

Post-Mortem Appearances in Chorea and Epilepsy in an Idiot 448
Venesection for the Arrest of Unavoidable Hæmorrhage......................... 448
Iodide of Sodium in Lead Poisoning...... 448
Sulphur in the Treatment of Croup 448
Cinchona in Algeria 448
Corpuscula Tactus 448
Proposed Monument to Harvey 448
Medical News, Notices to Correspondents, &c. 449

Lecture.

ON FIBROUS TUMOURS OF THE UTERUS.

By James Palfrey, M.D., M.R.C.P.,

Assistant Obstetric Physician to, and Lecturer on Clinical Obstetricy at, the London Hospital; formerly Obstetric Physician to the Farringdon Lying-in Charity, and to the Metropolitan Free Hospital, and to the Surrey Dispensary, &c., &c.

LECTURE IV.

Since I last addressed you, Gentlemen, the thought has occurred to me that, seeing we have now had under our consideration the pathology, etiology, symptomatology, and diagnosis of fibrous tumours of the uterus, our time would not be mis-spent if we, before going on to the concluding portions of our subject, summarised, as it were, our progress; and I think we cannot do this more usefully nor more practically, than by placing before you the particulars of a case of fibroid disease of the third, or sub-mucous variety, as it will come before you hereafter; and further, seeing that no description can be so truthful as that we find in an actual case of the disease itself, I propose to give you the particulars of a case now under our treatment here. In January, 1863, I was requested to see M. P., a tall fair woman, forty-one years of age, who presented a blanched and cachectic appearance. I learned that she was the wife of an inspector on the S. E. Railway, to whom she had been married eleven years; that she commenced to menstruate at thirteen years of age, and from her sixteenth year her period had always lasted six or seven days, and that at times a white discharge and some bearing down troubled her. In her twenty-ninth year she married, and fourteen months afterwards she bore a daughter, now living; her labour was long, and her suffering severe; she has not since been pregnant. Her convalescence was very protracted, she being compelled to keep her bed seven weeks through a "falling of her womb;" five months after her delivery, her health being then in so feeble a state, she weaned her infant, and her menstrual periods returning, she found the flow more profuse than ever; soon a constant vaginal tenesmus was added, and now, for the first time, great pain both before and after sexual congress was complained of. Two years after delivery found her no better, and at this time lumbar and hypogastric pains of a persistent nature and great severity induced her to seek advice, but no examination of the uterus was then made. Gradually these troubles increased, her bleeding becoming more and more excessive and prolonged, until the interval between each attack was but a few days in duration. Her condition getting at last serious, I was called to see her. Upon examination of her uterus, I readily ascertained that in the posterior wall, about its centre, there was a hard sub-mucous growth, as large as a full-sized orange and of uneven surface, bulging into the uterine cavity; her womb was retroverted, not very moveable, and situated low in the pelvis; the os uteri slightly gaping, the anterior lip being a third of an inch longer than the posterior. Directing the point of the sound into the hollow of the sacrum, it readily entered 4¼ inches; its passage was immediately followed by some bleeding. Very moderate pressure upon any portion of the uterus produced great pain; some spasm after each micturition, which was frequent, was also complained of; a slight mucous discharge was generally said to be present in the interval of her period. As far as we could ascertain, all her other organs were healthy; altogether this woman presented the appearance of a person in the most profound state of anæmia, a well-marked "bruit de diable" being audible, her pulse was rapid and feeble, her stomach irritable, and latterly she had rejected all solids. Complete rest in bed, careful and judicious nursing, the use of the cervical plug and ice, after each bleeding had lasted three clear days, some repeated leechings in the interval of her menstruation sufficed in a few months considerably to relieve her more urgent symptoms. Subsequently, the prolonged use of the perchloride of iron internally, and the uterine douche during the intervals of menstruation tended much to improve her general state; yet her monthly flow continued profuse, and soon after the discontinuance of the plug it was reported to last ten days, attended by the passage usually of large clots. In much about this condition she went on, sometimes better, sometimes worse, the bleeding and pain being the most troublesome of her complaints, until the January of 1866, when, her husband having deserted her, she was obliged to undergo long-continued exertion; this, associated with the mental anxiety she passed through, produced an alarming aggravation of her symptoms, and, in April of that year, she was admitted as an in-patient of the London Hospital. My colleague (Dr. Head) in the following month, freely incised her cervix, and this proceeding was followed by a cessation of the hæmorrhage, her next, and, in fact, all her subsequent periods lasting usually four, but never more than five days. Again, prolonged rest and good nourishment (added to the above-mentioned operation) did their work, and some nine weeks after her admission to the hospital she was made an out-patient, being then in greatly improved health. At various times since then, Mrs. P. has presented herself for advice, her chief troubles being a bearing down and pain. For the former symptom a well-adjusted bandage was procured for her, and for the last-named she was supplied with a pill containing 1 grain of the ext. of Indian hemp and 2 grains of ext. of hyoscyamus, which she has taken from time to time. At my request, this patient presented herself this day, May 12th, and I have had an opportunity of ascertaining her exact condition. I find the whole uterus much increased in size, and now filling the cavity of the pelvis; the tumour can readily be felt, extending to 3 inches above the pubis; the os uteri is still somewhat open, although the incisions have in a great measure contracted; the cervix is now all but expanded from encroachment of the growth. The sound with ease can be passed over the surface of this now considerable growth to the exact extent of 6½ inches, and after her bladder had been emptied by a catheter, the sound could very easily be felt through the anterior wall of the womb. She complains of almost incessant pain and a distressing bearing down; in addition, I find her rectum flattened, and a mass of highly irritable, vascular hæmorrhoids just within the anus; her bladder gives her much trouble, she being obliged, during the past seven months, to pass water during the day every thirty or forty minutes, and frequently, although less often, at night. She menstruates, she says, five days, and has never had a return of the profuse bleeding since the operation; she suffers most a week before the accession of each period, but for a few days after her menstruation has passed off, she is sensibly relieved of all her symptoms; she has for a year had a profuse leucorrhœa. Her appearance now is that of a woman who has passed through protracted and severe suffering: her face is pale, worn, and sunken; she is emaciated, and exceedingly feeble; her ankles are swollen, and varicose veins have appeared in her right leg and thigh.

The above, Gentlemen, you will find to be the general history and progress of most of these cases as they will present themselves to you for treatment; of course, every individual instance will afford for your observation points peculiar to itself, both in its pathology and its management. You must, as you progress, accustom yourselves more and more to deal with each case upon its own merits and its necessities, rather than upon any fixed general notion that may at this present time have taken possession of your minds as the result of my teaching; and should any of you in the course of your investigations discover that any of my advice to you is erroneous, or should you, after careful examination, ascertain that my ideas upon either the pathology or therapeutics of this, or any other disease, are not in consonance with what you actually find present as the result of your own clinical research, I pray you at once discard my views, throw over my recommendations upon any such points of treatment, and strike out for yourselves a path more in accordance with the extended and advanced investigations which you will have carried on. I assure you it is only in this way that true progress can be made in any branch of our great art; and it is to you we look to mature and ripen ideas, and perfect proceedings which in our hands at present may be but the rude blocks, which it shall be your privilege to chisel and beautify into the finished and complete form of certain truth and complete success.

And now I need detain you but a very short time upon the subject of the "prognosis and termination" of these hard tumours of the womb, for I have already indicated to you as we have progressed the principal points on these heads that are important for you to become acquainted with. Recall the statement I made to you when closing my first lecture,—that in my belief a fibrous body is *never absorbed*—and when they do undergo a natural cure, it is as a result of a degeneration into the calcareous substance already described to you, or they soften down and are expelled piecemeal from the uterus; this latter change I believe to be invariably due to injury, either in a manner similar to that which happened in the case I have narrated, or, in still more rare cases, as a result of great pressure during the act of parturition, so that I advise you in pronouncing an opinion as to the ultimate issue of a case of fibroid, to dismiss from your minds as *highly improbable* the chance that your patient may be cured of her malady in either of these ways, but although a cure by these means is so problematical, yet our prognosis as a rule, may be a hopeful one. Bear in mind always, that these growths are not of a malignant character, that they are slow in their progress, and should you, by calm and judicious management, be able to tide your patient over the period of her sexual activity, you may then very reasonably hope that the dangers of her condition are materially lessened. This remark is particularly applicable to growths of the subperitoneal form which seldom shorten the life of those who are the subjects of them, these tumours often pass through what I will term a period of latency extending over many years, more especially after they have ceased to be obnoxious to the return of those congestive conditions which accompany each menstrual period.

Always, however, express an anxious opinion when you are called upon to deal with a case of interstitial or submucous fibroid "*occurring in early life*," remember that their nutrition being at its height and the bloodvessels which supply the growth being large, the development of the tumour will be proportionally rapid, in time the hæmorrhage that so constantly forms so dangerous a symptom of these forms of the disease will be just so much the more profuse and frequent in its occurrence, and less manageable, so that your patients being weakened and exhausted thereby are more liable to fall victims to any accidental malady that may attack them. I say, be very guarded in expressing an opinion on a case of this kind for I believe the patient's danger can be pretty accurately, measured by the position of the tumour, and the period of sexual activity at which it is developed. When describing to you the hæmorrhage that accompanies these growths, I said that it was a rare circumstance for that symptoms immediately to prove fatal, of course in this remark are not included those instances of abortion caused by the presence of a growth of this kind. My experience of these cases has been indeed painful, for on several occasions I have been a witness to rapid exhaustion and death from the impossibility of obtaining contraction of the womb upon the growths after miscarriage, and I will just mention here that in those cases in which pregnancy by care can be prolonged to term, the greatest caution will be necessary to prevent a fatal hæmorrhage after delivery destroying the patient. The records of obstetric literature too, bear evidence of the frequency with which these fibroids complicating delivery, prove fatal in other ways, which it would be foreign to my purpose here to enter upon, further than to say that should parturition be passed through in comparative safety, the subsequent process of sub-involution is invariably retarded and interfered with. I do not know that I shall find a more fitting opportunity to answer a question that was put to me by one of my class, on a recent occasion when, examining the case of a woman, the subject of a large fibrous tumour. Do these hard growths ever undergo cancerous degeneration? was the query very properly put to me. Well, this is a question exceedingly difficult satisfactorily to answer for the evidence upon the point is certainly contradictory. Dr. West asserts positively that malignant degeneration of a fibrous tumour never takes place, and various other obstetric authorities, among whom I may mention, Dr. M'Clintock, agree with this opinion, on the other hand it is but just that I should tell you that some eminent men hold the reverse to be the fact. Some time since, I had the pleasure of meeting Sir James Simpson in consultation, and at that time, when speaking upon this point, he expressed to me his belief that fibroids do undergo cancerous degeneration and notably in those cases where malignant disease was hereditary. My father-in-law, Dr. Lever, held an exactly similar opinion, Dr. Ashwell also was of this number. Dr. Atlee believes that a fibrous tumour does "occasionally degenerate into cancer," and Mr. Paget speaks of "malignant fibrous tumours." I reget to tell you, I am unable, from my own experience, definitely to settle this vexed question for you. Certain it is that in three well marked cases of fibroid disease, which I have seen in consultation, cancerous disease has subsequently attacked the growth, and also the uterus in which it was contained; in two of the instances the neck, and in the third the fundus, and subsequently the whole tissue (including the contained growth), of the womb became infiltrated. In each of the above cases a *post-mortem* examination placed the nature of the condition beyond doubt (had any existed). In the first case which I saw with the late Mr. Travers, of Rotherhithe, the woman, æt. fifty-seven, had long been under his observation and treatment for the hæmorrhage and other symptoms, attending a large interstitial fibrous growth in the anterior wall of the womb. A somewhat sudden increase in pain, together with the passage of some blood with her urine, induced Mr. Travers to ask me to see this patient with him. I found her uterus very much enlarged, and fixed to the tissues in the anterior pelvic wall, the cervix indurated and split up, the process of ulceration just beginning in the anterior lip, softening and breaking up rapidly followed, and nine months after my first visit this woman succumbed to the intense suffering and exhaustion accompanying her disease. An examination after death revealed to us the remains of a large growth, a considerable portion of which, in common with the other portions of the womb, had been eaten away and expelled by the ulcerating process which you all know is common to the last stage of medullary carcinoma of the uterus. Such portion of the original growth as remained in the upper portion near the fundus was found infiltrated with cancerous deposit, the inguinal glands on both sides were affected, as also the liver and right kidney.

I shall not detain you by giving the details of the other two cases. I will content myself by assuring you that the evidence of the presence of a fibroid before the manifestations of symptoms of malignant disease in each case was complete, and the subsequent degeneration of the growth was abundantly proved by the symptoms, which supervened during life, and the appearances and conditions found after death, and these not observed by myself only, but also in each instance by more than one other observer. But it may be urged, these cases may each of them have occurred in women by hereditary taint, predisposed to malignant deposits and, such being the case, they were simple co-incidences. Gentlemen, I frankly admit the great weight of this objection. Hence I feel at present that it is impossible to speak to you with certainty on the point, and we must leave the question (and a very grave one it is), for future pathologists to decide, these cases have, however, left on my own mind a very decided impression, upon which I invariably act, viz:—that if in the investigation of the history of a case of fibroid, *clear evidence* is placed before me that malignant disease has been present in the ancestors of the patient, I modify my prognosis accordingly, and I believe you will do wisely (on this point at any rate), to follow my example. And now leaving this uncertain and undecided question, let me for a moment point out to you one interesting circumstance which you will, I am sure bear in mind. I have, in a previous lecture, told you that now and then a fibrous body springing from the *sub-peritoneal* tissue after arriving at a certain size becomes detached from its position in the uterine wall, and is found loose in the abdominal cavity, in consequence of its pedicle having become thinner and thinner and finally broken. Now, I must tell you that the evidence is clear and unmistakeable, that the occasions are by no means rare, that when the peritoneal investment of a growth of the first variety becomes the subject of active inflammation, it contracts adhesions to other parts of the abdominal parietes, and the growth then becomes fixed in its new position, and should it so happen that this new position is the surface of the bladder or rectum, the alternate dilatations and contractions of these viscera and the constant changes in the size and position of these organs which result from such dilatations and contractions, exercise a considerable traction on the tumour. This, of course, tends to elongate, and so attenuate the pedicle of the fibroid by which it was originally attached to the surface of the uterus, this traction being prolonged, ultimately complete separation of the original pedicle takes place, and the tumour is then really transplanted. I am indebted to Dr. Turner, of Edinburgh, for the above description of this interesting process. It has occurred to me on some few occasions, to see in the dead-house, growths which undoubtedly have undergone this *transplanting*. And now leaving these doubtful points, turning from these questions, many of which are open to such controversy, let us pass to the all important subject of the treatment of fibrous tumours of the uterus, and I propose still to adhere in this division of our subject to the anatomical arrangement which has guided us throughout. I am pleased indeed, to tell you, that however uncertain and open to question many portions of our subject have hitherto been, I shall be able, as a rule, to speak confidently upon many points in the management of these fibroids, and once having satisfied yourselves of the nature of the case with which you are dealing, the steps you will adopt, and the remedies you will employ for the cure of the disease, or failing that, the alleviation in the patient's sufferings will be a matter of no difficulty to you to determine. At starting, however, let me answer one or two questions upon the general therapeutics of these growths that will assuredly present themselves continually to your minds when advising upon the treatment of uterine fibroids, and first: Is a fibrous growth in any position, upon, or in, the uterus capable of being radically cured by drugs or absorbed by any form of medication? Gentlemen, I unhesitatingly declare to you that I know of no drug or combination of drugs that will exert, in the slightest possible degree, any *curative* influence upon a uterine fibroid. It was my lot in the earlier portion of my life to have seen women who were the subjects of fibroids in one or other of the positions I have described, who not only for months but even for years, submitted themselves to long continued courses of mercury, iodine, bromine, and other potent medicines, who, in addition adopted inunctions —and paintings and plasters—composed of these and similar drugs, and yet at the termination of this treatment their tumour had undergone no beneficial change, but their constitutions were damaged, and their blood impoverished and deteriorated by the introduction long persisted in of one or more of these remedies? which had too often tended only to hasten a marasmus, or even accelerate a profound cachexia. More recently I have fairly, and I trust without prejudice, given a prolonged trial, both in public and private practice, to the chloride of calcium, (hydrochlorate of lime) which has been highly recommended as having the power of actually absorbing and removing these growths. Truth compels me to say this agent has in my hands utterly failed to be of the slightest use. Now, believing as I do, that drugs are wholly powerless to effect the removal of these hard bodies, I hold that you dare not run the risk of injuring your patient's constitution by administering them to her. You are not justified, I repeat, in doing direct harm, where you are unable to effect positive good. You will not be surprised then to hear that I have long ceased to put my cases of fibroid disease through a course of so called absorbent medicines. It would be exceedingly unfair however, were I to leave this statement of mine concerning the powerlessness of drugs to remove one of these growths without informing you that there are physicians still living who hold an opposite opinion. It was but a very few months since, I was requested by a medical man in the south of London, to visit with him a lady who had for many years been suffering from a large fibrous tumour of the uterus. Eighteen years ago Dr. Lever saw her, and then diagnosed a hard tumour springing from the uterine wall. I have in my possession his notes, both as to the nature, size, and relations of the growth at that time, as also the treatment he then suggested. When I saw the patient her abdominal cavity was almost filled with the enormous solid mass which also filled the pelvis and descended to within a couple of inches of the outlet. Symptoms indicative of great pressure had given considerable anxiety for some time before my visit, and more recently dyspnœa had at times added to the patient's misery. I expressed a very decidedly unfavourable opinion as to the issue of the case, pointing out that the disease had apparently run the best part of its course, and that before many months the patient would succumb. The husband of the patient being very properly informed of my opinion, became alarmed, and a few days subsequently to my seeing this poor woman, she was visited by another obstetric physician, who having duly examined his patient assured the anxious husband, he need have no longer any alarm for he could rest happy in the certainty that very much by medicine could be done for his wife, and in consultation with the gentleman in attendance, he strongly urged the prolonged administration of the iodide of potass; and the friction of the belly with some sedative liniment, adding that this course *would certainly* result in the removal of a large portion of this immense tumour. Well, gentlemen, doubtless this eminent obstetrician most conscientiously believed in the power he possessed to perform the promise he made, yet I will frankly confess to you that (since as is my faith in the power of the iodide to absorb and remove deposits of a different sort) I have not yet arrived at that point that I can believe that a small quantity of any drug (for whatever be the dose administered, it must be relatively small) given by the mouth, then entering through the stomach into the general circulation, has the power of influencing for good, in the remotest degree, a tumour of this or any other size. Again, on this point, I will tell you that, during the interview I had with Sir James Simpson in December last, he assured me that he had watched the gradual removal of small fibrous bodies under the persistent use of the bromide of potassium, in doses of from forty to sixty grains, frequently repeated and long persisted in. The opinion of this eminent authority has at all times carried with it great weight in my mind, and deservedly so; yet, gentlemen, I cannot forget that during the years 1861, '62, '63, and '64, I submitted a series of these cases of fibrous tumours to experimental courses of treatment; every medicine known to exert, or supposed to have the power of removing or lessening these tumours, was fairly, and I may add honestly, tested, not by internal administration only, but also by the various other means advised by their several supporters; and I repeat to you, that in no single instance did I witness the least diminution in one of these growths, or any improvement in the general condition of any of the patients under treatment. On the contrary, I had numerous examples before me of the injury the long-continued use of some of these agents produced upon the general health of the sufferers; and I feel no moral doubt whatever that the majority of these women, so far from being benefited by the treatment to which they were subjected, were damaged, and their troubles increased by the useless introduction into their blood of medicines wholly impotent to cure them of their fibroids; but potent as we know the preparations of mercury are, when steadily given, to decompose the blood, and to exert its destructive agency upon the fibrine and albuminous portions of that fluid; and the same observation, in nearly an equal degree, I believe obtains with respect to iodine and its compounds, and bromine and its salts. But permit me to guard myself from misconception. You have just heard how entirely faithless I am in the efficacy of drugs to remove or even lessen these growths, yet I would not have you go away with the impression that I have no faith in drugs in the *treatment* of fibrous tumours of the womb. Gentlemen, it is not so. All of you have doubtless seen how perfectly we are able to relieve and to keep in check nearly every distressing symptom that attends the development and progress of these neoplasms. Need you a proof of this? Have you not frequently seen among our patients women, the subject of these tumours, who have presented themselves to us, suffering intensely from persistent uterine colic? Have you not, I say, seen these women relieved, as if by magic, by the hypodermic injection of a quarter of a grain of morphia in solution in the neighbourhood of the growth? Again, are you not constantly witnessing the manifest improvement in the health of these sufferers by the timely administration of a free saline purge to relieve the wearing, exhausting vaginal and rectal tenesmus, which is such a sure indication of pelvic engorgement, and which, in growths of considerable size, forms so conspicuous a portion of the troubles and sufferings of the patient? I am sure you have. I could easily multiply examples of the value of medicines in relieving these conditions, but the above are sufficient, I hope, to convey to your minds the idea I am anxious to give you. My time has now expired, and I must leave until our next meeting the further consideration of this subject of treatment.

◆

Original Communications.

MEDICINE, MAGIC, AND WITCHCRAFT.

By M. Donovan, Esq.,

Honorary Member of the Philadelphia College of Pharmacy.

The origin of the mysteries of the Cabbala has been differently represented by different inquirers. By some it has been said that the Cabbala was revealed to Adam by an angel, who brought him a book containing it; but the book being lost at the period of the Fall of Man, was restored at the earnest prayer of Adam; and being again lost, during the wickedness of mankind before the flood, it was restored to Abraham. This, at least, is the account given by Maimonides who flourished in the twelfth century, a man of the highest acquirements, a learned physician and Rabbi, who epitomised the doctrines of the Jews in thirteen articles of faith.

The secrets thus preserved, constitute the Cabbala; and were deemed by those who participated in them, the most sublime of all sciences: yet these traditions, so prized and tenaciously adhered to, are said to have retarded the progress of improvement amongst the Jews, and to have obstructed their intellectual advancement.

Not the least important of the mysteries of the Cabbala were those belonging to the healing art. By transpositions and new combinations of the letters constituting sacred names in scripture, those skiled in the pursuit pretended that words could be formed which possess the virtue of healing wounds; and of producing effects far more wonderful. A Jewish physician, well skilled in the cabbalistic department of his art, having been detected in adultery, was condemned to the stake, but at the place of execution he so bewildered the officials that they mistook a horse for the doctor, and burned the poor animal in his stead. This statement is given on the authority of a learned Rabbi.

No doubt the medical mysteries of the Cabbala assisted in introducing various superstitions which disfigured medicine for many centuries. Mystery would be promoted by the sordid, while mankind, ever ready to lend assistance to those who are skilful enough to cheat them dexterously, would assist in deceiving themselves. That interested motives did cause a coalition of medicine and superstition is apparent in the history of the dark ages when the treatment of disease, to a great extent, fell into the hands of the monkish orders, and in the cloister suffered its worst degradation. Astrology, alchemy, magic, and medicine were confounded together and practised by the monks, with great profit to themselves, but little benefit to their patients, until Royal edicts restrained them from interfering with the sick further than for the benefit of their souls. Of the kind of knowledge of medicines possessed by the monks, and the character which it nevertheless supported, an instance is given by Otto Tachenius,—"a certain dull friar (he says) hearing sal prunellæ to be recommended by chemists, came by night to a skilful apothecary and demanded of him whether this sal prunellæ was extracted out of sloes or garden plums (for the friar knew that prunes meant either): yet these are the men who would be accounted by vulgar idiots and silly women the only medical practitioners." Tachenius, although he sneers at the ignorance of others, gives a tolerable proof of his own, when he informs us that "salt of tartar digested with any metal turns it into running mercury." His commentaries on Zwelfer's "Hippocrates chimicus" evinces more malice than knowledge, and displays much of his own character.

To control the powers of darkness by incantation was, in the early ages, the province of those who professed a knowledge of medicine. Lucan has immortalized the Thessalian sorceress Erictho, who was celebrated for her knowledge of magic, medicine, and poisonous herbs. Sextus, son of Pompey the Great, induced her to raise a spirit by her incantations by whom he might be informed as to the results of the war waged between Cæsar and his father. The story at least proves the antiquity of the connexion between medicine and magic, and we find that the latter was, long after, made use of as a means of assisting the former.

Orpheus, whose music caused even mountains to approach, was in the Argonautic expedition along with Esculapius the surgeon to the fleet. Orpheus, besides music and poetry, cultivated medicine, and according to Galen wrote a book on the art of compounding poisons. Along with such accomplishments, he is pronounced by Pausanias to have been an expert magician. Esculapius himself is said to have dealt a little in charms and enchantments, and to have occasionally cured by music.

Origen shows that magic constituted part of the medicine of the Egyptians, their doctrine being that the human body consists of thirty-six parts, that these parts are under the superintendence of thirty-six devils, one for each part, the names of which were familiar to the Egyptian priest, and being separately invoked by these names, the part affected was healed by its superintendent demon. The division of the kingdom itself was similar; Sesostris divided Egypt into thirty-six names or provinces, and assigned a governor to each.

The first four antediluvian kings of Egypt recorded by the oriental writers named Nakraus, Natras, Mesram, and Aicam, in whose reign Enoch was translated, are represented as having been fearful magicians; and Daluka, Queen of Egypt, who succeeded to the throne after Pharaoh was drowned in the Red sea, was the most accomplished magician of her age. S. Epiphanius declares that magic existed in the time of Jared, a descendant of Seth.

According to Josephus, King Solomon was well skilled in composing medicines for the sick; and, notwithstanding his wisdom and piety, is said to have used enchantments for delivering persons possessed with devils. So high an opinion had the Jews of the extensive acquirements of Solomon, that they believed Aristotle borrowed most of his knowledge from this wise monarch's writings. But if we rely on the apocryphal book "the wisdom of Solomon" we must disbelieve that a prince remarkable for piety would pollute himself by the practice of an art which he deprecated and contemned (Wisdom ch. xxii. 7). "As for the illusions of art and magic, they were put down, and their vaunting in wisdom was reproved with disgrace."

King Solomon, as we learn from scripture, was wiser than all men. He spoke of trees, from the cedar to hyssop, also of beasts, fowl, and creeping things and of fishes. Josephus adds that he made extensive inquiries about them, and "described them all like a philosopher, and demonstrated his exquisite knowledge of their several properties." He adds, "God also enabled him to learn that skill which expels demons, which is a science useful and sanative to men. He composed incantations also by which distempers are alleviated. And he left behind him the manner of using exorcisms, by which they draw away demons, so that they never return, and this method of cure is of great force unto this day; for, (says Josephus) I have seen a man of my own country releasing people that were demoniacal, in the presence of Vespasian." He describes the method. The Rabbins affirm that the writings of Solomon which treated of incantations, were destroyed by Hezekiah; but this statement seems contradicted by Josephus; at least the knowledge of them descended to the first century.

Nechepsus, King of Egypt, wrote on astrology, magic, and medicine; so also did Pharoah, grandfather to Psammeticus. Petosiris, a mathematician of the same country, wrote on these subjects, and explained some departments of medicine on astrological principles; he was of great authority in medicine amongst the Romans. A celebrated Egyptian physician, named Iachen, wrote on enchantments and amulets, and used them with such effect, it is said, that he could arrest the progress of the plague or moderate the ardours of the dog-days. Medicinal spells and charms were in high repute amongst the ancient Egyptians, and indeed the employment of such seems to have spread pretty generally over the world. Aëtius, a Mesopotamian physician who studied at Alexandria, and flourished about the end of the fifth century, gives an account of a charm or spell, which possessed the admirable property of extracting a bone when stuck fast in the throat. The Lydian physician and philosopher, Alexander Trallianus, who lived in the sixth century, and on account of his high reputation was called Alexander the Physician, nevertheless resorted to charms and amulets for the cure of agues, calculi, and gout. That spell which could charm a stone out of the bladder must have been indeed a potent one, and only to be compared with the incantation transmitted to posterity by Cato the censor, which possessed the virtue of reducing a dislocation.

Amongst the Jews, it was believed that internal diseases are manifestations of God's anger, and are inflicted by evil spirits as ministers of His vengeance. Hence the religious did not apply to physicians for relief, but to God or his prophets; and the wicked sought the aid of magicians and idols. Thus, Asa was exceedingly diseased in his feet, "yet in his disease he sought not to the Lord, but to the physicians." Naaman, the captain of the Syrian host, was cured of leprosy by Elisha; and the same prophet cured Hezekiah, who was sick unto death, by an application of figs to the boil. But Ahazrah, King of Samaria, hurt by a fall through a lattice, sent to inquire of Baalzebub to know if he should recover.

With regard to the invention of the ridiculous, but wickedly intended, art of magic, there are several opinions. Some have attributed it to Solomon, others to Kelkeli, a King of Egypt, who lived previously to Abraham; but Pliny declares that Moses, Jamne, and Jotapha, were the heads and founders of magic; the two last said to be the sons of Balaam. About the fifth century a treatise on magic existed, which was supposed to have been written by Ham, the son of Noah. According to Justin, the famine of Egypt was predicted by Joseph through his knowledge of magic.

Concerning the practices of the ancient magicians little information has descended to us. In more modern times there were two kinds of magic, black and white; the former was exercised under a compact with Satan that he should execute the will of the person for a certain time, on condition of receiving the soul and body of the magician at its termination, and the deed of surrender was signed with the person's blood. White magic was practised by means of an intercourse with fairies or aërial spirits, who, without any compact for the surrender of the soul, gave information on subjects proposed, and enabled their votary either to inflict withering diseases or to perform wonderful cures. It was in this way that physicians who professed magic were sought after by those wiseacres who relied more on supernatural cures than those effected in the ordinary course of nature.

One of the offices of the medical magician was the cure of persons suffering under any wasting disorder, for such were supposed to pine under the influence of witchcraft. The process by which an obnoxious person was pretended to be wasted was to place a waxen image, supposed to personify the victim, before a slow fire, and by gradual melting to allow the wax to trickle away in drops. To counteract the much dreaded effects of this ridiculous process, the physician would employ the combined effects of medicine and magic.

Another department of the medical art was the relief of those who, being monomaniacs, imagined themselves possessed by demons, or affected to be so possessed, in order to obtain a transient notoriety. In these times it was believed that adepts in witchcraft might, under a symbol and compact, cause a demon to enter the body of any person against whom ill-will was entertained. They also professed the power of curing diseases by withcraft, and were commonly called to the bedside of the sick. These impostors brought on themselves their punishment by pretending to cure diseases with remedies directed by familiar spirits with whom they affected to hold communication; and it is surprising what numbers endeavoured to avail themselves of this impious mode of relief.

One of the provinces of the reputed witch was to cure diseases by remedies disclosed during dreams—a mode of medical treatment which had its origin with personages of the highest authority in their time. Galen, on several occasions, dreamed of methods of cure which he put in practice, and which ultimately proved successful; once he even opened an artery on the strength of a dream; yet he complains that his patients more often relied on their own dreams than on the utmost efforts of his skill. The Egyptians give credit to Isis for disclosing modes of cure through the dreams of the sick. Pliny mentions the case of a man bitten by a mad dog, who escaped hydrophobia by using the roots of a wild rose sent him by his mother, who dreamt that she was ordered to send them to him. These drowsy revelations were regarded by the ancient Egyptians with the greatest reverence.

The belief in magic and witchcraft, in an ignorant and superstitious age, is less surprising when we consider the performances of some expert practitioners of our own times. One of the least intelligible exploits in that way is, perhaps, that of the African magician witnessed by Mr. Lane at Cairo; he took burning charcoal from a chafing dish, put it into his mouth piece by piece, in a state of ignition, until his mouth was full, and chewed it, occasionally opening his mouth to show the fiery contents, and swallowed the whole.

Medicine is not yet emancipated from superstition; mesmerism is the latest opprobrium. There are, or lately have been, clairvoyants who not only saw the organ diseased, but the remedy; and there have been patients who employed them.

Our Analytical Department.

COCOA.

REPORT ON THE QUALITY AT PRESENT SUPPLIED TO THE BRITISH MARKET.

The object of these Dietary Reports is to place before the public a succinct account of the present state of trade as regards each article used by the consumer. Such reports serve the public directly and indirectly; directly, by showing the actual quality supplied, and indirectly by raising the standard of the supply. These analytical reports (which should especially interest the medical profession), we propose to execute without favour or ill-will to anyone. Another reason for the publication of these articles arises from the fact that analytical chemistry, which has done so much for the food supply, is largely abused, and lowered to the very dregs of puffery. It has become the fashion to garnish every packet of proprietary articles with so-called analytical reports, which frequently mean nothing but recommendations expressed in the most general terms. Even if the analysis is *bona fide*, and comes from a reliable source, it cannot be of any possible use unless accompanied by a written testimony from the vendor that the contents of each packet are exactly made according to the sample analysed; this little point is almost invariably neglected.

Before entering into the especial object of the report, it will perhaps be desirable to give a slight sketch of the history and statistics of this now important article of commerce, for which we are indebted in a great measure to an interesting pamphlet by Mr. James Mann.*

There seems to have been some little confusion in connection with the actual source of the so-called "cocoa." This substance is the prepared fruit of the cacao tree, *theobroma cacao*. This confusion has probably arisen from the similarity of the names cacoa tree, cocoa nut palm, and the cocoa shrub, *theobroma cacao*, *cocos nucifera*, and *arum esculentum*. The generic name Theobroma Cacao—from Θεός and βρῶμα, the food of the gods—having been applied by Linneus, this little incident has not been lost sight of by the vendors of proprietary cocoas, although many of the products so advertised form but poor food for human beings. Columbus brought home with him samples of cocoa, which were immediately appreciated by the Spaniards, and thus commenced its European history in 1520. Dr. Letheby, in his interesting Lectures on Food, originally published in this Journal, gives an account of the chocolate houses in London. There is also an interesting account extant, written in 1690, of the attempt and failure of the English to cultivate cocoa in the West Indian Islands.—(*Harleian Miscellany*, vol. ix., p. 422.)

Cocoa will grow within 25 parallels of latitude, but luxuriates within 15. We receive our supply from Trinidad and Grenada. It is, however, grown in Mexico, Central America, Peru, West Indian Islands, Africa, Mauritius, and Australia.

Cocoa requires a considerable amount of care in its cultivation; but, from the paper of Mr. Mann, it seems to be a remunerative crop. When the fruit is gathered, it is placed on an inclined plane or some other arrangement, so as to allow an acid juice to be drained off. The fruit is then submitted to a process of fermentation called sweating; this process requires watching, for on this part of the operation mainly depends the aroma, colour, and amount of bitterness found in the fruit. After this comes the drying and packing; very essential points, because if mould sets in, from want of care in this stage of the proceedings, the whole is ultimately spoiled as a marketable article. The qualities which are necessary to recommend cocoa to the manufacturer in Great Britain is a pleasant taste and aroma when roasted, with a large proportion of fat to render it workable; this latter point is, however, quite distinct from the quality which should recommend it to the consumer.

---

* Cocoa: its Cultivation, Manufacture, and Uses. By Mr. James Mann.

Thus, Mr. Mann remarks :—"Great stress is laid upon the quantity of fat present, and this because the facility of supplying the consumers' wants in a cheap preparation is dependent upon the extent to which it may be diluted with starch or other cheap matter, which is at present effected to the extent of 50 per cent."

It will be seen from the analyses given in this report that Mr. Mann is below the mark, even with respectable manufacturers.

The numerous methods by which the cocoa nuts are dressed for consumption may be divided into two general classes—"cocoas" which are supposed to be merely the ground and prepared bean, and chocolates in which the cocoa is moulded into cakes with sugar—either for eating *as confectionery, or for infusing, as a beverage.*

Chocolate is the article that was first used in Europe; it is frequently flavoured with condiments. To these we may add "shell cocoa," or the husk of the bean. The husk is sometimes ground up in the inferior cocoas, but is also, under the name of "*miserable,*" and consumed as beverage after infusion. The beverage so concocted is not without considerable epicurean virtue, particularly if used conjointly with the "nibs;" this last being simply the broken bean.

The composition of the bean is here given on three authorities—it will be seen that they differ considerably—and as they are evidently the unroasted bean, it was found necessary to give the results obtained by actual experiment :—

	Mitscherlich.	Payen.	Playfair.
Water	5·6	10	5
Fat (cocoa butter) . .	47·5	52	50
Albumen . . .		20	20
Gluten . . .	15·5		
Theobromine . . .	1·5	2	2
Starch . . .	16	10	7
Cellulose . . .	5·8	2	4
Gum			6
Ash	3·5	4	4
Red colouring matter, &c. .	4·6		2
	100·		

Of these analyses, Mitscherlich most nearly approaches our own, except that in it the amount of fat is decidedly under the average amount contained in cocoa now in the market.

Cocoa contains hardly any vegetable albumen, as properly understood.

The following is given as the composition of the ash, which seems very rich in phosphoric acid :—

Potash	37·14
Soda	1·23
Lime	2·9
Magnesia	16
Sulphuric acid	1·5
Carbonic acid	1·2
Phosphoric acid	39·6
Phosphate of iron (ferric phosphate) .	·17
Chlorine	1·7

Theobromine, the active principle, is a white crystalline substance, somewhat similar to thein, the active principle of tea. It contains—

	Theine.	Theobromine.
Carbon . . .	49·8	46·43
Hydrogen . . .	5·08	4·20
Nitrogen . . .	28·83	35·85
Oxygen . . .	16·29	13·52
	100·	100·

Now, as most of the calculations seem to be based upon the composition of the unroasted bean, we have found it necessary to examine the roasted and unroasted cocoa, and subjoin the result :—

	Raw Trinidad Cocoa. (Sample No. 1.)	Finest Roasted Trinidad Nibs. (Sample No. 2.)
Moisture . .	5·6	3
Albuminoid substance .	19·1	
Theobromine . .	1·2	·98
Cocoa butter . .	46·6	49
Woody fibre . .	4·5	
Starch . .	12	11
Gum, &c. . .	4	
Red colouring matter .	3	
Ash . . .	4	3
	100·	

We may now come to the consideration of the examination of cocoas, with regard to their adulteration, and subjoin a short but practical method, which, with some few special modifications, has been followed out in this report.

Ash, and mineral adulterants.—A small quantity of the cocoa or chocolate under examination should be weighed out and ignited in a platinum crucible, and the percentage of ash calculated from the residual matter. Cocoa is difficult to ignite, and if considerable care is not exercised a little unconsumed carbon will remain. It should weigh from 2·8 to 3·5 per cent., and should be perfectly white; if it is coloured, it is probable that it is adulterated with ochre or some other ferruginous pigment. Estimation of the iron, and a comparison with the analysis of the ash given above, will prove this point. If the ash is white, but yet exceeds the average percentage, some other mineral adulterant is probably present; but if (as is frequently found) the cocoa contains a large admixture of starch or sugar, the percentage of ash will be much lower, as will be seen from the subjoined percentages obtained by actual analyses :—

	Per cent. of Ash.
Cocoa	3·0
Sugar	0·03
Maranta arrowroot . . .	0·216

It must be borne in mind that a little iron frequently gets into the cocoa during the manufacturing processes, but this, as a rule, only slightly injures the whiteness of the ash.

Fat.—A weighed quantity of the cocoa should be exhausted of its fat. We use purified bisulphide of carbon for this purpose, as it answers admirably. The residue after drying is weighed, and the loss, after deducting the percentage of moisture, represents the amount of fat, and very nearly the amount of cocoa, present in the sample. The bisulphide of carbon should be evaporated, and the residue examined to see if it presents the ordinary characteristics of cocoa butter.

Cocoa butter melts at about 84° Fahr.

	Melting Point.
A specimen of pure cocoa butter, manufactured by Messrs. Cadbury, Brothers . .	83·2
A specimen of pure cocoa butter, received from Mr. Cooper	86·3

Flake cocoas, and those in which the husk and bean are ground together, should yield about 46 per cent. of fat, and if ground without the husk, 49. We have allowed in our calculations 50, to give the manufacturer a little margin.

Mr. White Cooper directed attention (*Lancet*, 28th June, 1862) to the utility of the butter obtained from the theobroma cacao nut, as the basis for ophthalmic ointments.

> "This material possesses many valuable qualities, the chief being [these :—It has an agreeable smell, and does not soil the fingers when handled; it does not become rancid; while more particularly, though very firm, it has the property of becoming fluid at a low temperature. It is sometimes a little too stiff, but this fault is readily obviated by combining with it a little olive oil or glycerine."

The adulteration of cocoa with foreign fats is, we believe, not practised.

Sugar, &c.—The presence of this substance can be easily detected by washing the suspected cocoa with cold water, and throwing upon a filter. The cold infusion or filtrate should have no sweet taste, but rather bitter than otherwise, with a taste similar to toast water. The detection of sugar is very easy in this manner, and its amount may be estimated by any of the ordinary methods.

Cocoa is said by Mitscherlich to contain ·6 per cent. of sugar naturally.

The infusion made in the cold should be only slightly coloured, as the red colouring matter is but slightly soluble in this menstruum, if it presents any decided colour, this is no doubt due to the presence of some admixture.

Starch.—If examined microscopically and chemically, it will be found that the cocoa normally contains starch; therefore, qualitative chemical tests are of no value to determine the presence of foreign starch. A quantitative examination might determine this point to a certain extent, but the microscopic appearance of the starch granules (*vide* figs. 1, 2, 3, and 4) at once determines it. (*See* Illustration in our next.)

If the amount of starch be not very small, the appearance on boiling with a small quantity of water is quite characteristic of the presence of that substance; it is quite thick, and forms a jelly on cooling.

The cocoa manufacturers make a statement that the addition of certain proportions of starch and sugar (the principal adulterants now used) are not adulterations; that they render the cocoa less burdensome to the stomach, and more easily digested. There is, however, little doubt that, as Dr. Hassall says, "the real secret of the almost constant use of starch and sugar is to be found in the cheapness" (comparative cheapness) "of these articles, and not in any advantages supposed to be derived from their admixture with cocoa." The same gentleman, however, goes on to state "that, as nature has provided the cocoa bean with 11 per cent. of starch, we are the more disposed to question the accuracy of the position assumed by cocoa manufacturers, that the addition of wheat, potato, and sago flours constitutes any real improvement." So far we quite agree with Dr. Hassall, but the remainder of the paragraph is, in our opinion, as fallacious in its deduction as the statements made by the manufacturer. "What nature does is doubtless well done and sufficiently, and we believe that the quantity of starch proper for cocoa is to be found in the kernels themselves." This is as much as to say that, as cocoa is a natural product, it is not capable of improvement in a dietetic point of view; but to carry out such a theory, every vegetable product should be wholesome, which we know is not the fact, and the whole system of mixing edibles, which system has been pointed out by our gastronomic instincts, must be viewed as a myth.

Although the consumption of cocoa is greatly on the increase, it is still far below that of tea or coffee; and, looking at its comparative cheapness, this position is hardly to be accounted for.

Consumption of cocoa for thirty years :—

Years.	Pounds of Cocoa.
1830-9	1,136,000
1840-9	2,609,114
1850-9	3,437,575
Tea . . .	62,598,493
Coffee . . .	34,763,447

Cost in the year 1859 :—

Cocoa	£166,416
Coffee	2,386,902
Tea	11,219,734

The above may be considered much under the estimation of the consumption of what is sold under the name of cocoa.

The additions of starches and arrowroots were, no doubt, originally instituted to attenuate down the proportion of fat (50 per cent.) contained in the cocoa nibs. Supposing that it is not added in a fruadulent quantity, it is, nevertheless, a mistake, as it is the addition of nitrogenous or flesh formers that is required to make the cocoa a more desirable article of food; or, what is the nearest to this, to reduce the fat by expression or solvents, and thus relieve the cocoa of the great excess of heat-givers, by partially removing one, and not by increasing them with the addition of that which it already contains.

(*To be continued.*)

◆

Hospital Reports.

METROPOLITAN FREE HOSPITAL AND FARRINGDON DISPENSARY.

FURTHER CASES OF SYPHILIS TREATED WITHOUT MERCURY.

By Charles R. Drysdale, M.D., M.R.C.P., F.R.C.S.,
AND
Robert W. Dunn, Esq., M.R.C.S.,

A part of which was read at the Harveian Society on March 18, 1869.

(Continued from page 414.)

Case 8.—Seen by Dr. Drysdale. The mother contracted the disease between the eighth and ninth months of pregnancy. The child was born healthy, and remained so. The mother had secondary eruption three months after child was born. A syphilitic child was the result of the next pregnancy. Mother and child, treated without mercury, recovered.

Case 9.—Mother contracted the disease during the last month of pregnancy. A syphilitic child was born. This case was observed by Mr. Dunn. J. C., aged twenty-eight, applied at the Farringdon Dispensary, January 7, 1869. complaining of sores on the privates, and swelling in the groins. First noticed this fourteen days before. As she expected her confinement daily, no examination was made. January 12. Confined of a living child. March 4. Came to the dispensary with the child. She informed Mr. Dunn that since her confinement she had been very ill, and had been ordered not to suckle her child. Syphilitic sore throat observed. Child had no trace of the disease. March 11. She came, saying that the child had caught cold a week ago and that, when watching it, she observed a rash on its face, and that the buttocks were spotted. There was in fact, snuffles, and a syphilitic eruption over the child's body universally, with cracks at the side of the mouth. The husband of this patient first came under Mr. Dunn's care on December 3rd, 1868, for indurated sores on the penis, enlarged glands on the inguinal region. He first noticed the sore a week before he came. Had not had any connexion with his wife since he noticed this. December 10. Sore much better. Said it was quite well and had had connection with his wife during the week. December 31. Roseola; sore quite healed but still indurated. Said that his wife complained of feeling ill. The wife says that she noticed first something the matter with her about the month of December, and thus, if she had even been infected earlier, viz., during the last days of November, the disease would have been contracted during the last two months of pregnancy. If in December, in the last month of pregnancy. M. Diday, in his work on "Infantile Syphilis," says: "It appears that syphilis contracted by the mother, after the completion of the seventh month of pregnancy, has never produced the disease of the fœtus." M. Prieur says "that we have no example of hereditary syphilis, in which the mother was infected during the last two months of pregnancy." M. Ricord says "that until the sixth month, the mother may transmit constitutional syphilis acquired during gestation; but if the infection of the mother takes place during the *last three*, it is not certain that transmission is possible." From the foregoing cases we see that syphilis contracted during the first month is inherited, and that it is as well not to give a decided opinion, that it will not be transmitted, even if the infection takes place in the later months of the pregnancy.

Case 10.—Seen by Dr. Drysdale 3rd April, 1866. Ellen W., three months of age, was brought by its mother to the Metropolitan Free Hospital suffering from eruption, which first appeared at two months of age, and from snuffles. Café au lait stains on chin, and dry eruption on buttocks. The mother has been married to the father two years; is in perfect health, although she suckles the infant. Has not had any symptoms of any suspicious kind since her marriage. This is the first time she has been pregnant. Her husband was ailing, and a brutal fellow, so she has left him. The child recovered in a month, under doses of gr. j t. d. of iodide of potassium in a teaspoonful of water. May 7. Almost well.

Case 11.—Seen first by Dr. Drysdale, 2nd April, 1869. George Guise, ten weeks old, with cracks at sides of mouth, rash on the face, snuffles, dry eruption on buttocks, wizened appearance. The mother of this child, a young woman, aged twenty-one, has had two children; the first of which lived three days, the second is the patient. The mother has never had any symptom of illness since her marriage. Neither sore throat, nor any kind of eruption. She suckles the infant. The child took gr.j. of potass. iod. t. d. and on May 7th was very much better. The father was reported to suffer much from sore-throat.

Case 12.—Seen by Dr. Drysdale 16th April, 1869. E. Carey, aged five months, has had snuffles since its birth. Has eruption on buttocks of a dry kind, and posterior cervical glands enlarged. The mother also in this case did not seem to have been infected, although she was also suckling the child. The child is doing well, on one grain of iodide of potassium thrice daily.

Case 13.—Mrs. Moss, seen by Dr. Drysdale February 16th, 1869. This patient brought with her a child, aged seven years, suffering from the disease described by Mr. Hutchinson as interstitial keratitis, and with the peculiar type of pegged incisors described, and now recognised as signs of hereditary syphilis. The mother, married in 1862, had not had any syphilitic symptoms, and has had two other healthy children after this one. The father had, at the age of sixteen, gonorrhea, but no other syphilitic symptoms that he can remember. He married at eighteen, and his first child was born six months after the ceremony.

These cases seem to indicate, that women certainly sometimes give birth to infected children, without on that account, themselves suffering in their health. It certainly is, however, striking that they do not seem in such cases to become infected by suckling their own children. On the other hand, our note-book teems with cases where the mother having once been infected, there seemed to be no likelihood of her again giving birth to healthy children. Not unfrequently this fact is accompanied by a history of the mother having taken much mercurial treatment.

◆

CARBOLIC ACID IN SCARLATINA.

Dr. A. M. Carpenter says in the *Detroit Review of Med.* I wish to add the weight of my testimony to the beneficial influence arising from the local use of the acid in the Anginose variety of scarlet fever. Not only does it materially lessen the inflammatory process within the fauces, and conduce to the comfort of the little patient, but it prevents in some way, through its action upon the parts, septic poisoning, heals the ulcerated spots readily, and most effectually prevents the viscid faucial secretions from accumulating to an extent sufficient to embarass efforts at respiration. The tonsils, I have observed, resumed their normal tint much sooner after its use, than from any other local agent. Besides, the liability to consecutive abscess and otorrhœa has been diminished in a very marked degree. So, too, does the tendency to serious transudation seem to be obviated, due precaution being exercised against a change of temperature for three weeks succeeding the desquamative stage at which time the liability to renal congestion is greatest. Within the past five weeks I have treated nineteen cases, between the ages of one and ten years, without a single fatal result. In eleven, the febrile movement reached its maximum intensity. Delirium and great restlessness, with stupor, obtained in all these cases—the range of the pulse 140 to 155 to the minute. The heat of the skin was lessened by constant sponging with cool or tepid water and vinegar, iced lemonade *ab libitum*, to allay thirst and soften the parched and swollen tongue, with occasional laxatives, and a solution of chlorate potassa, two drachms to the pint, as a drink, together with the following topical solution to the tonsils twice daily (℞ Acid Carbol. f. ʒss, glycerine, Aq distil. aa. ℥iss, misce) constituted the treatment.

To combat renal congestion spt. nit. dulc. in ten drop doses was relied on. Milk punch and animal essences were freely used when the heat of the skin subsided. The acid assuredly supplies a void long felt by the profession; but let us hope that its value will neither be over estimated, nor the remedy discarded until well tested.

CARBOLIC ACID IN INTERMITTENT FEVER.

Mr. F. C. Calvert reports (*Gaz. Méd. de Paris*, 1869. No. 7) to the Académie des Sciences, some satisfactory results from the use of phrenic acid in intermittent fever, as employed at the Isle of Meurice under the direction of MM. Barranet and Jessier. The acid was used in the first place to disinfect the drains, sinks, and all other sources of miasm. It was then given internally in doses of 0·070 gr., repeated three times a day for the access of fever. Finally it was also employed hypodermically in the dose of three to four centigrammes in twenty drops of water. MM. Barranet and Jessier are of the opinion that these results demonstrate that intermittent fever is due to the presence of animal or vegetable microscopic ferments in the blood similar to those discovered by M. Pasteur.

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price 5d. Stamped 6d.*

By Post to Annual Subscribers, £1 2 6
,, *If paid in advance,* 1 1 8

* Post-Office Orders and Cheques to be drawn in favour of A. A. TINDALL, 20, King William-street, Strand, London,
MOFFAT & Co., 6, D'Olier-street, Dublin.
MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.
MESSRS. KELLY and PIET, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 26, 1869.

THE LIMITATION OF CONTAGIOUS DISEASE.

AT the last meeting of the Académie de Médecine, M. Leon le Fort, Surgeon to the Hôpital du Midi, has shown, in an elaborate paper, some curious details of the arcana of Parisian life, which are of much interest to those concerned in perhaps the most difficult question of the day—the repression of the extension of venereal disease amongst both the civil and the military, and the application of coercive measures in order to ensure the cure and innocuity of the affected individual. Though suggested, it is hardly possible that legislation can extend to the male population; but with regard to the unhappy class of fallen women, there can be little difficulty, as they pursue a calling so dangerous to the community. There can be no doubt that many "contagion centres" ply their trade with untold detriment, not only to the recipients, but to their innocent progeny. The State loses very many infant lives annually from this taint, and even at a later period manifold evidences of an inherited poison are not wanted.

M. Le Fort's observations extended from November 1st, 1866, to June 1st, 1867, and were carefully conducted, by giving each patient coming for treatment a ticket and number corresponding to a place in the hospital case-book; thus the history was made accurate. It must be remembered that those cases were all *voluntary* admissions or seekers of advice as hospital patients, and represent absolutely but a very small section indeed of those who were contaminated during this period. This section, however, shows 4,070 cases at the Hôpital du Midi alone, and this in a city where energetic measures are taken for restraining the extension of the disease. According to the recognised statistics, these measures have a most salutary effect, as the documents furnished by the "chef du bureau des mœurs" for a period of six years, ending December 31st, 1866, prove that while amongst the women under surveillance, disease was found only as 1 in 7, for a similar period amongst the clandestine who were not under surveillance, the proportion of disease was 1 in 3; but with this difference, that such of the former class as were diseased were at once sent to the St. Lazare Hospital for treatment, the latter remained as "contagion centres," unrestrained and treated as best they could. It is, therefore, not surprising that a large number of the cases of disease presenting themselves at the Hôpital du Midi were derived from the latter source. M. Le Fort draws attention to this fact particularly, as he believes that the greater number of venereal affections in Paris is produced by the class of *prostituées clandestines*, and that some means must be brought to cope with this fertile contagion source. Another remarkable and alarming characteristic amongst the class of *clandestines* is, that they produced the most severe or infecting cases, furnishing half the blenorrhagias, three-fourths of the soft sores, and two-thirds the true syphilis.

A significant fact in favour of limitation, and the effect of treatment in modifying the virulence of the disease amongst the *non-clandestines*, M. Le Fort has given, under special headings, very important details as to the production and source of the disease.

Class No. 1.—The inhabitants of *maisons de tolerance*, who are under surveillance, numbering 1,306, and living in 165 houses; to these were attributed 780 cases of disease.

Class No. 2.—The *fille isolée*, not inhabiting special *maisons de tolerance*; from this class, numbering 2,545, 1,761 cases of disease were furnished.

Class No. 3.—Those that frequent the public balls, 625 cases of diseases were derived from this class, but producing *most* examples of constitutionally infecting sores.

Class No. 4.—Mistresses, or "simples connaissances." These produced 829 cases, including 576 of urethritis, 52 soft sores, and 71 sores followed by constitutional signs.

Class No. 5.—Concubines and "femmes legitimes." These produced three soft sores, 63 blenorrhagias, nine true syphilis.

The total number of the unrecognised he calculates as

being in Paris about	30,000
Filles isolées	2,545
Recognised and in Maisons de Tolerance ...	1,306
Total	33,851

This number, therefore, produced from the recognised "maisons de tolerance" the sum total of 780 cases of venereal, and *one in every seven women* was found diseased, and at once put under treatment, while the other classes produced 3,290 cases of disease. This number may be looked on as very far, indeed, below the mark, as there was no means of restraint or compulsory treatment, and *one in every three women* was diseased, being more than double the amount of disease occurring amongst those legislated for, and compulsorily treated, in the first class. Not only is the diminution of the occurrence of disease well marked in the compulsorily treated class, but what is even more important, the type of the disease is milder, as will be seen on referring to the foregoing tables.

The occurrence of so much disease when such care is taken in its treatment, proves the subtle and persistent nature of the poison, and may well render uneasy those "nomades du plaisir" who make the Parisian capital their rendezvous. What the condition would be, under other circumstances, it is impossible to conceive.

In Dublin we fear the present non-legislative interference causes vast mischief, every practitioner knows the frequency of venereal affections amongst his patients, whether poor or rich, this may be a difficult matter to prove statistically, but there is no difficulty in showing that in a garrison of 4,967 in Dublin, out of 303 men in hospital, 151 are suffering from the disease, in so severe a form as to necessitate their confinement, while numbers suffer from later and slower effects without being compelled to seek hospital advice. It appears from the records of the Westmoreland Lock Hospital, that the infecting sore is prevalent in Dublin, that few escape subsequent contamination, and that many women suffering from this sore continue their mode of life for weeks, causing incalculable mischief amongst all classes.

The number known to the Dublin police, though not under any kind of surveillance, has been—

For 1867 ... 1,047 living in 161 houses
For 1868 ... 967 „ 185 „

This for Dublin represents a large proportion, when it is considered that these are such as absolutely are notorious, hundreds representing the "clandestines" of M. Le Fort are scattered through the city, but all at liberty, when diseased, to pursue an avocation which renders them dangerous not only to the existing, but to the future and innocent, generation.

Though it may be repugnant to our feelings to go the length of continental nations in their efforts to limit the spread of the disease by restraining individual liberty, the good effect of the extension of the Contagious Disease Act has already shown itself remarkably at Aldershot, where statistics prove that, in a strength of 15,000 men, the admissions on account of venereal diseases for the week ending March 12th, 1869, were but 22, whereas, in Dublin, amongst 5,000 men, the admissions for the same period were 49, while, on the 26th March, 1869, the number of men in hospital out of 4,679 was 151 from venereal; when, in addition, the last Parisian statistics show that where no restraint or surveillance is exercised, the proportion of diseased women is one in three, while in the legislated for, it is reduced to 1 in 7. We can conceive no stronger argument for grappling with this social evil, and endeavouring, at least, to restrain the extension of a disease which not only contaminates the recipients for an unknown period, but also their offspring, apart from the more selfish financial consideration of the most entailed by the loss of service amongst the mili-navy—so well shewn by the fact that, from venereal disease alone a number is annually rendered ineffective for an entire week, equalling the whole military force of the United Kingdom, and in the navy, equalling 586 men per day, or the complement of an iron-clad.

◆

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

With the approach of July come rumours as to the election into the Council. Mr. Mackmurdo, Mr. Solly, and Mr. Jno. Adams are the retiring councillors; and there will be at least as many other candidates. Mr. Gay, who nearly succeeded last year, will again offer himself—has, in fact, issued a sort of manifesto, and it is not improbable that Mr. Erasmus Wilson will once more come forward. The names of Mr. Erichsen and Mr. Henry Lee have also been freely mentioned as suitable candidates by a number of the London Fellows. On the other hand, we have heard that the country Fellows have resolved once more to bring forward one of their number, and make an effort to secure a full hearing for themselves. Certainly there are questions on which they should be more fully heard; and we have not the least doubt that many London Fellows would sympathise with them to the extent of giving one vote to their candidate. A meeting of some of those interested is about to be held, and the well-known name of Edwin Hearne will be brought forward as a suitable representative of Provincial Surgery. This gentleman distinguished himself at University College, where he was educated, was admitted a Member of the College in 1842, and a Fellow in 1858, He graduated M.B. at the London University in 1844. and has taken an active interest in medical education and other University questions. He has seen years of general practice, from which, on account of ill-health he retired two or three years ago, and now occupies himself as a consultant in Southampton, where he has passed so lengthy and honourable a career. If a country Fellow is to be elected, there can be no doubt of the wisdom of choosing a man who, like Mr. Hearne, has sufficient time at his disposal, and sufficient interest in the questions at stake to attend regularly to the duties. It would be useless to elect one who could but seldom put himself to the expense and trouble of coming to London. In this respect the gentleman named is peculiarly suitable. His energy has for years found a sphere in work that would prepare him for this, and his deep interest in the matters involved would, we feel sure, lead him to make any sacrifice that might be required. He could afford to attend all the meetings; and we have no doubt, if he consents to stand, that he would undertake to do so.

There are some other things, however, which are of great importance. Although opposed to canvassing, we think every candidate should make a full profession of his faith and his intentions. We have had enough of electing men without pledges. It is no indignity for a prime minister to tell those whose votes he asks the grounds on which he comes forward; and we beg every Fellow to withhold promises and encouragement from every candidate who does not issue an address which will definitely commit him to a policy worthy of his college and his age. Nothing can be more injurious to the interests of the College than that men should govern it who are reluctant to say what principles guide them. A pledge on the many questions that agitate the Fellows should be extorted, without which no vote ought to be recorded.

◆

THE DEBATE AT THE DUBLIN OBSTETRICAL SOCIETY.

We report elsewhere, as fully as it appeared to us to deserve, the meeting of the Dublin Obstetrical Society on last Saturday evening. It appears to be a duty that we should not shrink from a criticism of the method in which the debate on Dr. Evory Kennedy's paper, and notably the proceedings ot last Saturday evening have been conducted. In Dublin there will be no dissentient to our opinion, that neither in respect of the importance of the subject nor the alarming nature of the arguments brought forward by Dr. Kennedy in favour of extern

Maternities, have the time devoted by the society, or the labour expended on the discussion by the various speakers were lost. To decide conclusively as to the truth or falsity of a statement that seven out of eight of the lives sacrificed in Lying-in Hospitals to puerperal fever might have been saved by the adoption of other arrangements, to settle the question beyond cavil, and for ever, would be worth an entire session of the society.

We may be permitted to express, in anticipation alike of the remarks which have yet to come, and of Dr. Kennedy's reply, our doubt that this result is likely to be achieved, or that the professional judgment will be perfectly satisfied that Dr. Kennedy's facts and arguments have nothing in them. In the first place the discussion has seemed to us to take the form rather of an overwhelming organisation for the defence of individual hospitals and for the extinction of Dr. Kennedy, who has ventured to doubt their usefulness, than a disinterested debate on a great sanitary question. We in no respect attribute interested motives to one party or the other; yet we cannot but feel that the falsity of Dr. Kennedy's figures or conclusions is by no means so obvious as to justify in the public mind the simultaneous shout of disapproval with which the Obstetrical Society has received them. We express no opinion on the merits of the question, and we cannot, therefore, say that each and every speaker, or we should say essayist, is not entirely and heartily convinced that Dr. Kennedy is wrong; but we fear that an opportunity has been afforded to cavillers to say that the unanimity of the attack is so suspicious as to invalidate the deduction which may be made from the debate.

This scoff has been strengthened by the form which the debate has taken. In truth, it has not been a debate, but a series of essays, directed with all the calmness of deliberation at Dr. Kennedy, and though probably the value and interest of the proceedings would have lost much by maintaining the custom of *viva voce* discussion, yet we think the reliability of the conclusion would have atoned for the loss, and the dubious colour which the reading of a series of essays has given to the antagonism to extern Maternities would have been less obvious.

No envy will, we feel assured, be felt if we signalise the essay of Mr. M'Clintock as especially free from suspicion. If there ever might have been a bias in the mind of that gentleman it obtained no expression in his paper, and the close reasoning and just conclusions arrived at were commended to the best judgment of his hearers by the entire elimination of the Rotundo-Coombe controversy.

We are compelled to draw a painful comparison between this masterly, eloquent, and acceptable address and that which occupied the society on last Saturday evening for an hour and forty minutes, and of the unfertility of which the brevity of the report in another part of our issue gives testimony. Making every allowance for the latitude of debate, we can hardly find patience for so one-sided and inconclusive an address, and we feel that the wearing out of an entire sitting of the society and of the patience of its members with the cracking of doubtful jokes and undignified anecdotes is one of the abuses to which the method of debate has laid the society open.

It will, in our opinion, be a subject of lasting regret and reproach if this debate goes forth from the society without a word of independent opinion on the matter. We use the phrase with the utmost respect for those who have taken sides against Dr. Kennedy; yet we cannot hesitate to express our feeling that there is much to be said in the view which he has set forth, and that it is hardly within possibility that it can be said perfectly and convincingly by any one man.

◆

SCOTLAND.

THE MORTALITY OF SCOTLAND IN 1866.

We have already analysed the last quarter's return of the Scottish Registrar-General. We have now to report that the twelfth annual return of the same officer is published dealing with the year 1866 as a whole. That year was noteworthy, as our readers will remember, for the prevalence of epidemic cholera and fever. The cattle plague was also rife. We therefore turn with interest to the returns, now that they are at length completed, and find as might be expected, that the mortality was high, although in other respects the year is a favourable one.

There were according to this return 71,348 deaths registered in Scotland during the year 1866, being at the rate of 22·63 deaths in every thousand persons in the estimated population. This was a death-rate considerably above the mean of the eleven previous years, which was at the rate of 21·46 deaths in every thousand persons.

In England, during the same year, the deaths were in the proportion or 23·61 in every thousand persons, being considerably higher than the mortality in Scotland, though below the English average, which was in the proportion of 22·24 deaths in every thousand persons.

The insular and mainland-rural districts had, as usual, a much lower mortality than the town districts. Thus, 2,664 deaths occurred in the insular, 34,314 in the mainland-rural, and 34,372 in the town districts; which indicates a mortality of 16·87 deaths in every thousand persons in the insular, 19·16 deaths in the mainland-rural, and 28·51 deaths in every thousand persons in the town districts.

Of the eight principal towns in Scotland, the mortality was highest in Dundee and lowest in Perth. Thus, of every thousand persons in each of these towns, there died during the year 22·8 in Perth, 24·3 in Leith, 27·5 in Edinburgh, 28·3 in Paisley, 29·8 in Glasgow, 31·0 in Greenock, 31·1 in Aberdeen, and 32·0 in Dundee.

As in former years, males died in higher proportions than females, seeing that in every thousand of each sex 23·74 males died, but only 21·63 females. The average of the ten years 1855-1864, shows that in every thousand of each sex there died annually 22·38 males, but only 20·41 females—a circumstance which of itself would go far to account for the increasing number of females in the population, even without taking into account the known fact that a much higher proportion of males than females emigrate to the colonies and America.

Table XXV. shows the striking fact, that at every consecutive period of life from birth to the 90th year, males died in higher proportions than females during 1866, with the single exception of children between the fourth and fifth years of age. Thus, during the first year of life, 16·200 per cent. of males died, but only 13·607 per cent of females. From birth to five years of age, 6·347 per cent. of males died, but only 5·70 per cent of females. From twenty to thirty years of age, 1·119 per cent. of males died, but only 0·928 per cent. of females. From forty to fifty years of age, 1·723 per cent. of males died, but only 1·442 per cent. of females. From sixty to seventy years of age, 4·441 per cent. of males died, but only 3·637 per cent. of females. At all ages, therefore, from birth to burial, the tendency of the male to death is greater than that of the female, and at no age was that greater tendency of the male to death more strongly shown than during the first year of life, when out of every thousand of each sex, 162 males died for every 136 females.

It is very instructive to compare the mortality, at each corresponding quinquennial period of life, in the mainland-rural and town districts, inasmuch as it proves, more forcibly than

any mere statement could, the greater waste of life which is attendant on a residence in a town. This destructive agency of the town on human life is not confined to any particular age, but extends to all ages and to both sexes. Thus, to instance a few examples, in every thousand males living under five years of age, there died 48·00 in the rural, but 90·60 in the town districts. From five to ten years of age there died 7·88 per thousand in the rural, but 12·68 in the town districts. From fifteen to twenty years of age, 6·87 per thousand died in the rural, but 8·99 in the town districts. From twenty to thirty years, 9·58 per thousand died in the rural, but 12·91 in the town districts. From forty to fifty years of age, 12·58 per thousand died in the rural, but 24·66 in the town districts. From sixty to seventy years of age, 36·14 per thousand died in the rural, but 65·97 in the town districts.

◆

Notes on Current Topics.

Samaritan Free Hospital.

On the Sunday after Ascension the Rev. J. W. Reeve, of Portman Chapel, preached two sermons, morning and evening, on behalf of the Samaritan Free Hospital. The preacher put forth the claims of this deserving charity in brief but forcible language, appealing to the published statistics of the hospital as the surest evidence of the good it was doing. The two collections amounted to the very handsome sum of upwards of £106.

University of London.

In the new examination for women, a list of successful candidates has been issued. The following is the honours division:—Louise Hume Von Glehn, private study; Sarah Jane Moody, private tuition; Eliza Orme, private study; Kate Spiller, private study; Isabella De Lacy West, Bedford College and private study; Susannah Wood, Ladies' College, Cheltenham.

Arsenic Poisoning at Wurtzburg.

Nearly 400 persons have narrowly escaped poisoning at Wurtzburg, a short time ago, by eating bread in which half a pound of arsenic had been accidentally introduced. The fatty matter with which bread was commonly eaten, such as milk and butter augmented the solubility of the poison, and consequently the graver symptoms of poisoning which are due to its slow absorption were rare. There was no case of death, but all the consumers of the bread were more or less seriously attacked.

Diagnosis of Cancer by the Microscope.

At the last meeting of the Pathological Society, on May 18th, Dr. Dickinson exhibited drawings of cells of encephaloid cancer that he had made from masses, looking like clots of blood that had been passed by the urethra.

The patient was a gentleman in excellent health, but annoyed at times by finding himself passing small lumps of clotted blood by his urethra. Some of these were brought to Dr. Dickinson, who, on examining them, detected cancer cells and declared the patient to have cancer in the urinary organs. This idea was at first utterly discredited, but by the end of two months the patient's distress had increased greatly, his general health had broken down, and he died, as was admitted, with every symptom of cancer of the bladder, although it was impossible to get leave to make a *post-mortem* examination.

In commenting on this important case Dr. Dickinson remarked how often he had sought in vain for the true cells of cancer in the discharge from cancerous sores; as for example, in the discharge from the vagina in cancer of the uterus. The cancer cells seemed to be destroyed in the discharge and so could not be detected.

So far as our own experience in these matters goes, we remember once to have found what seemed, to a most able microscopist and pathologist, true cancer cells in the expectoration from a case of throat cancer fatal shortly after, and which had got to the ulcerative stage when the examination of the expectoration was made. Prior to ulceration and disintegration of cancer it is not very probable that cancer cells will be found in any matter discharged spontaneously from the diseased surface.

Elevated Regions for Consumption.

At the last meeting of the Medico-Chirurgical Society, Dr. Weber read an able paper setting forth the advantages to be derived from prolonged residence in elevated climates. He showed how mistaken is the popular notion that cold is injurious to the consumptive, and following in the wake of Archibald Smith, Mühry, Hirsch, Jourdanet, and others accepted the doctrine that the sea-side resorts are not nearly so valuable as those of lofty regions. This doctrine has been rapidly growing lately, and some of our most able men would rather select mountainous districts where the cold of winter is severe, than let their patients go to the shores of the Mediterranean, or the valley of the Nile. Dr. Weber's conclusions on the question were as follows:—

1. That the elevated regions deserve greater attention in the management of consumptive tendencies and affections than they have hitherto received.

2. That they deserve this attention not only as summer, but even more so as winter, health resorts.

3. That without under-rating the value of maritime and other low-level health resorts, the elevated localities offer great advantages in case of early consumption and tendencies to consumption, in the disposition to catarrhal pneumonia, and the results of this disease, particularly the so-called tubercular (cheesy) deposits, and tubercular (pneumodic) infiltrations.

4. That in such cases the occurrence of fresh catarrhal and other acute intercurrent affections appears to be less frequent in high-level than in low level health resorts.

5. That the tendency to absorption and fibrous transformation or cicatrisation of deposits is promoted, and the tendency to the breaking down of tissues and formation of cavities is counteracted in elevated health resorts.

6. That the tendency to hæmoptysis is diminished, and not, as usually stated, increased, in elevated localities.

Dr. Weber concluded his paper with a tribute of gratitude to the late Dr. Archibald Smith, to whom he is indebted for much valuable information on medical climatology, especially with regard to elevated regions.

Railway Travelling.

Some statistical investigations of Dr. Wiegand, of Hallow, based upon the reports of thirty-eight companies, have been published, and the results for 1868 are as follow:—Of 11,125 engine drivers, stokers, and other officials travelling with the train, 119, or 1,072 per cent., died; while of the 43,853 other officials employed only 408, or 0,831 per cent., died in the same period. The rate of mortality is thus somewhat higher in the first than in the second class, though the difference is not enough to show that the occupation is more than usually unhealthy.

Royal Medical Benevolent Fund Society of Ireland.

The Annual Distribution of the Funds of this most admirable society will take place early in June, and at present the Central Committee meet two or three times every week for the purpose of considering the various applications for assistance from members of the Profession and their widows and children. At the last meeting the Treasurer (Dr. James Little) reported that since the 1st of March he had received the following sums :—

Subscriptions paid in Dublin	£ 74	2	0
Wicklow Branch per Dr. Nolan . . .	6	10	0
Sligo Branch per Dr. Lynn	6	10	0
Londonderry Branch per Dr. Babington . .	24	0	0
Clare Branch per Dr. Molony	10	8	0
Cavan Branch per Dr. Mease	7	1	0
Tyrone Branch per Dr. Thompson . . .	17	0	0
Belfast Branch per Dr. Browne . . .	69	0	0
Executors of late Dr. Frith, of Limerick . .	100	0	0
Interest on Investments per Dr. T. F. Duncan .	183	8	4
Donation from Dr. John M'Donnell, Dublin .	5	0	0
" " The President of the Pathological Society (Dr. M'Clintock)	20	0	0
Donation from John E. F. Jacob, Esq., Maryboro'	10	0	0
" " Dr. F. Henry Purdon, Belfast .	50	0	0
" " Dr. Charles D. Purdon, Belfast .	10	0	0
" " Dr. R. Stewart, Belfast . .	10	0	0
" " Dr. James Moore, Belfast . .	4	0	0
	£601	19	4

The Pharmaceutical Society's Conversazione.

The rooms, of the Pharmaceutical Society, Bloomsbury Square, were on the 18th inst., thrown open, in order to receive its members and its guests at the Conversazione. There was a large attendance, and the arrangements were complete and satisfying to all.

Objects of scientific and of general interest were displayed, together with the newest and rarest pharmaceutical preparations ; including, turacine (extract from the coloured feathers of the Corythaix albocristala) ; Targonium lakes, obtained from coal-tar. A salt produced by a chemical change effected in morphia, called Apomorphia, &c., &c.

Royal Society of Medicine.

It seems that the Amalgamation Scheme will be carried out, but we regret to find an indisposition on the part of those interested to modify such defects as discussion has brought out. The Medico-Chi or those who rule it, appears to have lacked the courage to take the bull by the horns and bring about what was wanted. They have therefore, tied themselves to certain other societies, in the hope by their aid of accomplishing what they desire. On the other hand, other societies, older,more numerous and more powerful, are quietly ignored. Unless some administrative genius arise we fear the change will be of little service. The mere putting a bandage round the separate limbs is not calculated to give new energy to the body.

Hospital Management.

We are assured that our late remarks have hit a blot in the management of Hospitals and Medical Schools. The public is as deeply interested as the profession in putting down the ridiculous rivalry that has produced so much waste of power and money. If the minor hospitals and schools of medicine persist in exclusive rules to gratify an inordinate vanity, there is but one way of terminating their jealour frenzy. By the mere force of their own folly they must be extinguished. The larger and more important charities must be supported—they will never be deserted by the public. Those too small to act uprightly, and only large enough to diminish the prosperity of the best must either be swept away altogether, or amalgamated with the largest centres of charity and instruction.

Charges of Assault Against Medical Men.

A case has been somewhat imperfectly reported in the papers, in which a verdict of £20 has been given as damages against a police-officer and a surgeon for an assault. The offence was committed by the making of an examination, with a view of ascertaining whether there had been recent delivery, the woman being charged with concealment of birth. It should be remembered that a medical man has no right whatever, to press any woman to submit to such examination. A doctor is not a public prosecutor, nor does it redound to his honour to assume such functions. He has no business to be seen in such affairs, except in the character of a medical witness, and as such his evidence should be impartial. How can it be above suspicion if he have taken apparently a side in the matter. It would be better always to refuse to be mixed up in such a case, *except at the request of the patient*, than to run the risk of a charge of assault, or let the professional man appear in the light of an informer.

Intern and Extern Maternities.

The debate at the Dublin Obstetrical Society on Dr. Evory Kennedy's paper was resumed on Saturday evening last, and created even greater interest and attracted a larger attendance than on any former occasions.

Dr. Sawyer, professor of midwifery, in the Royal College of Surgeons, opened the debate, and occupied the entire sitting in a jocular address in which occasional reference was made to the subject in debate. He said that he felt that the statistical argument of the question had been so thoroughly exhausted by previous speakers that he should not attempt to follow it. He admitted " that isolation of parturient women is one of the most desirable objects which could possibly be achieved," but conceived that the practical difficulties of Dr. Evory Kennedy's scheme were insuperable.

He exhibited a statistical return of the deaths which had occurred in the Coombe Hospital between the years 1861 and 1869, from which it appeared that out of 3,798 cases of labour fifty had died, or one in seventy-six, and of these thirty-three were from metria, and seventy-one from other causes, twenty-one of the whole number having been operated on. Dr. Sawyer proceeded to detail the circumstances of each case with the view of showing that many of them were not justly chargeable to childbed mortality. He concluded by reading a lengthy letter from Mr. Ferguson, of the Veterinary Department, respecting the influence of zymotics in the lower animals.

Dr. Sawyer's address extended beyond the usual hour of adjournment, and it was therefore necessary to postpone further debate until next Saturday, when Dr. Beatty, ex-professor of midwifery in the Royal College of Surgeons, will open the discussion, and the debate will probably be concluded. Dr. Evory Kennedy will not reply until the following Saturday evening.

The Health of Dublin.

In the Dublin Registration District the births registered during the week ending May 15th, amounted to 171. The average number in the corresponding week of the years 1864 to '68 inclusive, was 178. The death registered during the week were 120. The average number in the corresponding week of the previous five years was 147. The deaths from scarlet fever amounted to six, showing a decrease of eight as compared with the preceding week. Two deaths were referred to typhoid or enteric fever, and a like number to simple continued fever. Four deaths were referred to convulsions: the average number in the corresponding week of the last five years was ten. Bronchitis caused thirteen deaths, and pneumonia four. Six deaths were ascribed to paralysis, and two to apoplexy. Diseases of the heart proved fatal in ten instances, carditis and aneurism in one, respectively. Phthisis was the cause of twenty-two deaths. Five deaths were caused by liver disease, and one by jaundice. Nephria or Bright's disease caused two deaths.

Dr. Stevenson, the medical officer of the St. Pancras Vestry, in his report to that body, says that what are called "preventive diseases," such as scarlatina, typhoid fever, and small-pox, might have been very much reduced in their effects if some proper provision had been made by the vestry for the disinfection of clothing, &c. Of the three diseases above specified, 371 persons died in St. Pancras in 1868, and from fever 122 deaths occurred.

Professor Lister's observations on the Ligature of Arteries on the Antiseptic System have been issued in the form of a very beautifully got-up pamphlet, by Messrs. Edmonston and Douglas. There are three engravings. 1. Constituents of incipient abscess around the remains of silk ligature, 500 diameters. 2. Vessel, longitudinal section of diseased. 3. Some elements of fibro-plastic stricture of organized peritoneal ligature, 500 diameters.

The following Hospitals and Medical Charities have become entitled to legacies and bequests during the past week:—The Devonshire Hospital, a bequest of £250, by the will of the late Wm. Gibson, Esq.; the Royal Free Hospital, London, £100, by the will of the late Miss E. S. Kemp. By the will of the late S. Bostock, Esq., of the Stock Exchange, the Middlesex, King's College, University College, London, and the Seaman's Hospitals, each become entitled to £5,000, 3 per cent. annuities. The South London and Surrey Dispensaries also receive £1,000 each in stock, The Nottingham Hospital has not been forgotten by an old in-patient, Frederick Attenborourgh, formerly a private in the 3rd Dragoon Guards, who has recently died and bequeathed the whole of his savings (£4,200) to this Hospital as a mark of gratitude for kindness and skill bestowed on his case some fifty-three years since.

The eighth report of the Glasgow Dispensary for Skin Diseases, has reached us:—During the last twelve months, the number of new cases treated was 1,089; the total number since the foundation of the Dispensary in 1861, being 8,695.

Of these 8,695 patients, 3,406 were more or less of a contagious nature; and as almost all of them were cured, some idea is conveyed of the usefulness of the Institution in checking the spread of contagious disorders.

The number of students enrolled since the commencement of operations, has been:—1861, 1; 1862, 30; 1863, 20; 1864, 17; 1865, 41; 1866, 33; 1867, 34; 1868, 42; or 218 in all; and as this attendance is purely voluntary, it affords conclusive proof of their belief that the grouping together of certain classes of diseases in special institutions, affords instruction such as cannot be obtained in a general hospital.

The Dispensary is open once a week for the treatment of Aural Diseases. Last year 270 patients, representing 288 diseases of the ear, were treated.

◆

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

April 16, 1869.

(Continued from page 427.)

George H. Porter, Esq., M.D., President of the College, in the Chair.

Upon the 2nd March there was another relapse without any appreciable reason. At five p.m. I was sent for, and found him moaning and low, the pulse thready, in fact, almost gone. He was rallied by brandy and aromatic spirit of ammonia. At ten p.m. he was worse, the nose and face were again cold, the hands dropped over the side of the bed, and pulse barely perceptible at the wrist. He was gulping air, and borborygmi were audible in the bowels.

He was immediately given a lavement of two ounces of brandy with four grains of quinine and six ounces of strong beef tea.

Upon the 4th the bowels were discharging large quantities of black fœtid pultaceous matter, almost without appreciation by the patient, but still he could not be altogether regarded as passing involuntary stools. Upon the 5th he was removed into an adjacent large and airy room facing the south-west, so as to have the full benefit of the sun, and full support by day and opiates by night were continued as before; and he progressed favourably, with the aneurism decreasing daily in size until the 10th, when the extract from my note-book is as follows:

"Doing very well; taking food and feeling strong. The discharge, though large in quantity, healthy; and the urinary secretion normal. Patient taking twelve grains of quinine and two scruples of saccharated iron with half a bottle of Madeira daily, and a considerable quantity of essence of meat and brandy, also oatmeal stirabout for breakfast, which he eats with relish. Sleeps soundly under twenty-five minims of black drop; is 'self-confident and cheery.'"

Upon the evening of that day, a few hours only after such a promising condition being recorded, hurried respiration set in almost suddenly, with failing pulse and debility as before. No cause could be assigned for this change. To the stimulants now employed his system failed to respond, and he died quietly upon the 11th March, the twenty-first day after the operation.

The *post-mortem* examination was made twenty hours subsequent to death. The aspect of the body was very pale, but not of a bilious tinge, and the abdomen was somewhat distended by air. There was superficial lividity of the ends of all the toes upon the ligatured side, and a vibex containing purplish serum upon the heel of the same foot.

The wound in the abdomen was partially united below, but open towards its upper angle to the extent of an inch and a half, constituting the aperture through which, during life, the profuse discharge referred to had taken place. This opening led into a pocket-like cavity, extending upwards and downwards for twelve inches, and passing for some distance backwards, being formed between the integuments of the side and the muscles and parieties of the chest, which were dissected bare, the cellular tissue uniting these structures having all broken down and degenerated into pus, under the diffuse inflammation, to an extent corresponding to the space limited by the strapping with adhesive plaster. The walls of the abdomen, upon being incised from the ensiform cartilage to the pubes, presented a mass of yellow fat, quite in excess of what might have been anticipated from inspection of the patient during life or of the body after death, and now accounting for the unusual quantity met with during the operation. The hollow viscera were all perfectly healthy, and there was no trace of peritoneal inflammation throughout the intestinal tract.

Upon removing the viscera from the abdomen, the aorta and the common and internal iliac arteries upon the right side were found healthy in appearance and natural in colour; but the external iliac resembled a vein, being filled above and below the site of ligature with semi-fluid, black-coloured blood, extending as high up as the bifurcation, and downward as far as the commencement of the aneurismal sac.

Upon tilting up the artery it was found to contain nothing but a little dark semi-fluid blood; no fibrine plug, such as would be necessary for occlusion of the artery and suppression of hæmorrhage, existed either in the cardiac or the aneurismal side of the ligature. The heart was small in size, but loaded with external fat, whilst in structure it was so soft that the finger passed without resistance through the substance of the left ventricle. The aorta, above the origin of the semilunar valves, and for some distance downwards, was the subject of atheromatous deposit. Both kidneys were enveloped in fat and very soft, with the capsule of each peeling off most readily. Upon removing the sac of the aneurism from its site in the femoro-inguinal and adductor region, there was not any erosion of either the pubis or femur, or injury from pressure upon the capsule of the joint.

I feel, Mr. President, that I have been tedious in detailing this case; but I know that in this society, where everything relating to the treatment of aneurism has been so certainly determined through the patience with which the subject has been investigated by its members, that I shall be pardoned, and my concluding observations shall be brief.

The cast, the drawing, and preparation, are all before you, and speak for themselves.

The disease will be seen to have originated in consequence of fatty degeneration, and the same reduced condition of the system prevented recovery, and indirectly led to death.

That pyæmia, or suppurative fever, was the immediate cause, is undoubted, but, had the patient survived longer, and lived until separation of the ligature took place, death from profuse secondary hæmorrhage must have instantly ensued, for there was no barrier whatever between the ligature and the heart, and nothing to prevent the collateral circulation pouring out its blood through the patent epigastric and circumflex ilii arteries into the wound.

In recording the treatment from day to day I have dwelt at length upon the dietary and stimulants given, as well as the medicines prescribed, together with the supply of pure air and oxygen and sun afforded to the individual, in order to show how fully his system was supported, and how totally the ordinary elements favourable to blood poisoning were absent, and yet death from CONSTITUTIONAL tendency supervened.

The practical point to be adduced from the consideration of this case is the treatment to be adopted in any similar one that may occur.

Supposing that after a full and fair trial by compression, such as was in this instance adopted, consolidation of the aneurism does not follow, is the ligature to be employed without further preface? I would say no; but, in accordance with the suggestion of Doctor L'Estrange, that venesection to the extent of a few ounces should be adopted for the purpose of testing the crassamentum, and thereby the condition of the blood, and that if the blood remains semi-fluid, tarry, and black, then that the taking up and tying of the vessel with a ligature should not be resorted to, but that the clamp lately introduced by Mr. Porter should be placed upon the vessel for forty-eight or seventy-two hours, and then removed. All that the ligature can effect towards the production of consolidation of the contents of the sac is thereby produced, and if the blood will not solidify, then no injury is produced upon the vessel when arrest of circulation has been made, its coats, as experience has proved in Mr. Stokes's case, being neither cut nor influenced in any way that would lead to the production of secondary hæmorrhage, so that the patient, apart from the immediate effect of cutting down upon the vessel, is in exactly the same condition as prior to the operation.

The injection of perchloride, or other preparations of iron into the sac, as well as the practice of galvano-puncture, have been so generally fatal, that I should hesitate in yielding to the wishes of the patient or his friends before adopting either, and should not recommend its adoption.

The PRESIDENT was sure the society would agree with him, that rarely had a more interesting or practical case been brought under their consideration than the one just read by Mr. Tufnell. It was a subject that would always be interesting to Irish surgeons. He took that opportunity of thanking Mr. Tufnell for his kindness in permitting him to see the case when it was being treated by compression; when he deligated the artery, and when the *post-mortem* was being made. The point referred to by Mr. Tufnell, and first suggested by M. L'Estrange, was one well worthy of deep consideration namely, the examination of the blood in these cases. They found that some cases of aneurism when treated by compression, would get well in a few hours; while in others no matter how perseveringly treated there was no tendency in the blood to coagulate in the sac of the aneurism, and if they gave up compression and adopted the ligature the same thing exactly occurred. It might therefore be well worth trying by a close chemical or microscopical examination of the blood whether some means might be found of placing that fluid in a condition favourable to coagulation.

Mr. STAPLETON said they were all deeply indebted to Mr. Tufnell for the lucid manner in which he had explained this interesting case. There did not appear to have been any examination of the blood in all operations. He had seen men with cavities in the lungs operated on and live for years afterwards, but if a patient had albuminous urine the surgeon would probably fail in having successful results after his operations. The urine therefore, should be attended to above all things. Mr. Tufnell thought this man died of suppurative fever. That was a wide term, but he (Mr. Stapleton) did not think the man showed any symptom of it. The great symptom of suppurative fever was that it was always ushered in by intense rigors followed by profuse sweating, and accompanied sometimes by an eruption. He would look on the present case as one of diffuse inflammation occurring in a man affected with Bright's disease of the kidneys. That was quite a different thing from a man having suppurative fever or pyæmia. No doubt the disease which, in his opinion, caused the man's death was a sort of low inflammation or diffuse cellulitis resulting from a blood poison. He had seen several cases of phlebitis, and he found that the inflammation took place external to the vein. He had a case in Hospital where the saphena vein was as thick as his little finger. The man had been put on mercury, salivated, leeched, and treated in a variety of ways. He (Mr. Stapleton) treated him with the muriated tincture of iron, and nourished him. He had seen abscesses occurring outside the vein, and had seen them ulcerate near the vein, and in this way pus has been carried into the circulation. In suppurative fever the blood during life was more than ordinarily coagulable, whereas after death it was peculiarly fluid. If this man had pyæmia, his blood would be in a more coagulable state and there would have been some attempt at coagulation.

Dr. MAPOTHER thought as in cases of aneurism it sometimes happened that the greatest care and skill failed to produce any clot in the artery, this might probably depend on the state of the blood, and therefore he thought the suggestion thrown out by Dr. L'Estrange was of the greatest possible value. No doubt the examination of the urine was of great value, but he always thought the most important fact to determine, with regard to the urine in Bright's disease, was not the presence of albumen but the relative want of urea in it. If for instance, but one-third of the normal amount of urea was found in the urine of a man suffering from an aneurism, there would be evidence that the remedy ought to be directed to the blood with a view to bring it to such a state as would be favourable to coagulation. With regard to the case of aneurism he was of opinion that it must be produced by total stoppage of the circulation to cause coagulation. It was desirable he thought to keep the sac as full as possible, and perfectly still. Coagulation of the blood depended on the going off of the volatile matter which it contained, and therefore it was important that no fresh blood should be allowed into the artery. The sac being kept full and perfectly at rest coagulation would occur in it just as it would if the blood were removed from the body.

The **President** asked Mr. Tufnell how much blood would he take for the purpose of examination.

Professor **Macnamara** asked, did Dr. Mapother think it essential to occlude entirely the current of blood to succeed in curing the aneurism. He should be sorry to agree with him, for he had seen cases in which the blood was never entirely coagulated, in which a small current of blood continued to pass through the tumour, and these were among the most successful cases he had ever seen. Although it was desirable to occlude the blood entirely, he could not subscribe to the doctrine that it was essential. The whole world looked to Dublin as the centre from which was to come all that was known of the treatment of aneurism by compression. It was remarkable that in other places they did not succeed in that method of treatment as they did in Dublin. He remembered speaking to Mr. Paget on the point, and that gentleman wound up by saying that the Dublin surgeons seemed to understand this subject better than it was understood elsewhere. He repeated that he should be sorry to hear it laid down as a *sine qua non* that success in the treatment of aneurism by compression was due to the complete occlusion of the sac.

Dr. **Hewitt** referred to the advantage of the clamp recently introduced by Mr. Porter over the ordinary ligature. The latter produced total disruption of the inner coat of the artery whereas Mr. Porter's apparatus produced no abrasion of the internal, middle, or outer coat. A slight paleness of the internal coat of the artery was the only effect produced by the application of Mr. Porter's clamp; and he hoped the instrument would receive further trial at the hands of the profession.

Dr. **Darby** said he had heard that evening much that was new and interesting. As to coagulation of the blood he remembered, when a student in the Richmond Hospital, hearing Peele say with respect to a patient suffering from purpura hæmorrhagica who had been given up by the surgeons as hopeless. "Bleed him my dear, it is the only chance; it will cause coagulation of the blood. If you dont get coagulation of the blood he will die, but if you bleed him you will produce a disposition to coagulate for the blood is a living fluid." The late Dr. Macartney always impressed on his class that the blood was a living fluid; and at that time people did not talk about chemistry and the microscope as they did now. He had heard Mr. Abraham Colles say, "If you dont get blood to coagulate in the treatment of aneurism you can't cure it." Mr. Tufnell had happened to get one of those unfortunate cases that nothing could have saved. He (Dr. Darby) had tried bleeding in another case. He never saw so bad a subject. The man was fifty years of age, pallid, said to be dropsical, of relaxed fibre and bleeding to an enormous extent. He recommended the man to be bled and he was bled four or five times, and recovered from acute hæmorrhagica. That, however, was in the days when bleeding was prevalent.

Mr. **Tufnell** in reply said, there was nothing in the appearance of the urine or in the other symptoms to lead one to suspect disease of the kidneys; and although they were very fatty he thought if the urine had been examined it would have been found to be healthy. There were no rigors, no sudamina, but there was chilliness. As to what Dr. Mapother said about stoppage of the circulation being necessary, he should like to stop it completely, but in the thoracic and abdominal aorta it was not always possible to do so, nor was it always desirable. He had heard of a case of double thoracic aneurism, when death was caused by the aneurism being cured. The man lived as long as the main current was fluid, but when the tumour became solid it pressed on the trachea and caused death. In another case which could be seen in their museum, an aneurism, unsuspected during life, was found after death to have been cured, in consequence of the state of quietude in which the patient had been kept. The individual had been obliged to lie quiet in consequence of ascites, and rest favoured coagulation and cure of the aneurism. He could have thought six ounces of blood would be the utmost that ought to be taken from the patient for the purpose of testing it, but from the practical observations of Dr. Darby there might be no harm in exceeding that amount. He considered that with a view to fibrinization it was not necessary to have direct occlusion of the vessel.

STRANGULATED FEMORAL HERNIA.

Dr. **Darby** read the following case:—John Martin, aged sixty-seven years, was admitted to the Rathdown Infirmary, on the night of the 26th March, 1869, complaining of constipated bowels, vomiting, and cramps. He had a turpentine enema which was followed by a copious solid feculent evacuation. 27th. Eleven o'clock, a.m., I first saw him, and found he had a suffused anxious expression of face, hot skin; furred dry tongue; could not feel pulse at wrist; but found it 90 in the left femoral artery. The abdomen was tumid and tender on being pressed, a tumour the size of a walnut was discovered in the right groin, it was not painful or tender to the touch. Considering it to be a hernia, I endeavoured to reduce it by taxis, without effect. He bore the manipulation without complaining of pain. He stated that some years ago the late Dr. Hutton had told him he had a rupture, and had advised him to wear a truss, but that as the "lump" had not been at all troublesome, he had never applied a truss. However, he stated that on one occasion he had laid down, and put up the "lump" with his own hands. He further stated that on Wednesday, 24th instant, about forty-eight hours before admission to Hospital, he had, while lifting a heavy weight, felt pain in the tumour, and became faint, and shortly afterwards vomited. These symptoms increased to the time of my visit. At six o'clock, p.m., I opened the sac, found it to contain omentum attached to the sac throughout its whole surface by old membranous adhesions. I passed my finger completely round the protrusion, tearing up those adhesions, and introducing a director into the ring, carried it round the strictured neck, and then little by little, I, with my fingers returned the protruded omentum completely into the abdomen, dressed the wound and gave him thirty drops of laudanum, with directions to repeat the dose in six hours if he did not sleep.

It is not necessary to occupy the society with details of symptoms and treatment further than to say that on the 29th he passed flatus per ano, refused to take the opium draughts, or calomel and opium pills ordered; that turpentine fomentations were applied frequently, and poultices constantly to the abdomen; that he had a shaped natural stool on the 30th, without any purgative having been adminstered either by the mouth or the anus; and that he died on the morning of the 31st.

A *post-mortem* examination showed that the protruded part had been fairly returned, that the wound was in process of healing, that no trace of peritoneal inflammation was observed; but that extensive enteritis existed, the whole tract of the intestinal canal being covered with enlarged arborescent vessels, was of a deep rose colour, with occasional patches of deep red, and a portion of the ilium was thickened, contracted, and nearly black. This portion I produce, and although it has lost the contracted condition, and to a great degree the dark colour, it still retains sufficient of those characters to enable you to perceive that gangrene, if not actually present, was not far distant.

My reason for trespassing on the time of the society with this single case is, that it exemplifies even more strongly than did those cases brought under the notice of the Surgical Section of the British Medical Association by me at Oxford last August, the practicability of reducing strangulated hernia without dividing a single tendinous fibre, and that it affords a more confident hope that it will be found by other surgeons to possess the great advantage of rendering a difficult and dangerous operation more simple and more safe; and that hereafter the reproach of having in any degree contributed to the formation of those enormous and irremediable protrusions which have hitherto occasionally resulted from the too free division of those tendons shall not attach to any members of our profession. I cannot conclude this paper without informing the society that on a recent occasion, when Mr. Stokes brought a case of strangulated hernia under your notice, my much lamented friend Mr. Maurice Collis, whose untimely removal from amongst the distinguished surgeons of Dublin, I, in common with all who had the privilege of his acquaintance, deeply deplore, informed me he had a short time previously operated for strangulated hernia, in the North of Ireland, without dividing the stricture; and that the case had terminated so favourably and so much to his satisfaction, that he should in future adopt that mode of operation.

Mr. W. **Stokes** observed that he attended at the Richmond Dispensary during the distribution of trusses, and saw all the cases of hernia which were presented there, but he had not seen any of those cases of large extrusion of the intestines to which Dr. Darby alluded as a consequence of a too free division of the tendinous structure. He did not think such cases were very common, and when they did occur the fault was that of the operator and not of the operation. They had to elect between one of two evils—the division of the peritoneum, and the division of the rings. It was a fact that a vast number of these cases could be reduced without dividing any fibres. They should, therefore, always endeavour to effect that object in the first instance, and if it became necessary to divide the fibres they should divide as few of them as possible.

Mr. **Stapleton** said if the hernia had been down for any time, the danger was that the tendinous parts might cut through the peritoneal coat of the intestine and if the least force was used in attempting to reduce the hernia, the intestine became ruptured. In a case under his care the hernia had been down for a week; the stricture was divided, and the hernia reduced, but in four days afterwards the man had a violent fit of coughing, and the intestine gave way where the peritoneal coat had been divided by the pressure. The greatest caution was therefore necessary in manipulating the parts in those cases where the strangulation had existed for several days, and when the operation of dividing the stricture had been resorted to.

Dr. **Darby** in reply, said he wished some of his friends in Dublin would try the mode of operation which he recommended. He could assure Mr. Stokes, that old practitioners like himself, did sometimes meet with cases where the operation had been in fault. All standard works on the subject are against dividing much of the stricture, but the most careful operator might sometimes divide more than he intended; and the division of the stricture embraced the whole of the important steps in the operation. Any man who was at all careful could open the sac, and he advocated the opening of it for that reason. He had no fear of peritonitis as the result of that operation, and as a matter of fact peritonitis was not the usual cause of death in these cases. In the whole course of his experience he remembered only one or two cases in which peritonitis had followed the opening of the sac. Death in these cases resulted from a variety of causes, intense enteritis, paralysis of the bowel, &c. As to the tension of the edge to which Mr. Stapleton referred, it existed in every case, and it would be a bad thing if it did not. He had operated a good many times for strangulated inguinal hernia, and on looking back over them all, he thought there was not one which might not have been reduced without dividing the stricture. He had operated twenty-four times altogether, and up to the last seven cases he had always divided the stricture. The tendinous stricture once divided was never repaired, and if the opening were made too large, an injury was inflicted on the patient from which he would never recover. He therefore avoided dividing the stricture in these cases, and adopted the operation of opening the sac.

The meeting then adjourned.

◆

Literature.

SEWAGE.*

Among the numerous questions clamorous for answer in the present day are, what to do with our criminals? and what to do with our sewage! In both cases we have to deal with the refuse and off scourings of humanity; but, as we cannot deal with each exactly on the same principles, we will leave the first to the care of those who fondly imagine they can do great things by an appeal to moral feelings long since extinct, and proceed to draw attention to the useful little pamphlet of Dr. Simpson, on the sewage question now before us.

Commencing with a short notice of the views that have already been put forward, and after alluding to the dangers and disadvantages of imperfect drains, Dr. Simpson refers, on his 5th page to Dr. Hawkesley, and his pamphlet in favour of the dry earth system, as being so valuable in saving manure as well as in preventing the pollution of rivers and water courses by liquid sewage.

In China, where the dry earth system is carried out in great perfection, all human excreta being removed twice a day, and mixed with earth, it appears that "the soil for upwards of three thousand years has never decreased in fertility, the fields yield a crop twice a year and never lie fallow." This is because in China they return to the soil the matter taken from it instead of pouring them away to waste and thus the soil does not become exhausted.

It appears that so far as the dry earth plan of sewage, invented by Mr. Moule, has been fairly tried in this country it has been quite a success; on this point there is abundant testimony from Wimbledon, Broadmoor, Lancaster Prison, and other places.

To us, however, it has always seemed a matter of difficulty to apply the dry earth plan in large towns, on account of the amount of labour entailed in the carriage to and fro of the earth.

This point of the practicability of the dry method is noticed by Dr. Simpson at page 11. It is their stated, on the authority of Dr. Hawkesley, that taking a town of 3,000,000 persons dwelling in 500,000 houses, and dividing these into 500 sections of 1,000 houses each, and each of these sections again into ten sub-sections, that a man and boy, with waggon and horses, would suffice for the requirements of each sub-section. On this plan it seems by rough calculation, that in the case of Manchester and Salford, 850 waggons would be required for the work of removing the excreta of 500,000 persons.

Whether this amount of labour would actually suffice, practice alone can determine; but when the nature of the business is regarded, and the time it must of necessity occupy, we still remain in the conviction that it will never be found to supersede the liquid sewage plan in the large towns of this country.

The fact that the liquid sewage can be turned to most profitable account in agriculture is well shown by the experiments on the farms at Barking and Aldershot.

In villages the dry earth plan is well worthy of trial; it would supply first-rate manure for the farmers, and prevent that pollution of the wells which is so constantly causing outbreaks of fever in country villages.

The remarks of Dr. Simpson on sifted ashes as a substitute for dry earth as a disinfectant, are worthy of notice, and he introduces at the end of his pamphlet some remarks by Dr. Rolleston on "Disinfection" which appeared in the *Lancet* of March last.

◆

CONSUMPTION.*

The subject of climate has been perhaps more thoroughly ill-treated than any others, from gentlemen, who having attained their degrees, have taken a six weeks' scamper through a few popular resorts have come home, looked wondrous wise and retailed the ridiculous stories imposed upon them. Another set of books have been written by adventurers who having pitched their tent in some town, have trumpeted it forth as the *El Dorado* for invalids. Of quiet, unobtrusive observation, there cannot be too much, and gentlemen of the stamp of the author, whose book we now direct attention to, cannot better serve the profession and the public than by the publishing of their impressions. We have read Dr. Thorowgood's work with much pleasure. It abounds in common-sense views tersely expressed. He places a certain amount of reliance on climate, but is by no means, inclined to forget that in availing himself of such influences, he only places the patient in a favourable condition. He has added to his book a very useful chapter on the diet and regimen of the phthisical which embodies all that need be explained to the patient under this head. Dr. Thorowgood strongly believes in bracing, as distinguished from sedative, climates for consumptives, and there is no doubt that this opinion will soon be universally adopted. The growing tendency to try cold climates and high latitudes is proof of this. At the same time, there are many other diseases, and also there are certain conditions of phthisis in which a sedative air is absolutely required, and a bracing one cannot be supported. It is a great merit of this book that it is not confined to the few Mediterranean coast towns which can only be the resorts of the few, and the evils of which have been so fully exposed in our columns this year. We find some very sensible observations on the resorts of our own "tight little island," and we are inclined to believe that the tendency to go abroad will soon be diminished. Those who have not tried such bracing places as Malvern and Harrogate, have no idea what their pure bracing air can accomplish in restoring a frame debilitated by disease or overwork. Then again,

---

* What shall we do with our Refuse? A contribution to the discussion of the Sewage Question. By Henry Simpson, M.D., Lond., Physician to the Manchester Royal Infirmary, and Lecturer on Pathology at the Manchester Royal School of Medicine.

* The Climatic Treatment of Consumption. By J. C. Thorowgood, M.D., 3rd edition. London: H. K. Lewis.

Buxton, Scarborough, Cheltenham, Scotland, and our eastern and southern coasts contain a marvellous variety of good resorts for all seasons of the year, which are only undervalued because they are so near. Dr. Thorowgood relates a very interesting case of a patient having been advised to go to continental resorts, but in consequence of the medical men not agreeing about the particular place, he took the law into his own hands, and in spite of warnings of certain death, went for the winter to his own shooting-box in the bleakest part of the Norfolk coast. His disease was at once arrested, and he still lives to prove the fallacy of the idea that the English climate, even its east coast, is necessarily injurious.

Another case nearly as striking, is recorded, and we commend this view to the candid consideration of all. Another point we would name that must have been noticed by those attached to our consumption hospitals. The out-patients who come in all weathers in the worst winters, do not suffer so much as most would imagine. They often do much better than the rich who shut themselves in doors in bad weather. What is the moral? Is it not that roughing it out of doors is the way to arrest the disease even at the risk of setting up local irritation? It is of great importance that cases should be carefully distinguished, but if all were to be subjected to the same routine let them all rough it.

It is a popular mistake to think that consumption is worse in Great Britain than elsewhere. These islands, according to the latest investigations, do not suffer in any disproportion from other countries and much less than some of the climates to which we have known patients sent. Facts of this kind are of the greatest value, Clearly climatology is in its infancy. It has not been studied with the attention it deserves, and even when it is, we should not forget how secondary climate is to many other considerations.

With the advances that are being made in our knowledge of consumption, we may hope that some advance in this department may also take place.

◆

Correspondence.

REPRESSION OF QUACKERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir—Having seen in your valuable periodical for the 3rd of March, a leading article on the Repression of Quackery, and having given a good deal of attention to the subject, I have come to the conclusion at which you have arrived, that it is in the power of the profession to effect that object, but there must be good arrangement and well directed efforts. Nothing can be effected without a society, and I should think that the first step towards its formation would be the assembly of such physicians and surgeons as are favourable to the movement, in London, Bristol, or other convenient locality, and the appointment of a committee and secretary.

The first thing the committee would have to do would be to send a circular to every physician and surgeon in England and Wales, setting forth the benefits to the profession likely to result from the operations of the society and requesting subscriptions; a shilling from every practitioner would amply suffice for the establishment of the society, and the repetition of that subscription once in two or three years, would be sufficient to maintain it afterwards.

Supposing the society to have been formed and the committee to be in good working order, let them commence operations by drawing up a petition to the legislature, praying first, that a court be established for the trial of all causes in which one party charges another, whether connected with the medical profession or otherwise, with having obtained money for the cure of a disease which he has failed to cure, and secondly, that before any person is allowed to take out a patent for any kind of remedy intended for sale, he should be compelled to pay into the treasury a sum of money sufficient to compensate any party who shall have proved in a court of justice, that the patentee has obtained from him, money on pretence of curing the plaintiff of a disease he has failed to cure.

Again, when a neighbourhood is inundated with advertisements declaring that a certain patent medicine has proved a certain and speedy cure for some serious disease, in ten thousand instances, and that numerous testimonials to its efficacy have been sent to the patentee, let two members of the society go to the vendor, purchase some of the medicine, and then request permission to examine some of the testimonials.

Should these prove to have been written by persons residing in distant places, the members should inform the secretaty of their proceedings, and it will then be his duty to write to members residing in those localities, requesting them to visit the parties who have testified to the efficacy of the medicine, and ask them such questions as the occasion may suggest; they should then report the result of their enquiries to the secretary.

That gentleman should also send some of the medicine to a member who has a taste for analytic chemistry, requesting him to analyze it, and report to him the result of his labour.

As empirics are in the habit of enhancing the value of their remedies by asserting that they have been in use many years. Application to the Patent Office might be made, the date when the patent was applied for ascertained, and thus the truth or falsehood of the assertion be decided.

The society should arrange with the medical officers and governors of hospitals to have patients labouring under those dangerous and incurable diseases which quacks boast they can cure with such marvellous facility, treated with their remedies, the patentees being invited to attend and observe the effects of their remedies.

Of course, great discretion would have to be observed, and no patient should be made the subject of experiment against his, or her, will.

Perhaps the most influential agency that the society could set in motion for the accomplishment of its object, would be the appointment of a lecturer who should visit towns and cities, and at each deliver a popular lecture on quackery, quacks, &c., but the materials for the lecture, which are abundant, I will, with your permission, give in another letter.

I am, Sir,
Your obedient servant,
Bristol. C. Griffith.

◆

THE DIALECTICIANS AGAIN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I perceive in your last number an article on Prostitution, which calls for some remarks from myself as touching the question of Population. Fully concurring with Dr. Drysdale, in his objections to the introduction of the Continental System of dealing with syphilis amongst our civil population, and in his appeal on behalf of the poor half-starved work-girls, I feel bound to protest against his insinuating the fallacies of Malthus and Mill. I feel for the shade of Whateley, dragged as it is into such unseemly company; but this penalty his memory has to pay for being tainted with the sin of Malthus.

Let Dr. Drysdale tell us how he proves that prostitution is occasioned by large families. I think, as to poverty, I have demonstrated in my recent paper in the Medical Press and Circular that it is the cause rather than the effect of redundant population.

Let Dr. Drysdale tell us how early marriages are to be managed so as to be childless, or nearly so; does he wish to borrow from Marcus Zand; will he not afford that eminent father in the school of philosophy of which he acknowledges himself an humble disciple, a niche in his temple of fame by the side of the *illustrious* Malthus?

Perhaps Dr. Drysdale will also tell us how the facility of divorce will act as a check on the fruitfulness of marriage. One would expect *a priori* that married couples anxious to be divorced would be less likely to have large families than if the opportunity of remarrying were afforded to them both.

I would once more entreat the medical profession to give their attention to this subject, and not allow infantile murder (whether before or after actual parturition) to be gradually insinuated into fashion, and I cannot refrain from the expression of indignation that a member of our profession, in the position of Dr. Drysdale, should become a party to the inculcating of doctrines of such questionable morality.

I remain, Sir,
Yours, &c.,
Ewing Whittle, M.D. Lond., M.R.I.A.,
Lecture on Jurisprudence to the
Liverpool Royal Infirmary School of Medicine.

Liverpool, May 24th, 1869.

Medical Gleanings.

POST-MORTEM APPEARANCES IN CHOREA AND EPILEPSY IN AN IDIOT.

M. Villard narrates (*Gaz Méd de Paris* No. 4) at length the post-mortem appearances of the brain of an idiot subject to epilepsy and chorea, who died at the age of ten years. The cerebal lobes were asymmetrical, and there was a cyst at the base of the brain.

VENESECTION FOR THE ARREST OF UNAVOIDABLE HÆMORRHAGE.

Dr. C. C. F. Gay of Buffalo, N. Y. (*Am. Journ. Med. Sciences*), claims that venesection, as one of the means for the arrest of unavoidable hæmorrhage, will beyond a doubt, at least in a majority of cases, arrest uterine hæmorrhage. He publishes several interesting cases in proof of this treatment.

IODIDE OF SODIUM IN LEAD POISONING.

The iodide of sodium is advised by M. Rabuteau in treating lead poisoning, instead of iodide of potassium. The former is as active an eliminant as the latter, and no ill effects are produced.

SULPHUR IN THE TREATMENT OF CROUP.

The use of the perchloride of iron, and of the bromide of potassium has been much advocated of late in the treatment of croup and diptheritic angina. The flour of sulphur, which had already been pointed out by different writers as an excellent remedy in similar cases, is now spoken of in most laudatory terms by a French writer, Dr. Feyreigne, of Toulouse, in whose hands it produced most wonderful effects. Dr. Feyreigne only recorded one case, but it was a peculiarly bad one. The patient, a little girl of four years, was in a dying condition with intense diptheritic angina, when the administration of the flour of sulphur brought her back to life, the dose employed was five grammes of sublimated sulphur to one glass of water ; a teaspoonful of the mixture to be given every hour.

CINCHONA IN ALGERIA.

We read in the *Cosmos* that the attempts that have recently been made to introduce into Algeria the cultivation of the cinchona tree will probably be attended with success. Analyses of the bark of the cinchona tree thus cultivated have shown that the alkaloids which constitute their medicinal properties are quite as abundant in these specimens as in others coming from the usual sources.

CORPUSCULA TACTUS.

Rouget in a recent number of Brown-Sèquard's *Archives de Physiologie*, describes some new researches into the structure of the minute corpuscles found on the termination of the peripheral nerves. He calls to mind the discovery of the corpuscula tactûs, by Wagner, in 1852 ; of similar cospuscles, by Messner, in 1853, and of others of a like kind found by Kranse in the conjuntiva and in the mucous membrane of the lips, mouth, tongue, penis, and clitoris. In structure all the corpuscles consist of a central nucleus, a sheath, and a nerve fibril. The sheath is always composed of connective tissue ; the nucleus sometimes consists of connective substance in a hyaline or granular form, and sometimes of nerve substance ; and the nerve fibril makes a close spiral coil around the corpuscle.—*Journal of Cutaneous Medicine.*

OIL OF TURPENTINE IN TRAUMATIC ERYSIPELAS.

Professor Lücke of Bern (*Berliner Klin Wochenschrift*), believes that the local application of oil of turpentine in traumatic erysipelas is very beneficial. The redness disappears in two or three days, and the temperature falls in a remarkable manner under this treatment. By rubbing in the turpentine, rather than pencilling with it, the effect is more rapidly produced. No local irritation results from the application of the turpentine, the patient only complaining of a temporary feeling of burning.

LARGE DOSES OF INDIAN HEMP VALUABLE IN TETANUS.

S. G. Chuckerbutty relates (*Indian Annals of Medical Science*) the results of this treatment in thirteen cases. Death occurred from tetanus from six of the cases ; the others soon recovered from tetanus, though of these three died ultimately from other diseases. Hemp was given in thirty to forty minim doses of the tincture every two or three hours.

SYRUP OF CODEIA IN WHOOPING-COUGH.

A writer in the *Journal für Kinderkranheiten* mentions that melon syrup, containing codeia, is regarded in Italy as a specific against whooping-cough. It is used in other convulsive coughs in children, especially those which are the sequelæ of acute inflammations ; also in the nervous, hacking cough of pregnancy in nervous and sensitive women.

PARASITE IN VACINE LYMPH.

In the fluid of true vaccine lymph, Dr. Haller, of Jena, found large quantities of red or reddish-brown microccocus and mycothrix chains. The particles of the former are so small that even with a magnifying power of 1000 linear they still appear as mere points. When cultivated on the various soils a variety of fungiform growth appear, which, however, all belonged to one species, and formed the following series :—1. Acrospores, corresponding to the Aspirgillus glaucus of Link. 2. Thecaspores the Mucour mucedo of Fresinus. 3. Anaërophytic spores—that is, the Ustilago carbo of Tulasne. 4. Frutification which is the Eurotium herbariorum of Corda. 5. Pycuides, with the subordinate forms, Torula rufescens, Botrytis Jonessi, and Cladosporium.

The micrococcus appears to proceed from the Torula rufescens or Oidium lactis. This torula and its highest state of development, the botrytis, prefer dark places. The eruotium also thrives best in darkness, which is interesting in connection with observations made to the effect that variola heals up without a cicatrix in the dark, and with the observation of Herr. v. Bulmerincq, that direct sunlight soon renders vaccine lymph inoperative.—*Med. Record.*

PROPOSED MONUMENT TO HARVEY.

The *Folkestone Chronicle* publishes the following remarks :—

"That a prophet hath no honour in his own country" is an axiom that has probably never been more fully exemplified than in the instance under review. Dr. William Harvey, the discoverer of the circulation of the blood, was a native of this town, having been born in April, 1578. Dr. Edward Jenner, who made the important discovery of vaccination, was born at Berkely, in Gloucestershire, in the year 1749. Of these two men, probably two of the greatest benefactors of mankind who have ever lived, how different have been the marks of appreciation received at the hands of their fellow men, of the valuable services rendered by each of them to posterity. Public recognition of the invaluable discovery of vaccination, by which thousands, nay millions, have been preserved from the miseries caused by that more distressing malady, small-pox, to which "all flesh is heir," has not been wanting either in England or on the Continent ; for in addition to the large British Parliamentary grants of the sums of £10,000 and £20,000 voted to him at different times during the lifetime of Dr. Jenner, a National Institution called the Royal Jennerian Institution for the promotion of Vaccination was also founded in London in the year 1803, and a statue, subscribed for by all nations, has, in the present half century, been erected to his memory in Trafalgar square, London. Not many years since another statue was also subscribed for, and unveiled by our neighbours on the other side of the water ; and during the lifetime of the First Napoleon, too, so deeply was he impressed with the importance of the services rendered to mankind by Dr. Jenner, that at his request he liberated Dr. Wickham when a prisoner of war, and subsequently whole families of English, making it a point to refuse him nothing that he asked.

On the contrary, has anything like this ever been done for Dr. William Harvey ? or must it be said of him—as great, if not a greater benefactor to the science of medicine than Dr. Jenner—that because he first saw the light nearly two centuries earlier than his confrère, the public have been so slow to recognise the value of his many years of labour and thought, aye even the sacrifice of his own precious life, in the interests and welfare of his fellow man, that neither at home or on the Continent, or even here, the place of his birth, has a memorial of any description ever been raised to his departed worth ; will the British public and our own townsmen then not learn with considerable chagrin and shame, that it has been left to our countrymen at the Antipodes to be the first to show their sense of the incalculable benefits conferred upon the human race by his invaluable discovery of the Circulation of the Blood; and that in the adornment of the House of Assembly in the City of Sydney, a niche was found for a statue of Dr Harvey, among twenty-four of the most celebrated of England's worthies. Let his natural descendants, his townsmen, and the profession generally of which he was so distinguished a member, lay this to heart, and hasten to redeem the time that is past. An opportunity not to be overlooked now offers of doing something in the shape of a memorial in this his native town, as an instalment at least of the justice due to his memory. What more fitting place for such memento than the fine old Parish Church, now undergoing thorough restoration; the Church in which he was baptized; the church in which his early infant prayers were lisped, by the side of that revered mother, whose ashes lie peacefully beneath its sacred aisles. The window of a small chapel in the north chancel, long blocked up, is about to be re-opened; what more fitting receptacle then than this, filled with handsome stained glass, so that when the light of Heaven shall again stream through, its varied tints may portray some appropriate scene in the life of the Great Physician; with a suitable inscription added, recording the great benefits conferred on the whole human family by Dr. William Harvey; that of him may be written a reversal of Shakespeare's truism, that "the evil that men do lives after them; the good is often interred with their bones."

Medical News.

UNIVERSITY OF ST. ANDREWS.

THE following gentlemen having passed their examination, obtained the degree of Doctor of Medicine on the 23rd April last.

Blakeley, Thomas, Bermondsey, Surrey.
Clarke, I. Lockhart, Belgrave, London.
Craster, Thomas, W., Middlesborough-on-Tees.
Fauchie, Martin, Penicuik, Edinburgh.
Jones, Edwin, Blackfriars road, London.
Llewellyn, Llewellyn, Whitechapel road, London.
McMillan, Thomas W., Victoria, Australia.
Neate, Charles, Herefordshire.
Swete, E. Horatio W., Weston-super-Mare.
Welby, Erasmus, Newark:on-Trent.

BIRTH OF UNITED TWINS IN LONDON.—Last week, Mr. J. F. Rogers delivered the wife of a respectable mechanic, residing in the parish of St. Luke's, of twins, which were united exactly in the same manner as the Siamese Twins. The woman, whose age was twenty-three, had been married about twelve months. She is reported to have always been a person of very nervous and excitable temperament. The twins which were still-born, appeared to be fully developed, one being sixteen, and the other sixteen and a half inches in length. Every organ was perfectly formed, the circulation being carried on between the two bodies, by the agency of the umbilical cord. Mr. Rogers has had these interesting specimens photographed, the bodies being preserved in spirits for presentation to one of our Medical Museums.

HEALTH OF ST. PANCRAS.—Dr. Stevenson, the new Medical Officer of Health, has presented his first report on the sanitary state of the parish. He points out the necessity which exists for the erection of a disinfecting establishment, where parishioners might have clothing, bedding, and other articles likely to harbour infected matters, disinfected, was urged upon the vestry by the late Dr. Hillier, Medical Officer of Health, and I can cordially re-echo all that he has said upon the subject. Year by year, in St. Pancras and throughout this metropolis, "preventive diseases" do their deadly work, and it is only the fact that they are constantly among us, cutting down the finest of our people, and do not slay their victims by thousands intermittently, that makes us so indifferent to their pressure. "Of typhus enteric (typhoid) fevers, scarlatina, and small-pox alone, 371 persons died in St. Pancras in 1868. I have no hesitation in saying that the mortality from these diseases might have been very largely diminished had there been proper provision, such as the Vestry is empowered to provide by the Sanitary Act, 1866, for the disinfection of clothing, &c. The cost of such an establishment as one of those erected in Liverpool would, I doubt not, be soon saved to the parish by the saving of life that would be effected. Fevers (especially typhus) attack more especially our adult population and of the 122 persons who died from fever in St. Pancras last year a large proportion were adult males who had families dependent upon them. If we could add to these deaths the number of those persons who were disabled and unable to work during the attacks of fever it would be seen what distress and misery must be caused, resulting, of necessity, in a largely increased poor-rate. I cannot too earnestly recommend to the authorities the consideration of this question in its economic aspect."

NOTICES TO CORRESPONDENTS.

MR. WHATFORD requests us to correct a printer's error in his letter. Agony for Agency. Also, excellently for excellent, and one or two others. Mr. Whatford says also he is not M.R.C.S.

DR. EVANSON, France.—Your address shall be altered as desired.

MR. FRENCH.—Mr. Walton, of Gower street, London, is the publisher of the book in question. You might possibly get it second-hand of Mr. Lewis or Mr. Kimpton.

OUR COCOA REPORTS.—There are several engravings to be executed, showing the starches and other ingredients used for the purposes of adulteration. We are compelled to curtail this week's report, in consequence of some of the blocks not being free of the engraver.

MR. W. J. C., Chipping.—Many thanks.

ON THREE CASES OF ANEURISM OF THE AORTA. By J. Lamprey, M.B. Proof of your paper shall be sent you at once. We regret the delay, which has been caused by the extraordinary number of communications sent us for publication by our numerous friends, during the past four months. We are now getting free of the number, so that we can promise contributors space, with as little delay as possible. Short practical communications in every case receive the preference.

DR. CROTHERS, Nice.—The alteration shall be attended to.

DR. KELLY, Macroom.—Your letter on Vaccination shall appear in our next.

COMMUNICATIONS, Enclosures, &c., received from Mr. Jonathan Hutchinson: Mr. F. B. Courtenay, London; Mr. P. Le Neve Foster; Messrs. Nelson and Sons, Leeds; Mr. Eschwege; Mr. I. Barras, Rotherham; Mr. Crafter; Mr. Hulke; Dr. Farre; Dr. Handfield Jones; Sir William Ferguson, Bart.: Dr. Little; Dr. Lionel Beale; Dr. Tilt; Mr. Skey; Dr. P. Hood, London; Mr. C. Griffith, Bristol: Mr. Merriman; Dr. R. Wallace, Chillington; Dr. Atkins, Sidmouth; Professor Humphry, Cambridge; Mr. Tichborne, Dublin; Dr. Paine, Philadelphia; the Secretary of the British Association for the Advancement of Science; Dr. R. Tonson Evanson, Paris; Mr. Teevan, London; Dr. Mapother, Dublin; Dr. E. D. Gribbin, Belfast; Dr. A. N. Kidd, Armagh; Dr. Robert Walker, Glasgow; Dr. Hardman, Bristol; Weeden Cooke, Esq., London; Mr. W. J. Cox, Hawkesbury; Dr. Gordon, C.B., Portsmouth; Dr. Beveridge, Aberdeen; Dr. Chalmers: Dr. Johnson; Dr. Ewing Whittle, Liverpool: Dr. Rogers, London, &c.

MR. R. SUMMERS, Haverfordwest.—The case appears at first sight to be a very flagrant one, deserving the contempt of every right-thinking man. We are unable to publish your letter in our present numbet, but hope to find space for it in our next. Should any local paper contain a report of the trial, please forward same to us at once.

CASE OF UNITED TWINS.—Dr. J. F. Rogers, St. Luke's, will please accept our best thanks for the photograph of the above, and for his polite note.

APPOINTMENTS.

JOHNSON, Edward, S., Dr., of Cavendish Place, London, Honorary Medical Referee to the Seaford Convalescent Hospital.

FASKON, Wm., Dr. has been promoted Chief Surgeon, and Mr. S. B. Johnson, Assistant-Surgeon to H.M.S. Monarch.

VACANCIES.

Castlebar Union.—Medical Officer. Election on Saturday. See advertisement.
Dental Hospital of London.—Dental Surgeon Honorary.
York County Hospital.—Non Resident Dispenser. Salary £65.
Royal College of Physicians, London.—Under Secretary and Bedell. See advertisement.
Worcester General Infirmary.—Assistant House-Surgeon. Salary £50 with board, &c.
Middlesborough Infirmary.—House-Surgeon. Salary £70, with board and residence.
Middlesex Hospital.—Physician's Assistant, to be held for twelve months. Board and residence provided.
St. Pancras, Middlesex.—Medical Officer. Salary £175, with board and residence.
Lancaster Infirmary.—House-Surgeon. Salary £90, with appointments.

BOOKS RECEIVED.

The Middlesex Hospital Reports for the year 1868.

A Manual of Orthopraxy. By Henry Heather Bigg, C.E., 2nd edition, enlarged. London: John Churchill and Sons.

A Theory on Counter Irritation. By James Ross, M.D. London: John Churchill and Sons.

Transactions of the St. Andrew's Medical Graduate's Association for 1868. Edited by Dr. Leonard Sedgwick. London: John Churchill and Sons.

Squire's Companion to the Pharmacopœia. Seventh edition, revised and enlarged. By Peter Squire, F.L.S. London: John Churchill and Sons.

Births.

GRIBBIN.—On May 18th, at Great Edward street, Belfast, the wife of E. D. Gribbin, L.F.P.S., and L.S.A., of a son.

KIDD.—On the 20th inst., the wife of Archibald Napier Kidd, M.D., F.R.C.S.I., Armagh, of a daughter.

Advertisements.

WANTED as BEDELL to the ROYAL COLLEGE of PHYSICIANS, and as SECRETARY under the REGISTRAR, a married man without children, whose wife will be the HOUSEKEEPER of the COLLEGE.

Applications, with statement of qualifications, to be sent to the Registrar at the College, Pall mall East, where full particulars may be obtained. The duties of the Bedell will commence on the 24th of June, 1869.

THE LONDON SURGICAL HOME,

FOR DISEASES AND ACCIDENTS OF WOMEN; for the Reception of Gentlewomen and Females of respectability, upon a weekly payment, under the sole management of Mr. Baker Brown.

The Private Medical Attendants of the patients are invited to visit them, and to meet in consultation before treatment.

Full particulars can be obtained on application to the Lady Superintendent, 136 Harley street, near Regent's Park, London.

PRIVATE RETREAT
FOR
THE UPPER AND MIDDLE CLASSE
OF BOTH SEXES,
MENTALLY AFFLICTED,
TUE BROOK VILLA,
NEAR LIVERPOOL.

Further information may be obtained on application to Dr. H. OWEN.
Vide page 1075, "Medical Directory," 1869.

ALBERT LIFE ASSURANCE COMPANY,
7 WATERLOO PLACE, PALL MALL, S.W
LIVES ASSURED,
DISEASED AS WELL AS HEALTHY.

ABSOLUTE SECURITY POLICIES, UNFORFEITABLE, UNCONDITIONAL, and UNCHALLENGEABLE issued by the **PRUDENTIAL ASSURANCE COMPANY** (Established 1848), No 62 Ludgate hill, London, E.C.; Branch Office, 7 King street, St. James's.

The Directors of this Company, in deference to an objection not unfrequently urged by persons invited to assure, that the ordinary mode of life assurance is in their opinion defective or uncertain, by reason of the operation of the customary conditions, have resolved to promulgate the present tables, and to issue assurances under them which shall be absolutely unforfeitable, unconditional, and unchallengeable.

For the reason referred to, many persons hesitate or decline to assure on the ground that, in the event of inability or unwillingness to continue payment of their premiums, the assurance will become forfeited. To this class of the public the system now introduced will especially commend itself, being entirely free from all conditions of forfeiture on account of non-payment of premium, or from any other cause whatever; while at the same time it absolutely guarantees at decease, even when a default is made in payment of the premium, a fixed sum in respect of every premium paid, bearing the same proportion to the total amount assured as the number of premiums actually paid may bear to the whole number originally contracted to be paid. Besides this important advantage, every policy will expressly state what sum can at any time be withdrawn on the discontinuance of the assurance. The assured will thus always have the option of retaining either an ascertained fixed sum payable at decease, or, in case of need, of withdrawing a certain amount, according to the duration of the policy, such amounts being set forth on every policy, and rendering unnecessary any future reference to the Company on these points, as is the case with ordinary assurances. Creditors assuring the lives of debtors will appreciate this feature as one greatly protective of their interests, and it will likewise commend itself to bankers, capitalists, and others who are in the habit of making advances collaterally secured by life policies, as they can at any time learn, by mere inspection, the exact value, either immediate or reversionary, of a policy of this description. Every policy issued on this plan will be without any conditions as to voyaging, foreign residence, or other usual limitations. By this freedom from restrictions of all kinds, the objections before referred to will be entirely removed, and the policies will become at once positively valuable as actual securities.

In addition to the foregoing statement of advantages the number of premiums is strictly defined. The longest term provided for is twenty-five years, and the shortest five years, as shown by the tables. Thus, bankers, creditors, and others holding policies of this class as security, may always know the utmost amount they may be called upon to advance, so as to maintain the full benefit of the assurances—a matter of great importance where policies are held as collateral security.

It is only necessary to add that, as a consequence of the policies under these tables being unforfeitable and unconditional, they will also be unchallengeable on any ground whatever. They may, therefore, be aptly termed Absolute Security Policies.

The Prudential Assurance Company possesses an income of £200,000 a-year. Its position is unquestionable, and it obtains the largest amount of new business of any office in the kingdom.

Special agents wanted. **HENRY HARBEN, Secretary.**

IRISH MEDICAL ASSOCIATION.
ROYAL COLLEGE OF SURGEONS IN IRELAND.

NOTICE is hereby given, that the ANNUAL MEETING and DINNER of the IRISH MEDICAL ASSOCIATION will take place on MONDAY, the 7th of JUNE next.

The Meeting will be held at the Royal College of Surgeons, Dr. Rawdon Macnamara, President of the Association, will take the Chair at Twelve o'clock.

The Dinner will take place at the Exibition Building, at Seven o'clock.

By Order, E. J. QUINAN, M.D. Hon. Sec.
15th May, 1867.

CARMICHAEL SCHOOL OF MEDICINE,
NORTH BRUNSWICK STREET.

THE SUMMER SESSION COMMENCED on MONDAY, APRIL 26, 1869.

Practical Chemistry	Dr. E. Davy	Tues., Thurs., Sat., 12 to 1 o'c.
Materia Medica	Dr. Fraser	Mon., Wed., Fri., 12 to 1 „
Medical Jurisprudence	Dr. O'Reilly	Mon., Wed., Fri., 1 to 2 „
Botany	Dr. Campbell	Tues., Thurs., Sat., 1 to 2 „

Carmichael Medals and Prizes will be awarded in each of the Summer Classes. For particulars apply to

Dr. CORLEY, Registrar, 14 Summer hill.

CASTLEBAR UNION.

CASTLEBAR DISPENSARY DISTRICT.

NORTH DIVISION, COMPRISING THE ELECTORAL DIVISIONS OF TURLOUGH, PONTOON, ADDERGOOLE, BALLYNAGORAHER, CROAGHMOYLE, AND BURREN.

MEDICAL OFFICER WANTED for the above Division. Notice is hereby given, that the Committee of Management of the above Dispensary District will, at their Meeting, to be held at the Board Room of the Workhouse on SATURDAY, the 29th day of MAY, 1869, at the hour of One o'clock, proceed to the appointment of a PROPERLY QUALIFIED MEDICAL OFFICER for the above Division (in which he will be required to reside), at a Salary of Ninety Pounds a-year, exclusive of Registration and Vaccination Fees.

Candidates must possess the qualifications set forth in the orders of the Poor-law Commissioners.

Applications, with testimonials, to be addressed to the Secretary, John C. Larminie, Esq., Spencer Park, Castlebar, up to the hour of One o'clock, on the 15th day of May, 1869, at which hour Candidates must be in attendance.

By Order,
ROBERT J. NIXON, Clerk of Union.

Board Room, Workhouse,
Castlebar, 15th May, 1869.

RATHDOWN UNION.
BLACKROCK AND STILLORGAN DISPENSARY DISTRICT.

MIDWIFE WANTED.

THE COMMITTEE OF MANAGEMENT of the BLACKROCK and STILLORGAN DISPENSARY DISTRICT, will, at their meeting to be held at the Dispensary, Blackrock, on Wednesday, the 1st June, 1869, proceed to consider the Testimonials of properly qualified Candidates, at a salary of twenty pounds per annum.

Candidates to forward their Applications with Testimonials (post free) to William John Walnutt, Esq., Honorary Secretary, Blackrock on or before ten o'clock A.M., on the 1st prox., when it will be necessary for Candidates to attend in person.

The person appointed will be required to reside in Blackrock.

By Order. J. D. COPE, Clerk of the Union.
Board-room, Loughlinstown, 5th May, 1869.

KREOSOTE.

CAUTION TO BUYERS.—The Sole English Manufacturers of this article are the undersigned:—

THOMAS MORSON & SON,
31, 33, and 124, Southampton-row, London, W.C.

TO THE MEDICAL PROFESSION.

LOEWENTHALS'
NEWLY INVENTED AND REGISTERED
CHOCOLATINE
IS ACKNOWLEDGED BY THE BEST AUTHORITIES AS
THE PUREST EXTRACT OF COCOA
OBTAINABLE,

SURPASSING every other Cocoa or Chocolate in *anti-dyspeptic*, *anti-flatulent*, *tonic* and *nerve-soothing* properties, as most delicious in taste and suitable alike.

"For the ROBUST, the INVALID, and the CHILD" Vide—*British Medical Journal*, April 3rd, 1869; *Medical Mirror*, March 1st, 1869; and other Medical Papers.

Sold by most Chemists and Grocers in packets, 9d., 1s. 6d., 3s., and 5s. 6d. each.

N.B.—A sample *gratis* by enclosing a stamped envelope to the WHOLESALE DEPOT, 70 FENCHURCH STREET, London, E.C.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 2, 1869.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Gleanings in Toxicology.—No. IV. By Chas. Meymott Tidy, M.B., M.S., Joint Lecturer on Chemistry at the London Hospital ... 451
Pathological Observations. By R. Beveridge, M.D., Physician and Pathologist to the Royal Infirmary, Aberdeen ... 452

OUR ANALYTICAL DEPARTMENT.

Cocoa. Report on the Quality at present supplied to the British Market ... 453

HOSPITAL REPORTS.

Adelaide Hospital.—
Case of Sclerema. Under the care of Dr. Barton ... 456
Jervis-street Hospital.—
A New Method of Procuring Extension in Fractures of the Femur, Devised by Mr. Stapleton ... 457
St. Vincent's Hospital.—
Blistering in Acute Rheumatism. Dr. Mapother's Clinique ... 457

PAGE

TRANSACTIONS OF SOCIETIES.

Harveian Society.—Mr. Teevan's Practical Remarks on the Treatment of Gonorrhœa, Gleet, and Irritable Bladder .. 457
Surgical Society of Ireland.—Mr. Morgan on Traumatic Tetanus, successfully treated by Nicotine in small and frequently repeated doses ... 458

LITERATURE.

Mr. Squire's Last Edition ... 459

LEADING ARTICLES.

The Abuses of General Hospitals .. 460
Treatment of Tetanus ... 461

SCOTLAND.

Dr. Alexander Wood's Lecture on the Poor Laws ... 461

NOTES ON CURRENT TOPICS.

Venereal Disease in Cochin China ... 463
Patent Medicine Vending ... 463
The Curability of Purulent Infection ... 463
Health of Dublin ... 464
Effects of Temperature on the Muscular System ... 464
Westminster Hospital ... 464
Sea Side Convalescent Hospital ... 464
Sanitary Condition of the Borough of Salford ... 464

PAGE

Still, St. Pancras ... 464
The Church Surplus Funds ... 465
The Water Supply of Dublin University .. 465
Sir Patrick Dun's Hospital ... 465
British Association for the Advancement of Science ... 466

United Twins ... 467
Intern Lying-in Hospitals and Extern Maternities ... 467

CORRESPONDENCE.

The Debate at the Dublin Obstetrical Society ... 468
Dr. Drysdale's Theory of Over-Population 468
Richard A. O'Kelly on Vaccination ... 469

Medico-Parliamentary Intelligence ... 469

MEDICAL GLEANINGS.

The Substitution of Sodium for Phosphorus in Lucifer Matches ... 469
Vegetable Physiology ... 469
The Termination of the Sensible Nerve of the Urinary Bladder ... 470
Iron Sugar ... 470
Note on Dispensing ... 470

Medical News, Notices to Correspondents, &c. ... 470

Original Communications.

GLEANINGS IN TOXICOLOGY.

No. IV.

By **Charles Meymott Tidy**, M.B., M.S.,
Joint Lecturer on Chemistry at the London Hospital.

Strychnia is the poisonous alkaloid of several plants. It was discovered as lately as 1818, by Pelletier and Caventou. The poisonous properties of the strychnos nux vomica, from which the alkaloid is usually prepared in this country, was probably known to the Arabians, although Dr. Pareira, seems to think the remarks of Arabian authors had reference rather to the bean of S. Ignatius than to the nux vomica. Probably, moreover, the poisoned arrows of old-fashioned warfare, as well as of modern barbarians, owe their poisonous action to being steeped in a solution of one of the strychnos family. Fatal accidents have occurred by the bark of the strych. nux vomica having been substituted for Angustura bark (hence called false Angustura bark), but from which it may easily be distinguished by its twisted-like appearance, by its being peculiarly spotted, by the absence of smell and its bitter taste (from the strychnia it contains); and lastly, by the impossibility of separating it into layers.

The seeds of the strych. nux vomica are very peculiar. They are called by the Germans "crows' eyes," from some supposed similarity. Some short time back I was consulted respecting the composition and properties of a seed which had a most striking resemblance to the nux vomica; but finding it had no poisonous action on animals, nor that I could discover a trace of either brucia or strychnia in it, I asked a well known botanist, who considered it was in all probability the seed of some foreign cucurbetaceous plant. I mention this because I have never seen any notice taken of the close resemblance between some seeds of this order and of the strychnia family.

Strychnia is invariably found associated with another alkaloid, brucia. It is also always present in the plant in combination with an acid.

Brucia has similar properties, and produces almost similar physiological effects to strychnia, but not in the same degree—that is to say, it is considerably less active. Endeavouring to fix the relationship between them, I find that 1-1000th of a grain of strychnia produced convulsions in a frog in seven minutes (given by mouth); whereas, to produce the same effect in the same time, it was necessary to administer about the 1-100th of a grain of brucia; or, in other words, strychnia is as nearly as possible ten times more powerful in its action than brucia. I do not think either that the convulsions were quite so severe, nor did they last so long in the case of poisoning by brucia.

Respecting *the quantity* that will destroy life. Christison poisoned a dog by injecting one-sixth of a grain into the chest in two minutes, and (2) a wild boar by injecting one-third of a grain in the same way in ten minutes. Dr. Letheby had a case at Jersey, in 1856, where death resulted in five or six hours after a woman had taken half a grain by accident. I have had a case lately where a young woman committed suicide with some "Battle's vermin killer," and from the quantity she bought and the amount I found it contained, I judge she could not have taken more than a quarter of a grain. Death in this case took place in ten hours, the symptoms commencing, as nearly as we can judge, in about half an hour after she had taken it.

Respecting *the symptoms*. I may just quote from the account rendered me, by the medical man, of the above-mentioned case. The girl, when he first saw her, had severe muscular twitchings, her countenance wild and anxious, the face blue, and her skin covered with cold perspiration; the eyes were staring. She was, as a rule, muttering, but now and then called out hastily, "I am choking, I am choking;" at other times, "give me some water, why do you not give me some water." Very shortly afterwards regular tetanic convulsions came on, the pupils were dilated, the pulse was so quick that it could not be counted; it had also a peculiarly indistinct character. The position was what is called "opisthotonos." The spasms lasted about two to three minutes; the interval, if left undisturbed, varying from five to ten minutes; but the spasms were brought on directly upon the slightest touch, as on bringing a glass of water to her lips, for which she was eagerly craving. In one spasm, a very severe one, the pupil was so much dilated that the iris was scarcely visible. The spasms continued to increase until death.

I do not know that I have anything very definite to say about the *post-mortem* appearances. In two cases I find noted that the hands were clenched, excepting the *index fingers*, which were extended. In most cases the heart is empty, and in all I find noted extreme congestion of the brain and spinal cord. The appearance of the stomach is by no means characteristic; I have seen it in two cases that have come under my notice intensely congested, in a third comparatively normal.

We may now examine some of the properties of this drug. It is when pure perfectly white, crystalline, and of an intensely bitter taste. Its solubility being a matter of great importance, I have made some fresh experiments, of which I give a summary, and the shape of the crystals formed on evaporating off the solvent.

1. *Chloroform*, 1 in 10.—Crystals not well formed; sometimes occurring, however, in rosettes or tufts.
2. *Dutch Liquid*, 1 in 30.—Residue reddish and not very crystalline, when only a small quantity is operated with; otherwise, when evaporated in bulk, the crystals are large, long, rectangular prisms.
3. *Alcohol*, 1 in 100.—Crystals brilliant and sparkling; modified rectangular and rhombic prisms; the opposite acute angles often replaced by planes; size of crystals dependent on quantity, but always well formed.
4. *Benzole*, 1 in 250.—Crystals very large; prisms and octahedra.
5. *Ether*, 1 in 340.—Crystals flat prisms, sometimes small and serrated.
6. *Bisulphide of Carbon*, 1 in 1,000.—Residue white and granular; forms indistinct.
7. *Water*, at 60° F., 1 in 7,000; at 212° F., 1 in 2,500 — Crystals small and very indistinct; in large quantities with the naked eye they appear in nodules.

The *acetate* is of all the salts that which is the most soluble in water and alcohol. It is not very soluble in ether. It forms long needle-shaped crystals, arranged in rosettes or plumuse tufts, or as large plates lying side by side.

The *sulphate* is not very soluble in water. It occurs under the microscope as small rectangular plates, or as large elongated needles.

We shall examine in our next paper the chemical and other tests for detecting its presence.

◆

PATHOLOGICAL OBSERVATIONS.

By R. Beveridge, M.D.,

Physician and Pathologist to the Royal Infirmary, Aberdeen.

CASES OF SUDDEN DEATH.

At one time it was the custom to attribute all cases of sudden death to the occurrence of apoplexy; but as more correct views came to be entertained of the pathology of this disease, it became apparent that the mere effusion of blood into the substance of the brain could not give rise to sudden death, although it might prove fatal after the lapse of a few hours. When affections of the heart came to be more thoroughly understood, it was found that in many cases, they were capable in some of their forms, of producing sudden failure of the action of the organ, and so of causing death with the serious symptoms prolonged over a few minutes at most, and so the fashion has become common—perhaps too common—of ascribing to them, all cases of sudden death. That this is also an error, although perhaps not so great a one as the former, will be readily admitted; and it would doubtless lead to much greater precision, and perhaps to the discovery of interesting pathological changes in their early stage, if *post-mortem* examination was insisted on in *all* cases of sudden death. The following cases may be interesting as illustrating how rare lesions, unsuspected during life, may give rise to sudden death.

Sudden death from asphyxia produced by hæmorrhage, proceeding from cancer of the lung.—J.W., a mason, æt. sixty-four, a stout robust man, had always enjoyed good health, with the exception that for a few days previous he had complained of slight cough, with a feeling of weight in the chest, but not to such an extent as to hinder him from working. On the evening of the 26th August, 1867, he was proceeding leisurely home with his son, when he suddenly complained of feeling faint, tried to walk on but could not, sank down in the street, spat up a little blood and died in a few minutes.

Post-mortem examination twenty hours after death.—Body stout and well nourished. Larynx, trachea, and bronchi of both sides contained a considerable quantity of blood, not frothy, chiefly fluid but partly coagulated. This extended into the minute tubes of both sides. Bronchial mucous membrane healthy. Lungs voluminous; left healthy; right healthy in its two upper lobes; lower lobe feeling in its centre, firm, hard and solid, and having its surface marked by a depression. In the centre of this lobe, near its inner surface were two small cancerous masses about the size of small filberts, firm, hard, white, and cutting crisp under the knife, very abruptly marked off from the surrounding tissue; close to one of these masses passed a bronchus of some size which was ulcerated to a considerable extent, and through the gap thus formed projected one side of the mass into the interior of the tube. This appeared to be the source of the blood. Heart empty, cavities firmly contracted, walls and valves healthy. Great vessels of the neck, chest and abdomen healthy. Rest of the viscera healthy, with the exception of the kidneys, both of which were to some extent granular, and the right presented also two cysts, one of some size in the upper parts of the organ.

Cancer of the lungs is at all times a rare occurrence, and primary cancer especially so, which renders this case all the more singular, as none of the other organs of the body showed any trace of cancerous deposit. The mode of death too was very unusual; that it was caused by rapid effusion of blood filling the bronchi of both lungs is unquestionable from the appearances, and that this effusion resulted from the ulceration of a bronchus, caused by pressure of the hard cancerous mass upon it seems also clear, as no other source for the blood could be detected on careful examination, and the appearances immediately around that spot, showed that it and it only was congested or altered from the natural appearance; the rest of the right and the whole of the left lung was healthy. The quantity of blood actually lost was trifling, but it had flowed so quickly as to fill rapidly the smaller bronchi of both sides, and so produce speedy death. It may be said that the empty condition of all the cavities of the heart, is inconsistent with such a mode of death; but that such a state of the heart may occur in death from asphyxia the following case of hæmoptysis will show. A young man, in the early stage of phthisis, was attacked with a fit of hæmoptysis, which, after lasting a short time in the usual way, suddenly proved fatal. On *post-mortem* examination both lungs were found to contain tubercle, which was more abundant in the right than in the left, and was firm and hard everywhere, except in the apex of the right lung where softening had begun, and where there existed two small cavities. These, together with the trachea and both bronchi, contained dark coloured blood, and the glottis was blocked up for nearly half its extent by a clot. The heart was nearly empty, containing a very little fluid blood, in about equal quantity on both sides. In this case hæmoptysis, proceeding from its most usual cause phthisis, produced sudden death with nearly the same appearances as occurred in the case of cancer, with this as the main difference, that while in the one case the existence of disease of the lung was known and extensive, in the other it was unsuspected and very limited.

Sudden death from tumour in the walls of the heart.—J. M., a healthy child, was suddenly seized with what was called a fit, which, from the somewhat confused description given by the nurse, seemed to be of the nature of a faint, and almost immediately expired. On *post-mortem* examination, all the organs of the body were found to be healthy, with the exception of the heart, which presented, in the anterior wall of the left ventricle near its base, a firm tumour about the size of a walnut, scarcely noticeable externally, but projecting considerably into the cavity. The mass which was partly imbedded in, and seemed partly to replace the muscular tissue of, the ventricular wall, was formed of fibres arranged in a concentric manner, and presented both to the naked eye, and to the microscope, the appearance of an ordinary fibrous tumour. Such a case as this is more of a pathological curiosity than of practical interest. Rokitansky states "We have never observed fibroid tissue in the heart, under the form of an independent fibrous tumour."[*] That such a mass should have gradually formed without producing some derangement of the circulation is very unlikely, but this had never gone to the extent of attracting attention, and so as in many cases, no suspicion was entertained that dangerous mischief had arisen, until the occurrence of syncope, arising very probably from some trivial cause, but from which the heart, in its enfeebled condition, failed to rally, and thus a sudden fatal result ensued.

◆

Our Analytical Department.

COCOA.

REPORT ON THE QUALITY AT PRESENT SUPPLIED TO THE BRITISH MARKET.

(Continued from page 436.)

Thus, cocoa may be divided in the following manner, after removing the woody fibre, which is worthless as a nutritious element:—

Theobromine	2	22 Flesh formers.
Albuminoid	20	
Butter	50	63 Heat givers.
Gum	6	
Starch	7	
Mineral matter	4	
	89	Playfair.

In the analyses given in this report it has not been considered desirable to go to small fractions in recording the results.

Figs. 1, 2, and 3 represent the starches most frequently used in adulterating cocoas.

1st Sample.—Raw Cocoa Bean.

(Not an article of commerce.)

Obtained from Messrs. J. and S. Fry and Sons, London and Bristol.

Moisture, 5·6 per cent.; ash (white), 4 per cent.; cocoa butter, 46·6 per cent.; starch, 12 per cent.—*Genuine.*

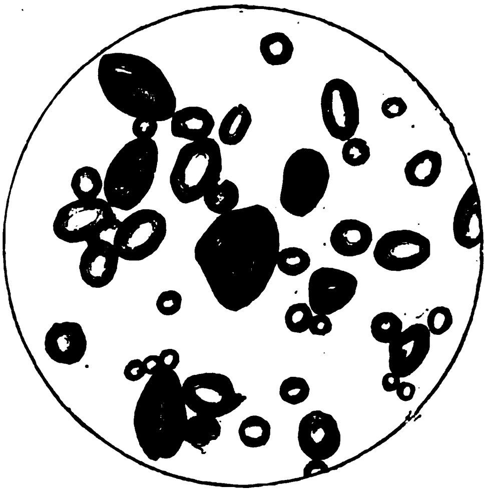


Fig. 1.—Potato starch magnified, 200 diameters. This and the following plates are engraved from micro-photographs especially taken by Mr. Woodworth to illustrate these reports.

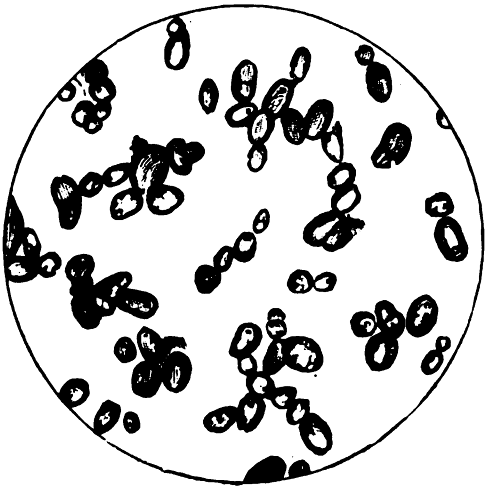


Fig. 2.—Bermuda arrowroot, 200 diam.

2nd Sample.—"Finest Roasted Cocoa Nibs."

From Messrs. J. and S. Fry and Sons, London and Bristol.

Moisture, 3 per cent.; ash (white), 3 per cent.; cocoa butter, 49 per cent.; starch, 11 per cent.—*Genuine.*

3rd Sample.—"Pure Chocolate Cake."

Messrs. J. and S. Fry and Sons, London and Bristol.

Similar to third sample.—*Genuine.*

4th Sample.—"Cadbury's Cocoa Essence."

Messrs. Cadbury, Brothers, Birmingham.

From Messrs. Cadbury's advertisement.—"The main features in the preparation of the 'cocoa essence' are, that about two-thirds of the fatty matter is removed, and the stimulating and flesh-forming constituents developed and rendered sufficiently soluble for the whole to be taken; whereas, in using the nib, an important part of these is thrown away. It also has the advantage of being quickly prepared.

---

[*] Syd. Soc. Trans. Vol. iv. p. 209.

"This essence is about three times the strength of the best Homœopathic cocoas and the French chocolates ordinarily sold, where the fatty matter has to be counteracted by the addition of arrowroot, sugar, &c., and being perfectly genuine does not thicken in the cup, when prepared for use, like adulterated cocoas.

"One hundred parts of tea, coffee, and cocoa are thus analytically divided by Dr. Lyon Playfair:—

	Tea.	Coffee.	Cocoa Nibs.	65 parts of Cadbury's 'cocoa essence' contain—
Water	5·000	12·000	5·000	4·000
Thein, caffeine, or theobromine..	3·000	1·750	2·000	2·000
Albumen	———	———	20·000	20·000
Casein	15·000	13·000	———	———
Aromatic oil	0·750	0·002	———	———
Gum	18·000	9·000	6·000	6·000
Starch	———	———	7·000	7·000
Sugar	3·000	6·500	———	———
Fat	4·000	12·000	50·000	16·000
Tannic acid	26·250	———	———	———
Potash, with acid	———	4·000	———	———
Fibre	20·000	35·048	4·000	4·000
Mineral Matter	5·000	6·700	4·000	4·000
Red colouring matter	———	———	2·000	2·000

This packet of cocoa contained three ounces of the cocoa, wrapped first in paper and then in tin foil; examined microscopically, it was found to contain nothing but cocoa. The ash, which was white, was 6 per cent.; cocoa butter, 26 per cent. A considerable quantity of the butter is evidently removed from this cocoa. We believe the plan adopted by the French and English is to place the liquid chocolate in a bag of moderately close material; this is then dropped into a box with holes at the bottom, and a lid, which fits closely *into* the box, is screwed down tightly upon it, and so forces the butter out through the bag.—*Genuine: very good cocoa.*

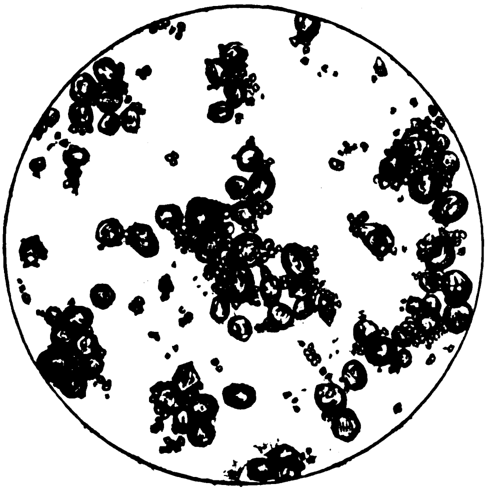


Fig. 3.—Wheat starch, 200 diam.

5th *Sample.*—"Cadbury's Cocoa Essence."

A sample sent to the members of the medical profession through the post.

Similar to the fourth sample.—*Genuine; very good cocoa.*

6th *Sample.*—"Epps' Prepared Cocoa."

Messrs. James Epps and Co., London.

In four ounce packets, retailed at 5d., wrapped in tin foil. The tin foil contained a trace of lead, but was nearly pure; consists of about 33½ parts of sugar, 10½ parts of starch (arrowroot), and 56 parts cocoa. It gave 1·25 of an ash slightly coloured, and 28 per cent. of cocoa butter.—*Not genuine; contains starch and sugar.*

7th *Sample.*—"Cadbury's Chocolate du Mexique."

Messrs. Cadbury, Brothers, London.

Nearly pure cocoa, with about its own bulk of sugar. Contains a few starch granules; ash 3 per cent., nearly white.—*May be considered as a fair specimen of chocolate.*

8th *Sample.*—"Van Houten's Pure Soluble Cocoa."

Manufactured by C. J. Van Houten & Zoon, Weesp, Holland.

Consignee, H. Eschwege, London.

From advertisement.—"Guaranteed to contain pure soluble cocoa, of the finest quality and full weight. . . . Unequalled by any other cocoa preparation for its purity, flavour, strength, and comparative freedom from fatty matter."

Opinion of Dr. Hassall.—"I have tested chemically, microscopically, and dietetically Van Houten's cocoa, and contrasted it with the best descriptions of cocoa and chocolate to be found in the English market. While the great majority of them consists of mixtures of cocoa, starch, &c., Van Houten's is not only composed solely of the cocoa bean, but is of the finest quality. Although nominally dearer than many of the English preparations, from its greater purity and strength it goes much further, so that in the end it is really much cheaper. From its greater purity, also from the smaller proportion of fatty matter present, together with its superiority of quality and comparative cheapness, it is well suited for use in hospitals and other public institutions."

The ash was 9 per cent. in this cocoa, and nearly white; it seemed to contain a little colouring, but is evidently, in other respects, a pure cocoa, with some of the butter removed. The percentage of fat was 30 per cent. We cannot endorse Dr. Hassall's remarks, however, as regards the comparative cheapness of this cocoa.—*Genuine, and very good quality.*

9th *Sample.*—Cacao en Poudre.

Fabrique de Chocolat Menier.

This cocoa was in a tin canister, which contained 4 oz. 248 grains; this quantity only half filled the canister. It gave nearly 5 per cent. of a white ash, and contained about 48·5 per cent. of cocoa butter. Examined microscopically, it was found to be perfectly pure, except that it contained a very small proportion of the husk.—*Genuine; fair quality.*

10th *Sample.*—"Iceland Moss Cocoa."

Messrs. Dunn and Hewett, London.

From Advertisements.

"The two articles here combined are well known for their nutritive qualities. The moss contains a large portion of nitrogen—or flesh-producing substance,—and being prepared by a very careful and peculiar process, which frees it from all the grittiness and disagreeable flavour which is always so unpleasant, is rendered perfectly pure, with nothing but the beneficial parts left."

"The cocoa, containing more nutriment than most articles of food, being combined with the moss, forms in this mixture an article of the greatest importance to the invalid, and at the same time beneficial to the healthy and robust, restoring health where it is declining, and retaining it where already enjoyed."

Report by A. H. Hassall, Esq., M.D.

"I have carefully examined, both microscopically and chemically, the preparation of Iceland moss and cocoa made by Messrs. Dunn and Hewett; I find it to be carefully manufactured with ingredients of the first quality.

"The combination of Iceland moss and cocoa forms a valuable article of diet, suited equally for the robust and for invalids, especially those whose digestion is impaired. It is very nutritious, of easy digestibility, and it possesses moreover tonic properties.

(Signed) "ARTHUR H. HASSALL, M.D."

This preparation gave 2 per cent. of greyish ash, and consisted of about 48 per cent. of cocoa, 32 of sugar, and about 20 per cent. of Iceland moss and arrowroot, the latter in excess. This is, therefore, *a mixture of Iceland moss, cocoa, sugar, and arrowroot.*

11*th Sample.*—"FRY'S CHOCOLATE CREAMS."

Messrs. J. and S. Fry and Sons, London and Bristol.

These chocolate creams were small tablets of pure chocolate, containing sugar in the centre, each tablet wrapped round with tin foil; they gave ·6 of a grain of ash, which was very white; the sugar amounted to nearly 50 per cent. This and the two next samples were beautifully made. Whilst on this subject we may offer a suggestion to some of the manufacturers—viz., not to use tin foil in immediate contact with the articles, particularly such as the above. The main object of using tin foil with cocoa is to keep in the aroma, &c.—an object of no small importance when we consider the long time that many of these packets are sometimes stored on the retailers' shelves; but the object is equally gained by wrapping first in paper and then in tin foil. It is a well known fact that the tin foil of commerce nearly always contains lead, and sometimes a large proportion. Now, if we take any moderately oxidizable metal, such as lead, silver, &c., and rub its surface with a little cotton wool and oil, we shall find that the wool is covered with a black substance, simply because the metal is covered with an extremely minute film of oxide, which is mechanically rubbed off by the wool. Platinum and gold, or unoxidizable metals, do not give this result. Now, if the tin foil contains lead, that metal will ultimately contaminate the substances with which it is in contact, particularly if the packet gets damp or if it is in *actual contact with grease.* Thus, the foil round Messrs. Fry's chocolate creams consisted of—

Tin	90
Lead	10 (9·8)
	100[*]

We do not draw attention to this matter for the sake of making any sensational paragraph, as we are well aware that the quantity of lead present was too minute in the above samples to do any serious harm; but where this contamination can be so easily avoided there is no object in running even a slight risk.

12*th Sample.*—"FRY'S CHOCOLATE CREAMS, NO. 300."

Similar to the above, but not wrapped in tin foil.—*A wholesome confectionery chocolate, with sugar.*

13*th Sample.*—"FRY'S CHOCOLATE BONBONS."

Similar to samples 11 and 12, only containing less sugar and flavoured with cassia.

14*th Sample.*—"CARACCATINA."

Messrs. Dunn and Hewett, London.

From advertisement.—"A pure preparation of the caraccas nut. This cocoa is superior to any other in strength or flavour, and is recommended as the most genuine and nutritious article yet introduced."

This preparation gave a greyish ash amounting to 3 per cent. It consists of pure cocoa, with about 20 per cent. of the cocoa butter removed. A few granules of starch were present, but they were evidently accidentally there.—*Genuine, and very fine flavour.*

15*th Sample.*—"HANDFORD AND DAVIES' PURE GRANULATED COCOA."

Messrs. Handford and Davies, London.

From Advertisement.

"Of all articles of food, cocoa, from the fact of its being especially the diet of the invalid, should be above *suspicion* of having any deleterious admixtures; and yet, what have people been drinking of late years under the name of cocoa? what is the fact as revealed by the Analytical Sanitary Commissioners in their analysis of that article? Why! that out of the whole of the samples purchased at the different dealers in London, ONLY FOUR WERE GENUINE, ours being the best, being not only genuine, but free from husk and dust, and prepared with great care."

Arthur Hill Hassall, Esq., M.D., in his new work, "Food and its Adulterations," also makes favourable mention of our granulated cocoa.

We have been favoured with the following letter by the medical officer of the late Arctic Expedition:—

"GENTLEMEN,—I am requested by Captain Sir L. M'Clintock, R.N., to say that the cocoa sent on board by you was of the very best quality, and highly appreciated by all the ship's company, so much so, that it was preferred to that obtained from Beechey Island; and only twenty pounds have been brought home. In the travelling parties especially it was highly spoken of, and better could not be wished. Yours truly,

"DAVID WALKER, M.D.,
Surgeon to the Expedition.

"To Messrs. Handford and Davies."

In roasting the nut, fire is not allowed in immediate contact with the cylinder, but simply used to generate hot air, with which the nut is roasted; this is most important, preventing the nuts being scorched, which is often the case in the ordinary method of roasting—viz., placing the cylinder on a coal or coke fire, and thus preventing that rancidity so unwholesome and disagreeable, and so frequently met with.

"Those who are directed by their medical men to drink cocoa, with the view of renovating their strength, we strongly urge to make trial of our pure granulated cocoa. It is manufactured from the finest Trinidad nut with the greatest care, under a process peculiar to us; and we confidently state that it will be found more nutritious, easy of digestion, agreeable, and economical than any other."

This cocoa gave 5 per cent. of ash, and 42 per cent. of cocoa butter. In all other respects it agreed with the characteristics of cocoa.—*Genuine; good cocoa.*

16*th Sample.*—"BARRY AND CO.'S PREPARED COCOA."

Finsbury Steam Mills, London.

From Advertisement.

"The excellence of prepared cocoa."

"In offering this superior preparation of cocoa to the public, Barry and Co. do not give it any attractive name or puff of any kind to recommend it, but wish it to stand solely on its own merits, being a prepared or manufactured cocoa, from a combination of the finest Trinidad and Caracas nuts, the quality of which will bear favourable comparison with any other description of cocoa offered to the public."

---

[*] Many of the commercial so-called tin foils contain as much as 89 per cent. of lead, and only 10 of tin—such are more properly lead foils.

This cocoa gave 3 per cent. of ash slightly coloured. It contained about 52 parts of cocoa, 35 sugar, and 13 starch, the latter being arrowroot, with granules of potato starch. —*Largely adulterated with sugar and small quantity of starch.*

17*th Sample.*—COLLIER AND SON'S ORIGINAL PATENT COMMERCIAL COCOA.

Messrs. Collier and Son, London.

"Prepared from the finest Trinidad cocoa nibs by their much improved patent process."

This cocoa gave an ash which was coloured reddish brown, and which amounted to 3 per cent. This ash gave 21·5 per cent. of peroxide of iron. The specimen examined was mouldy, and contained *mucos mucedo.* It consisted of about 34 parts of cocoa, 24 parts of sugar, and 2 of starch, which starch seemed to contain granules of arrowroot, and potato starch and sago meal that had been submitted to heat.—*Largely adulterated with starch and some sugar, and coloured with ferruginous matter.*

18*th Sample.*—"THE MAIZENA COCOA."

Messrs. Dunn and Hewett, London.

The maizena cocoa contains only cocoa, maizena, and sugar, the "maizena" being "Duryea's," the only article of its kind which received a prize medal at the International Exhibition, 1862, with the award "exceedingly excellent for food."—*Vide Jurors' Report, Class* 3, *Sect. A.*

Report on Duryea's Maizena by DR. HASSALL.

"I have on several occasions examined samples made and imported into this country at different times, of the article so appropriately termed 'maizena.' I find it to consist of the perfectly pure farina of Indian corn, or maize, prepared in a peculiar manner. Regarded from a dietetic point of view, I am of opinion that this article in every respect equal, and in some particulars superior to the best descriptions of arrowroot, although sold to the public at a much lower price.

"ARTHUR HILL HASSALL, M.D. Lond."

Dec. 12, 1862.

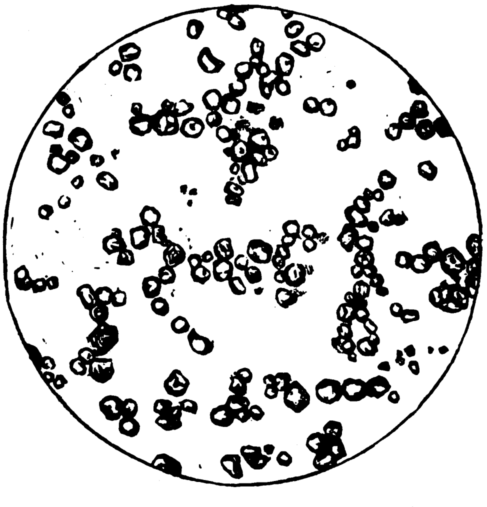


Fig. 4.—Indian corn or maize starch, 200 diam.

This cocoa gave 2 per cent. of a nearly white ash. It consisted of about equal parts of cocoa, sugar, and the starch from Indian corn or maize.—*Genuine, being exactly what it is labelled.*

19*th Sample.*—MARAVILLA COCOA.

Messrs. Taylor, Brothers, London.

"A success unprecedented! Maravilla cocoa is perfection. The *Globe* says: 'Taylor Brothers' Maravilla cocoa has achieved a thorough success, and supersedes every other cocoa in the market. Entire solubility, a delicate aroma, and a rare concentration of the purest elements of nutrition, distinguish the Maravilla cocoa above all others. For homœopaths and invalids we could not recommend a more agreeable or valuable beverage.' Sold, in packets only, by all grocers.

"This beverage, while possessing the very highest efficacy as homœopathic cocoa, developes in an unrivalled degree the invigorating power, delightful aroma, and full, yet delicate, flavour of the nut."

Consists of about 54 parts cocoa, 34 of sugar, and 12 parts arrowroot.—*Largely adulterated with sugar, and also contains a small quantity of arrowroot; good quality of cocoa.*

(To be continued.)

◆

Hospital Reports.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. THORNLEY STOKER, M.D., L.R.C.S.,
Demonstrator of Anatomy in the Royal College of Surgeons in Ireland

ADELAIDE HOSPITAL.

Case of Sclerema.

(Under the care of DR. BARTON.)

THERE is at present in this hospital, under Dr. Barton's care, a girl, aged nineteen years, who was admitted on the 27th of last April, suffering from the peculiar disease of the skin, to which the name of sclerema or scleroderma has been given. This affection, which is but rarely met with, consists in an indurated and brawny condition of the skin, which is hard and inelastic to the touch, and is free from any heat or redness. In this case, the girl had enjoyed good health until a few weeks before her admission to hospital. When she presented herself, the skin of her face, neck, shoulders, the upper part of her back, and of her chest as far down as the upper half of the mammæ, exhibited the diseased condition, while her right upper extremity was involved as far as the middle of the forearm. No other part of the cuticular surface was affected. The scarf-skin showed a disposition to peel off, and the tension and hardness of the diseased skin gave the girl's face a peculiar drawn expression. She suffered from darting pains, running from her neck to her shoulders and chest, and being sufficiently considerable at night, when they were worse, to deprive her of rest. She also complained of itchiness, and suffered from occasional attacks of vomiting. She had entered hospital not so much for the skin disease, as for an affection of her throat, which seemed to have some connection with it. She had lost her voice, could only speak in whispers, and complained of pain in swallowing. Examination showed a thickening of the fauces and velum, which were streaky and red, and the laryngoscope revealed a partial closure of the rima glottidis, and thickening of the vocal cords. There was no history of any constitutional disease.

She was ordered grain-doses of grey powder, with two grains of Dover's powder, three times daily for a few days, and under this treatment she recovered her voice completely. She was then rubbed night and morning over the affected parts with the liniment of mercury, and put upon chlorate of potash and bark. She has now been nearly a month in hospital, and was three weeks affected before admission, and besides having recovered her voice, seems to have derived considerable benefit from the treatment; her skin is less tense, and her features have lost, to a great extent, their drawn look, while the pain has almost entirely disappeared, and she can sleep at night. We forbear giving more particulars of this case, as Dr. Barton purposes publishing it at length. It is in one feature probably unique, for although a report of several such cases may be found in various journals (see "Guy's Hospital Reports," 1867), yet the throat affection is a complication hitherto unnoticed in connection with this strange disease.

◆

JERVIS-STREET HOSPITAL.

A new method of procuring extension in fractures of the femur, devised by Mr. Stapleton.

Mr. Stapleton drew the attention of the class to a novel mode of putting up fractures of the femur, which he had devised, its chief merit being that it did away with the necessity of using a perineal band, which, particularly in the case of children, rendered Liston's long splint a less advantageous apparatus than it otherwise might be. Owing to the restlessness of young children, the perineal bandage became readily loosened, and the splint displaced, the perineum also becoming excoriated and sore from the constant friction and pressure of the band, which very generally became wet and ropy. The perineal lac had also, he said, a great tendency to assist in displacing outwards the lower end of the upper fragment—a deformity which, owing to the powerful action of the external rotator muscles, is particularly likely to occur in cases where the femur is fractured high up, just below the trochanters.

His plan, the successful result of which he instanced in the case—that of a child, three years old—lying before them, but which he conceived could as well be adopted in treatment of the accident in adults, is as follows:—

A strong tape, more than twice the length of the Liston's splint, is taken and laid along each side of the splint, being passed through the hole in its upper end, and the extremities being tied together at its lower or notched end; the ends of the tape are left sufficiently long to hang over the foot of the bed, and to them is attached a weight, which must be regulated according to the amount of force to be employed. A broad strip of adhesive plaster is then placed along the inner side of the leg, from below the knee to the foot, and a similar one being fixed along its outer border; the two are knotted together a few inches below the foot, the point of the splint being passed through the loop formed by their junction. The upper end of the splint is then fixed to the body by a roller, and anterior and posterior scored splints having been applied to the thigh, the whole is enveloped in a many-tailed bandage. It will be seen that when the weight which is attached to the splint, and which, from the mode of its fixation, draws evenly on the splint in its whole length, is suspended over the foot of the bed, it will, by pulling on the plaster fastened to the leg and hitched over the fork of the splint, keep up a constant and even extending force, and will moreover, from the mode of its application, tend to hold the splint in position.

Mr. Stapleton considers that this is a practical point worthy of attention; that the danger of excoriating the perineum is done away with, that the splint is more readily kept in position on young children, and that the perineal band being absent, there is not the same liability to angular deformity by displacement of the upper fragment outwards.

ST. VINCENT'S HOSPITAL.

Blistering in acute rheumatism.

(Dr. Mapother's Clinique.)

Dr. Mapother exhibited to his class several cases of acute rheumatism which he had treated mainly by means of the blistering plan. He advocates this method of treatment very strongly, and has found it to afford much more favourable results than any other which he has tried. He stated that in some cases the patients express themselves relieved of the acute pain before there is time for any serum to be poured out; and this fact, if true, would he thinks, argue that the blisters act as counter-irritants to the diseased structures, and produce relief in that way. He is in the habit of using "Burt's blistering fluid" as a vesicating agent, and finds it a more certain preparation than any other which he has tried, being superior to the ordinary blister, owing to its rapid action. This preparation is sold in bottles of a very convenient form, a brush for its application is fixed to the stopper, and renders its use free from trouble.

◆

Transactions of Societies.

HARVEIAN SOCIETY.

Feb. 18, 1869.

President, Dr. Headlam Greenhow, in the chair,

W. F. Teevan, Esq., B.A., F.R.C.S., read the following paper,

PRACTICAL REMARKS ON THE TREATMENT OF GONORRHŒA, GLEET, AND IRRITABLE BLADDER.

Mr. Teevan divided gonorrhœa into two stages, the acute and the subacute. He was glad to say the abortive treatment had almost entirely fallen into disuse, as it was only occasionally accidentally successful, whilst, on the other hand, he had seen much serious injury done by it. In the acute stage nothing could be done beyond treating symptoms, though the duration of this stage might be shortened by rest, low diet, diluents, and hot fomentations. As soon as the acute symptoms began to subside, mild injections at once to be resorted to. They were generally prescribed empirically, no means being taken to ascertain what strength the patient's urethra could bear. Before ordering a patient an injection, he was in the habit of guaging the sensibility of the urethra by himself injecting a very mild solution, and gradually increasing it to such a strength as the patient could bear with comfort. He deprecated the use of copaiba, and said that as the disease was local, so ought the treatment to be. The injections he preferred were those composed of sulphate of zinc combined with the watery extract of opium, and tannin dissolved in glycerine also united with opium. Some patients could bear an injection of tannin ʒj. ad aq. ℥j. whilst others could only tolerate Zinci Sulph. gr.j. ad ℥j. aq. An injection ought to be thick and tenacious so that it might be retained for some time in the follicles and lacunæ. Regarding the treatment of gleet, the first point to be ascertained was, its duration. If it were more than six months old, no injection would be of any service, inasmuch as pathological alterations had taken place in the mucous membrane of the urethra, which could not be removed by injections. It was in this complaint the *Bougie à Boulè* was so useful, for it would give precise information regarding the pathological condition of the canal. The endoscope also was valuable, but inferior for hospital work to the former instrument. Having ascertained the state of the canal, a cure can be effected, occasionally, by deep injections applied through an elastic catheter attached to a syringe, but more usually by gradual dilatation, which might practically be called the preventive treatment of stricture, because in a gleet of more than six months' duration, there was always incipient contraction, the result of organic change.

There was no such complaint *per se*, as "Irritable Bladder"—the irritation was always secondary, the cause being local, the most fertile one being stricture of the urethra in that stage of incipiency which was but rarely recognised or detected by surgeons. In this complaint the *Bougie à Boulè* was invaluable for diagnosis. Mr. Teevan concluded by enumerating the various local causes of irritable bladder and the means to be adopted for their removal.

Mr. GASCOYEN complimented Mr. Teevan on his address, and although he agreed with him in some things, yet he differed in others. He believed there was such a complaint as irritable bladder, and instanced cases of irritability of the bladder in old gleets. Mr. Gascoyen also could not understand how the *Bougie à Boulè* could detect a stricture in its earliest stage, because, although the meatus externus would admit a No. 14, yet the bulb would take a very much larger size.

MR. BERKELEY HILL was glad to hear that Mr. Teevan did not give *cubebs* nor *copaiba*. He was of opinion that tannin was about the very worst injection, and he did not see how the *Bougie à Boulè* could detect minute strictures.

DR. BALLARD would be glad to know Mr. Teevan's experience of cubebs and copaiba, as he though they were very valuable remedies. He believed there were cases of true irritability of the bladder.

DR. OWEN instanced as examples of true irritability of the bladder those cases of students waiting their turn for examination at the College of Surgeons, who had urgent and frequent calls to urinate.

MR. TEEVAN then replied. He still maintained there was no such thing *per se* as irritability of the bladder. The case mentioned by Mr. Gascoyen was simply a case of irritability secondary to incipient stricture, and that referred to by Dr. Owen, was an example of a physiological law, the tendency of a muscular organ to expel a foreign body, which in the case cited, was the presence of urine of an abnormal specific gravity, and could no more be called an example of irritable bladder than could the efforts of the eyelids to expel subjacent grit be named "Irritable eyelids." Although it was quite true that the meatus externus was much smaller than the bulb, yet a No 12 *Bougie à Boulè* would detect any stricture inasmuch as it must be remembered that the urethra was not a patent tube, and the mucous membrane was always intimately in contact with the smallest instrument introduced into the canal.

A vote of thanks was then passed to Mr. Teevan for his address.

THE SURGICAL SOCIETY OF IRELAND.

THE concluding meeting of the Society for the present Session was held on Friday evening, the 20th April, in the Albert Hall, Royal College of Surgeons. The President of the College, Mr. G. H. PORTER, in the chair. The following members were present :—

B. Wills Richardson, Hon. Sec., M, B. Ward, R. Persse White, Hamilton Labatt, W. Thornly Stoker, A. H. McClintock, Thomas Purcell, E. J. O'Grady, J. Morrogh, M.D., Jonathan Leech, John Cronyn, M.D., G. B. Owens, M.D., Frank Thorp Porter, Edward P. Wright, G. G. Montgomery, Henry Kennedy, William Jameson, J. Jameson, G. S. Buchanan, Richard Bookey, George H. Kidd, William Roe, H. H. Stewart, Charles Robinson, A. MacAlister, Denham, Charles Benson, Hon. Sec., John H. Benson, John Morgan, MacNamara, Vice-President, D. B. Hewitt, Peter Shannon, A. H. Jacob, H. G. Croly, Henry Coulton, M. H. Stapleton, Edward Hamilton, C. Fleming, Frederick Kirkpatrick, J. Tufnell, R. W. Harley, B. F. McDowell, and C. F. Moore.

MR. MORGAN read a case of

TRAUMATIC TETANUS, SUCCESSFULLY TREATED BY NICOTINE IN SMALL AND FREQUENTLY REPEATED DOSES.

Joseph Preston, aged fifteen years, a healthy, intelligent boy, was admitted to Mercer's Hospital under my care, on 4th March, 1869, suffering from a compound and comminuted fracture of the great toe. He was a lithographic apprentice, and had been working at the machine, which, being inadvertently set in motion by himself, the eccentric rod in its movements caught his foot, crushing the boot, and the toe giving way at the same time, he fell backwards and was extricated at once and brought to the hospital within a quarter of an hour. The Resident at once put the foot into neat coaptation and dressed it with carbolic acid and oil. The case presented no unusual symptoms. On the 5th day I removed the toe, which had lost all vitality.

For the seven succeeding days the patient went on well, no unusual pain being complained of. Ext. opii. and water being applied, and the wound kept clean and dressed constantly.

On the 17th March, I observed as he was attempting to eat some boiled bread and milk, that he had some difficulty about managing it, and also that the tetanic countenance was slightly shown. He said he had not slept well, and he thought he had "caught cold," there being some soreness in swallowing. He was able to raise himself in the bed, and said he felt "all sore." Pulse 90 ; respiration 20 ; there being every evidence of the early appearance of tetanus. I desired him to lie very quiet. I had screens put round the bed, so as to prevent the least disturbance. A fœtid turpentine enema administered at once, and the following pill every three hours. Camphoræ gr. ss. Pulv. Opii. gr. ¼ ; Calomel gr. j. Pil. Rhii. Co. grs. v.

Evening of 17th.—Symptoms much the same, the bowels have been freed since morning. I had another fœtid turpentine enema administered, and the pills to be continued every three hours.

March 18th.—Symptoms hardly increased. Pulse 94 ; respiration 20 ; surface warm ; the expression the same, evidently tetanic ; being a thin lad the visage with the angles of the mouth drawn down was evident. Bowels moved but once. I had again a fœtid turpentine enema of sixteen ounces administered, which caused a copious evacuation of a healthy nature, not presenting the dark nor offensive characteristics. Pills continued every three hours. Beef-tea and wine given freely.

March 19th.—Symptoms rather more urgent ; the forehead and eyes have the peculiar contracted look of tetanus, and the general tension of the muscles is increased, particularly evident over the abdomen ; can open the mouth about half way. Pulse 108 ; respiration 22 ; has slept but little ; the wound is rather painful. There is no nerve exposed, or any special point of tenderness. Bowels have been well-freed ; urine normal, in quantity and constitution. There is a faint mercurial odour of the breath. The ice-bag was now carefully applied along from the vertex to the loins. This brought down the pulse by 10 to 16 beats, and the application proved most grateful to the patient, so much so that when the cold failed, he immediately asked for its re-application. There is a slight relaxation of the general tension. Pills to be continued every four hours ; wine and beef-tea freely given ; he is able to swallow, but with difficulty.

March 20th.—The condition much the same, the ice-bag seems to have lost its effect ; the pulse has gone up to 120 ; and respiration 24. The mouth is more closed ; but there has been as yet no regular spasmodic attack ; the general treatment continued, larger charge of ice being used with the bag.

March 21st.—Four days after the first appearance of the disease, evidences of spasmodic fits first showed themselves. During sleep the tongue being protruded and snapped between the teeth; the muscles of the jaw becoming now so tense that a wedge of wood is introduced to keep the teeth apart. He complains of a severe dart occasionally, not from the xiphoid region, but from under the left axilla towards the spine, corresponding to the upper dorsal region, there is no tenderness on percussion. Opisthotonos is now so marked that the arm can be passed under the body without touching it, the general rigidity of the muscles is increased, and the spasms of the muscles of deglutition, when an attempt at swallowing is made, are severe. Having given the ice-bag full trial, and the symptoms were undoubtedly steadily increasing in intensity, I now determined on the careful use of nicotine. The pulse being 124 ; respiration as high as 28 ; muscular tension universal, and the spasms, specially of the larynx and throat, threatening a rapid death from suffocation, the sensation of choking being the chief one complained of by the boy. The bowels had been thoroughly cleared, the influence of mercury had been brought to bear, and anti-spasmodics in the shape of camphor and opium had been fairly tried. I commenced on the mid-day of the 21st, the use of the one-twenty-third of a drop of nicotine ; five drops of liq. morph. every three hours, which was given in a little wine. The first two doses did not seem to have much influence, but at the third, in fifteen minutes after the adminstration, he felt sickish, and got even paler than he had been ; the pulse came down six beats, and the respiration four ; the abdomen tension somewhat diminished. During the night he had three violent spasmodic attacks, and one during the day.

March 22nd.—The muscles still rigid, though somewhat relaxed. It is remarkable that in about *fifteen minutes after each dose he falls asleep for about ten minutes, and the tension,* certainly decreases. The stomach is inclined to be sick directly afterwards. Pulse now 100 ; respiration 22.

March 23rd.—As he has become now more tolerant of the medicine I increased it to one-eighteenth of a drop every four hours with good results, and without causing sickness. The jaws remained rigid, the gag has still to be used, but he can remove it at times. Pulse now 96; respiration 20. He says he is now in less pain, and freer from the spasm of the throat muscles.

March 22rd.—I now increased the dose to one-fifteenth part of a drop every four hours, with five of liq. morph. the tension of the muscles now showed evident relaxation; he was able in the evening to draw up his legs, which gave him relief as the muscles were extremely sore, the muscles were relaxing, and he could swallow fluid in jerks by mouthfuls. The mouth can be opened about half way.

March 24th.—The symptoms are gradually yielding, the patient cannot dispense with the gag, but is able to turn on his side and move the legs. The nicotine was continued.

March 25th.—Gradually better.

March 26th.—From this date diminished the nicotine to every six hours, and from then I considered him safe; being six days under the influence of nicotine. The boy was much reduced, the flesh, emaciation, and debility.

[The following communication was received from Mr. Babington, of Londonderry, since the night of meeting:—

"In the tetanus case the nicotine was given up owing to the frightful depression, not that it was unmanageable. The dose I gave it in was one-third of a drop. He got two doses the fourth day at intervals of six hours. The second dose prostrated him very much, and caused cold sweats and vomiting. The patient was aged twelve years, and of weakly constitution. He had draughts, every three hours of cannabis indica, Battly's sedative, and water. Eighteen hours after second dose of nicotine, I gave him another dose one-third, and repeated it in six hours, the same symptoms as before occurred. I did not give him another dose but continued the draughts and fed him well with eggs, brandy, beef-tea. I am quite sure that I gave the nicotine in too large doses in this case, but not in larger than I have administered in three cases formerly, all of which ended fatally. In that case I fomented the spine and stomach with tobacco leaves. The case was idiopathic, caused by exposure to cold and wet."]

The President was sure they would all agree with him that this was a most important paper. The treatment of tetanus was perhaps one of the most important subjects that the surgeon had to deal with, and he would be glad to hear any remarks from the members of the society on the question of treatment by nicotine, which he believed had not been used very frequently in this city.

Mr. Tufnell said he had used nicotine in the treatment of tetanus on three occasions, twice successfully, once unsuccessfully. They were all cases of traumatic tetanus, and the doses he used were the drop doses recommended by Dr. Haughton. The great difficulty he experienced was in getting the patient to swallow the dose; the aversion of the patient to take it was intense, and it had almost to be forced into the mouth, and got down by trickling. He thought if the statistics were carefully taken of the recoveries by nicotine—he would not use the word cure—and by other means it would be found that the nicotine had been the most successful. The unsuccessful case to which he referred was that of a gentleman who was shot through the hand, and it was very far advanced when he was called down to see the patient in consultation with Mr. Wallace. One of the other cases was that of a compound fracture of the radius of the right arm. He was treated successfully by nicotine for the tetanus, but the moment any attempt was made to treat the fracture and to bring the bones into opposition there was a return of the spasm. Three weeks after the occurrence of the accident, and after recovery from the tetanic symptoms, as there was a good deal of deformity he attempted to replace the bones in their normal position, but the moment he did so the spasms returned, although the tetanus had fairly subsided. With regard to treatment by chloroform, he had had experience of one case when the individual was eight days and seven nights continually under the influence of chloroform, and then recovery took place. It was the case of a boy, who was standing on the top of a basket placed on the top of another, and endeavouring to take down a hank of onions suspended from the ceiling. The basket slipped, the hook passed between the ring and the little finger implicating the nerve and traumatic tetanus supervened. He recovered, and during the whole time of his illness he was continually under chloroform and plenty of nourishment.

(To be continued.)

Literature.

MR. SQUIRE'S LAST EDITION.

Less than a year ago we were commending the sixth edition of Squire's *Companion to the Pharmacopœia*, feeling that the work had arrived at a state that would probably be permanent. But Mr. Squire is less easily satisfied with his production than the great army of purchasers who have so rapidly bought up all he has produced, and now that a seventh edition has been called for, he has again revised it, removed the blemishes he alone detected, and added considerably to it.

Surely now that the edition has received the imprint of the perfect number—seven—we may look upon it as so perfect, as to be for a considerable time, permanent. We may be excused for hoping so, for it is rather annoying to find all one's stock phrases of praise exhausted by a single author who hurls at us remorsely, edition after edition—every successive one containing some improvement or other, which we were not shrewd enough to suggest, but of which the author has seen the desirability, if not the necessity. What is the critic to say to such an industrious man as Mr. Squire?

We intended if ever we found in the course of using it, a defect in the sixth edition to take a note of it, in order to come down upon Mr. Squire in the seventh, when he reached that golden epoch. But here he is upon us already, before we have recorded such a note against him, and coolly pointing out in his new preface some additions and improvements that he has made without our promptings. Well, what are they? First a tabular account of organic materia medica. Then, instead of the table of comparison between the Fahrenheit and Centigrade thermometers, to which we only had occasion to refer once in the former edition and found it suffice, we have now a more complete one including Reaumur. This is certainly an improvement. Again, there is now introduced for the first time, a concise account of the mineral waters. Here we turned to trip up the indefatigable author; for the mere compilation of such an account is no easy task, and our visits to the many Spas of Europe enabled us to look for some of them that ought to be included but might escape. Great Britain we took for granted, and turned to Cauteret, and Plombières in France, only to find them. In Germany leaving Hamburgh, Wiesbaden, and others so notorious, we looked for Gastein, Reichenhall and Ofen. All are here, so in despair we try Italy, and going far enough at first look for Ischia as a reminiscence of our Neapolitan tour and find the Gurgitello spring duly recorded. Lucca on the way home is also named, and those who think of a trip to Corscia will, on reference, find the character of the chalybeate saline water of Orezza duly chronicled, while those who do not like to venture on the voyage will see that the remedy can be had without going, as it is imported, which reminds us that in each case Mr. Squire gives that useful piece of information, and then at the end, adds a list of those mineral waters that "have been imported in bottles." Now after this trial what can we say of Mr. Squire's new edition? It does what it professes well, and bids fair, not only to be the indispensable companion to the Pharmacopœia, but actually to supersede the official formulary. Let the Pharmacopœia committee look to it, even now they have but a few of the spare leaves of Mr. Squire's laurels to wear. Let the General Medical Council ponder well this. At a fearful outlay extracted from our poor profession, they produced a national pharmacopœia. With that for a basis, Mr. Squire has produced a much more complete and more serviceable volume, without entailing on the profession a farthing of expense.

The seventh edition is of course, somewhat larger—fifty pages or more of new matter add somewhat to the thickness. It is the tendency of such works to grow, and we may almost hope it will stay here, for we are not enamoured of bulky books. The new edition is in this respect, a most desirable work, a really handy volume that will find its place beside every prescribers's desk, and on every dispenser's counter.

We have only to give Mr. Squire formal notice that if, in the course of our constant references to his work we come across any defect, or any improvement should suggest itself to us, we shall avenge ourselves upon him by returning to the subject, and redeeming our reputation for critical acumen of which he bids fair to deprive us.

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price 5d. Stamped 6d.*

By Post to Annual Subscribers, £1 2 6

„ *If paid in advance,* 1 1 8

Post-Office Orders and Cheques to be drawn in favour of A. A. TINDALL, 20, King William-street, Strand, London,

MOFFAT & Co., 6, D'Olier-street, Dublin.

MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.

MESSRS. KELLY and PIET, Baltimore.

Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 2, 1869.

THE ABUSES OF GENERAL HOSPITALS.

WE have heard so much lately about special hospitals—our medical contemporaries have been so unmeasured in their denunciations of these institutions, and so fulsome in their adulation of the larger ones—that an account of the abuses of the latter comes upon us with all the freshness of a complete change of the current of thought. We heartily welcome, therefore, a pamphlet which Mr. Wilkinson, the Secretary of St. Mary's Hospital, has had the courage to issue, under the significant title of "General Hospitals, their Uses and Abuses: with some Suggestions for Applying a Remedy." It will, of course, be imagined that the object of the pamphlet is not exactly to attack general hospitals, but rather to illustrate, from a non-medical point of view, the objects of such charities, and show how far they at present fulfil those objects. Mr. Wilkinson seems to us to have written with a just appreciation of his subject, and to have accomplished the difficult task of the critic to

> "Nothing extenuate nor set down aught in malice."

His pamphlet is, therefore, worth the attentive consideration of the profession and the public. We propose now to lay before our readers his views.

First, as to in-patients, Mr. Wilkinson does not subscribe to the favourite notion that hospitals are for the *destitute* sick; he would consign such to the parish infirmary. Labourers and artisans, who can earn from eighteen to thirty shillings a week, and who form a large proportion of the in-patients of most hospitals, are, he considers, very proper persons to be received. Domestic servants, on the other hand, he would rather see provided for by their masters and mistresses; but so long as they not so cared for, they are proper cases for admission. But Mr. Wilkinson testifies, and we know that others in similar official positions could corroborate him, that tradesmen and others with means that ought to make them ashamed to receive charity, do often occupy the beds of hospitals. A very common cause is that they want to evade the fee for some surgical operation. Sometimes this, he thinks, arises from the large fee expected; but he suggests a remedy which we thoroughly approve—viz., that the surgeons should not introduce such cases into hospitals, but if the patient cannot afford the fee under which a leading hospital surgeon ought not to operate, that the case should be left to a junior. We happen to know that surgeons of high reputation have taken into hospitals, for the purpose of operating upon, persons in very good position, but who could not perhaps pay the highest fees. Now, this is a gross injustice to the younger surgeons, to whom such cases ought to fall. The hospital men are, in fact, by so doing, robbing their poorer brethren—not seldom, we fear, even of bread. The idea of exclusive talent or skill cannot be entertained. There are young men amongst us equal in these respects to any of their seniors, but who are thus constantly deprived of their patients.

We protest against such injustice. We rejoice that a non-medical witness like Mr. Wilkinson can support us in our protest, and we thank him for the manly and sensible mode in which he has stated the case. When we hear that Mr. Wilkinson has been consulted as to the propriety of admitting a person having an income of £300 a year, and that subscribers have wanted to give themselves letters of recommendation, it is surely patent to all that the abuse of unpaid medical advice has gone far enough. No wonder the profession is so poor—that every now and then some of its members sink into absolute want, that its widows and orphans are unprovided for. The mania of unpaid medical services has sapped the foundation of independence on the part of the people, and brought the medical art into contempt, and its practitioners to the condition of the poorest class of educated gentlemen. Let no more such follies be sanctioned. Rather let those who have achieved success see to it that they do not injure those who are still struggling.

Turning a moment now to the out-patients, Mr. Wilkinson finds the abuses arise from two classes—those who can well afford to pay for medicine and advice, and those who can partly do so; and he proposes a radical remedy. Those who could pay should certainly be excluded from relief; he would like to see those who can only pay a shilling or eighteenpence no longer asking admission to hospitals, nor "content to trust to the doubtful issue of a dose of medicine from the chemist's shop." Provident dispensaries would partly meet the case, but could only benefit the few medical men connected with them; while, in Mr. Wilkinson's opinion, "the best mode of dealing with the difficulty would be for respectable qualified practitioners to consent to see poor patients at a certain time in the day for a shilling or eighteenpence each." The fact of this suggestion is enough to show how great has been the abuse of medical charities. There are many "respectable qualified men" who would gladly act in this way—there are others who, because such practice is taken from them by hospitals, are driven to compete with the chemists, but who would infinitely prefer such a practice to retail trade; and the sooner such cases are curtly refused hospital charity the better for the profession and for those institutions.

Such persons being thus provided for, the destitute being consigned to the parish, no one would really suffer were the "further remedy" boldly suggested by Mr.

Wilkinson to be tried—viz., the *abolition* of the out-patient departments. When provision is made for those who now seek relief, Mr. Wilkinson would "be strongly disposed to recommend the closing of the out-patient departments of our hospitals, and leaving these institutions to their natural work of attending to the in-patients, and such cases of slight accidents or injury as would naturally apply for assistance as *bonâ fide* casualties."

With such an enlightened view as this, we hope soon to see something accomplished towards removing the abuses under which the profession suffers, and the people are becoming semi-paupers. A little judicious pressure would, we should think, diminish the evil by at least one-third, perhaps one-half. If Mr. Wilkinson could devise a mode of applying such pressure, and would try it at St. Mary's, he would add vastly to the obligations under which he has laid the profession by publishing his suggestions.

◆

TREATMENT OF TETANUS.

Having lately heard the report of a case of tetanus successfully treated by nicotine, administered in small doses by Mr. Morgan, in a traumatic case under his care at Mercer's Hospital, and Dr. Babington, of Londonderry, having reported another in which nicotine was given in larger doses but owing to its depressing effect had to be given up, and the patient finally did well, it is interesting to find that another powerful agent, the tinct. of aconite has been used also with success, by Professor Winderlich. As reported in *L'Union Medicale*, he gives the following :—

Case 1.—A boy, aged fourteen, attacked with traumatic tetanus with opisthotonos, profuse sweat, and miliary eruption ; many of the general muscles, particularly of the face affected ; severe and frequent convulsions ; temperature nearly natural ; and pulse steady. Morphia in full does was given, and warm baths used. There was but a temporary improvement under this treatment. Ten drops of the tincture of aconite were given four times a day, equal to two grains of aconite. The symptoms improved, the pulse fell below the natural standard, and the temperature normal ; recovery soon followed.

Case 2.—A man, delicate and with diseased lungs, suffered from spontaneous tetanus, trismus and opisthotonos, spasmodic contraction of other general muscles ; convulsions and abundant miliary eruption and sweat ; temperature tensely febrile ; pulse a little increased ; an intercurrent phenomena did not increase the convulsions, but raised the temperature a little, from 38°5 to 38°6 (centig), the temperature soon fell to 37°7 (centig.) Morphine was administered by the mouth, and by injections. Chloroform was rubbed over the affected limbs, this produced a temporary alleviation. Five drops of tinct. aconite given three times a day, however, rapidly changed the condition of the patient, who recovered ; the temperature being 36°8 to 37°3 (centig).

Professor Winderlich draws attention to the temperature condition, and the facts that during the period of miliary eruption and sweat the heat was not specially raised, and that the tetanic contractions and spasmodic action of the muscles do not cause the elevation of the temperature which is so remarkable preceding death by tetanus ; as in animals where tetanus is artifically produced. Elevation of temperature is not caused by the violent contractions and muscular action. He is fain to attribute their elevation to the remedies employed in the human subject, for the cure of the disease. In the second case, the heat was normal till pneumonia supervened, and it may be concluded that when the temperature rises some complication has occurred, and that the temperature will form a criterion of the probable issue of the case if it remains natural or lower than natural it presents the best augury for success.

In three cases of fatal tetanus observed, the temperature never fell to its natural condition.

We recommend these observations for further enquiry. No doubt the two cases referred to by Professor Winderlich were not of the violent and acute character we meet with in our hospitals and occasionally in private practice.

Mr. Morgan's case read before the Surgical Society here rather bears out the temperature observations of Professor Winderlich, as in his patient there was hardly any increase of temperature, though no miliary eruption or sweat had appeared, and what is also interesting, that though a traumatic case, it is not of an intensely acute character, perhaps attributable to early treatment.

◆

SCOTLAND.

DR. ALEXANDER WOOD'S LECTURE ON THE POOR LAWS.

An influential society has been formed in Edinburgh with the object of diffusing a knowledge of Pauperism and the Poor Laws. Its actual work commenced on Friday, the 21st ult., with a lecture by Dr. Alexander Wood. This lecture is the first of a series by eminent philanthropists, and deserves attentive study. The lecturer spoke with no doubtful emphasis, but looking his question boldly in the face, skilfully set forth his decided conclusion that the Poor Laws are to blame for many of the evils against which such an outcry has been raised.

Dr. Alexander Wood opened his lecture with the following words :—

> "The establishment of a Poor-law on logical principles demands as a postulate the truth of the following proposition :—'That the state is bound to maintain in bare subsistence every one of those who have been born within its limits, and who, no matter from what cause, have failed to be able to earn a maintenance for themselves.' If this postulate be untrue, then the Poor-law based on it must be false ; if the principle is subversive of the natural laws by which God is pleased to rule the world, then the Poor-laws must have set themselves in opposition to these laws ; if these natural laws have been so arranged as to educe certain moral qualities of our nature, then the laws which oppose them must have a tendency to do the opposite, and will be found untrue in their principle and immoral in their effect."

Feeling that there could be no middle course the lecturer went on to examine the question, and argued that whether the state be regarded from a Benthamite view, as a voluntary association and a mutual protection, or as a paternal or patriarchal arrangement the Poor Laws could not be justly maintained. The greatest happiness of the greatest number could not justify supporting a multitude slightly above the starvation point, propagating their race with great rapidity, and dragging others down to their own level. On the other hand regard the state as *in loco parentis,* and it is not right to give a stone for bread, a serpent for fish. Dr. Alexander Wood, carefully distinguishes between civil right and moral obligations. He readily admits the moral obligation to prevent a neighbour dying of starvation, but he denies the right of that starving person (or the state in his behalf) to help himself from his richer neighbour's store. It is well that this plain statement should be made, and we thank Dr. Alexander Wood for the distinct manner in which he has uttered it. The truths of political economy are continually set at naught by a number of well-meaning but ill-informed people, who have done much to sow pauperism broadcast through the land.

Need we add that the lecturer recognizes the christian duty as distinctly as the moral obligation of feeding the starving? But the Poor Laws have an evil influence. They check the impulses of the benevolent, and have a still more disastrous effect on those who are not ashamed to be thus supported.

"By an irreversible law," said Dr. A. Wood, "it is determined that labour is the only means by which wealth, smaller or greater, can be obtained, and wealth is the only means by which food and clothing, and shelter for the body and education for the mind, can be procured. 'He that will not work, neither shall he eat,' it is a plain and legibly written law. The effects of idleness are want and poverty; from these there is no escape unless the toil of one man is made, either voluntarily or compulsorily, to support the idleness of another. Such a contrivance is the Poor-law, and from its violation of this first principle we reap the most bitter fruits. Such a contrivance, also, is injudicious private charity; both teach men the false doctrine that bread may be eaten without the sweat of the brow; both therefore run counter to the plain laws by which the world is regulated. Hope and fear are the most powerful stimuli of industry; why, then, should we pass laws which weaken the one and destroy the other? Why should we let loose the army of sloth, improvidence, and vice to destroy the stores of the frugal? Why should we interpose to disarm of its natural consequences that love of indolence or that tendency to dissipation which is the most productive source of poverty or wretchedness? Why, by virtue of her very vice, enable the mother of a child of shame 'to compel the Courts of the country to do homage to her claim, making crime a passport to legal privileges, and glossing over the native unloveliness of vice by universally extending to it a public recognition?' It is a terrible reflection that the Poor-laws, which were intended to emancipate from distress, have only succeeded in emancipating from duty; that they have taught the poor improvidence for themselves and heartlessness to one another; that they have led parents to desert their children, and children in return to neglect their parents; that by exempting men from the operation of the first law of nature—self preservation—they have sapped the foundation of the prudential virtues, and opened the door to an unchecked indulgence in dissipation, debauchery, and crime. And not only has it proved a powerful agent in sapping the morality and deteriorating the character of those who have been exposed to its noxious influences, but it is sad that the very law which takes of the substance of the rich to bestow it on the poor should, instead of uniting these classes, have created a great gulf between them, leading the one to stand at bay, defending their inherited or acquired possessions against the boundless rapacity of the other; the other to regard with scowling and envious covetousness the possessions of their neighbours, a part of which an unrightous law has already given them a legal right to obtain. Another strong objecton to the compulsory support of the poor is, that it admits no distinction between virtue and vice in the recipient. If therefore, the vicious find that their criminal indulgence does not entail upon them those sufferings which the laws of nature provided as a check—if they find that there is no distinction between those who have been rendered poor by their own fault and those who have fallen into the same condition by the visitation of God—they naturally conclude that it is safe for them to indulge their pauper-producing propensities now, and trust to the public provision for the poor for the maintenance of themselves and their families hereafter. It thus appears that, whether judged by their own nature or by their consequences, whether by theory or by fact, the establishment of Poor-laws in any country, although intended to be beneficial, has had quite the opposite effect. From this we conclude that these bad consequences are not accidental, but inherent in the very essence of the laws, and that, therefore, they cannot be entirely removed except by a change in the nature and administration of the law."

The next point of the lecture was that wherever Poor Laws have been established a series of checks upon them have very soon become necessary. Of all these the workhouse test is the only one that the lecturer thinks has been of any real service, and he would retain the use of the workhouses for the incorrigble, idle and vicious, where rogues, impostors, drunkards, vagabonds, should be made to work, or be punished by the jail or the cat. He would restore out-door relief to the position it occupied in Scotland, before 1837, and would thus combine with it volunteer agency.

This was long done in Scotland, it is still in operation in Paris and Eberfeld, and might be found effective. The treatment of the sick is altogether another question. Having gone into many points of the greatest importance as to the cure of pauperism, Dr. Alexander Wood did not hesitate to address himself to the great question of prevention, as follows :—

"When we have thus disposed of all our chronic poverty, commiting the lazy, the impostors, the masterful beggars, the habitual drunkards, the confirmed paupers, to the poorhouse or the jail, as may best suit their individual cases—when we have removed the sick and ill from the noise of the workhouse, and placed them in hospitals, existing, or to be created, where they will have good nursing and medical care—when we have arranged to relieve at home suitably and efficiently that honest distress which would be contaminated by workhouse association, and injured rather than improved, by workhouse discipline, not 'half of our heavy task is done.' Believing that the true end and aim of an efficient Poor-law executive is to prevent pauperism rather than to deal with it after it has become a real power, we must ascertain its sources, and endeavour to cut off its supplies. This is to be done—1st. By the visitors forming a careful aquaintance with the class immediately above that of paupers, and by exhortation, advice, and if need be timely aid, preventing them from reaching that abyss into which so many fall, and from which so few are ever recovered. 2nd. By the visitors making it their especial duty, particularly in times of sickness and distress, to see that all, especially the bread-winners, were sufficiently nourished, so that they should not, from weakness of body, relapse into that state when continuous labour becomes almost impossible, and temporary and repeated recourse to stimulants almost a necessity. 3rd. As man does not live by bread alone, but as fresh air and pure water are essential, if he is to be maintained in a healthy condition, real guardians of the poor will see to it that all unwholesome dwellings should be improved, or, if that be impossible, shut up altogether. Above all, care should be taken that air and water, the great agents in purification, should be freely and plentifully supplied to all. 4th. As vice and bastardy form a large source of expenditure, and largely recruit the pauper and criminal classes, all houses where decency is outraged, and all overcrowding, which produce the same effect, should be swept away by the strong arm of the law. 5th. The work must be begun with the young; they must be dealt with while the mind is still facile, impressible, and the disposition pliable. 6th. The state should take these uncared-for little ones, and adopt them as her own. 7th. Let the expense of educating and maintaining the children on their behalf be charged against the parents as a debt; and if their slavery to intemperance is such that they cannot shake from off its galling chain, you must shut them up for protection and make them work both for their own and their children's bread. 8th. When we consider that neglected sickness among the working classes is one main cause of the increase of pauperism in this country, and that a large majority of the inmates of our poorhouses are there from bad health, we recognise the necessity of having the medical element largely infused into any system of efficient inspection. In addition to the medical inspectors, there should be a medical Commissioner in the controlling board, to secure that the recommendations of the medical inspectors are enforced, to protect the Poor-law medical officers throughout the country from the pitiless parsimony of the parochial authorities, who are perpetually curbing their efforts to improve the condition of their patients. This central board should be neither so small as to render it unable to overtake its duties, nor so large as to free its members from individual responsibility. It should contain no honorary members, but consist only of men paid for the efficient discharge of its duties. It should be charged with the superintendence of all matters affecting the health and well-being of the poorer classes. Its powers should be greatly enlarged, and should enable it to compel all unwilling local boards to do their duty in sanitary matters. As it is, the bounty of the State is denied to the industrious and lavished on the idle and dissolute, By this, prudential habits are discouraged or destroyed. While this continues, a State provision for the poor can never be dispensed with, and there seems no chance of our escaping from the meshes which it has woven around us. But let such alterations as have been suggested be introduced; let temperance and the prudential virtues be encouraged; let industry and self-reliance be promoted; let the chasm which now separates the upper and lower classes be bridged over; let the natural law by which we are all dependent on, and responsible for, duties to one another be restored; let the poorer classes have their homes restored with social virtue that the possession of a home ensures; and then, not suddenly nor precipitately, but only when the arch of social order is reconstructed – when the lower classes are rendered independent of extraneous support – may the weak and inefficient scaffolding of a Poor-law by which we have sought to sustain them, be utterly and for ever swept away.

◆

Notes on Current Topics.

Venereal Disease in Cochin China.

In a report by Dr. Jules Grinelle, from the *Union Medicale* on the Diseases of Cochin China, we find the following, which shows the great extent of this evil, and adds still more to the completion of ideas as to its absolute origin, the modifying influence of climate, &c :—

"Venereal affections for a large proportion of the diseases of Lower Cochin China, about one-fourth of the hospital or ambulance cases. Gonorrhœa is more obstinate and more likely to be complicated with orchitis, than in Europe. Bubos are very frequent, and whether the result of gonorrhœa, or of sores having a tendency to phagedenic ulceration. It is therefore necessary to avoid having much loss of substance, and depressing cicatrices, to escape this. The writer was in the habit of using several times a day frictions of mercurial ointment into the gland, when the skin became thin and discoloured, the lancet was introduced, and the interior brushed with a solution of equal parts tincture of iodine and water, and then bandaged neatly, this was repeated daily, and in ten or twelve days, the parts healed. The seton used with the bubos gave some good results.

"Phagedenic ulceration was even more likely to attack chancres than a bubo, specially sores on the frænum, on the outside of the prepuce, or on the dorsum of the penis, and so severely, that the entire organ or the greater part, was compromised, and consecutive complications were frequent, but secondary syphilis rare, the syphilitic development is much more rapid than in Europe."

This is remarkably confirmatory of the tendency to phagedenic ulceration observed in many tropical climates, often attributed to the use of of spirituous liquors amongst the sufferers. This can hardly be the case here, whether phagedenic sore is a special poison, or sown in a particular soil, or caused by mode of living, &c., are interesting questions, the rarity of constitutional evidences is also remarkable.

Patent Medicine Vending.

At the last meeting of the Pharmaceutical Society, Mr. Breton announced his intention of bringing this subject under the notice of the Society at its next meeting, with the view, if possible, of totally abolishing the tax payable for permission to sell patent medicines.

The President remarked that the question of patent medicines was under consideration in one or two quarters of the Government. He had once heard it proposed to double the stamp. There were many difficulties in the laws relating to this subject which the authorities would be very glad to have cleared up. They would like to consolidate the whole into one Act, so as to have a clear description of what a patent medicine was, and the duty to which it was liable. He believed the revenue from stamps and licences was about £90,000 a year.

Mr. Mackay said that it was a most desirable thing that the Council should move in the matter, with the view of not only getting an equalization of the patent medicine licence, but, if possible, of getting it reduced to the minimum sum of 5s. He was not at all displeased that the matter had now taken a somewhat official form, and he hoped it would be carried forward by the Society. It was a most anomalous thing that the same licence should be two guineas in some places and in others 10s. and 5s.

The President said he had seen the authorities at Somerset House, and the proposal he made to them was to equalize the license. He thought it might be fixed at one uniform sum of 10s., and in this case the revenue would probably not suffer from the change.

Mr. Haselden thought they lost sight of one point, and that was that if they reduced the price of the licence or abolished it, they would open the door to the sale of patent medicines by all sorts of persons. At the present time when patent medicines were growing beyond control, he should like to see not only the licence but the duty increased. If it were reduced, they would open the door to their sale by stationers, hatters, greengrocers, and others, and already co-operative societies were selling medicines without paying duty.

The Curability of Purulent Infection.

One of the most important questions in surgery was introduced last week, at the sitting of the Imperial Academy of Medicine, of Paris, by M. Alph. Guerin, and it elicited a debate which will probably be prolonged. The subject is the curability of purulent infection. The *Union Medicale* expresses its regret that the intention to raise the question had not been known beforehand, no one seemed to be prepared to treat of it, and the numerous academicians who have made the attempt, shewed plainly that they were taken by surprise. M. Guerin confined himself to a presentation of sundry preparations, and his explanation lacked precision and clearness.

The result of the discussion was, that all the surgeons who spoke, Mons. Guerin, Gosselin, Verneuil, and Broca, believe in the curability of purulent infection, and they all cited cases. What distinguished M. Guerin from his colleagues was, M. Guerin gave himself credit for cures of a particular line of treatment, while the other speakers attributed the cures either to some proceeding of which they were unconscious, or to circumstances which they endeavoured to explain. M. Guerin's remedy is sulphate of quinine in doses as large as four grammes a day. Mons. Gosselin, Verneuil, and Broca, however, had seen cases recover or die, whether they had taken sulphate of quinine or not, and M. Broca said it was illusory to believe in the efficacy of any one medicine, it was, in his opinion, to a certain line of treatment that confidence might be given, and that treament was alcoholic stimulation.

It remained for M. Briquet, the author of the best therapeutic monograph of our time on Cinchona, to plead the cause of the sulphate of quinine in purulent infection, and this Academician in a few very practical sentences, showed that the intermittent rigors of this terrible disease, were a powerful indication for the employment of quinine salts.

In the cases recalled by M. Guerin he thought he observed that the sulphate of quinine had a greater effect on the purulent infection, the less it produced such symptoms as singing in the ears, deafness, &c. M. Herard, however, considered this assumption to be contradictory to the commonest results of practice.

The discussion was renewed on Tuesday last.

Health of Dublin.

In the Dublin Registration district the births registered during the week ending May 22nd, amounted to 142. The average number in the corresponding week of the years 1864 to '68 inclusive, was 191. The deaths registered during the week were 146. The average number in the corresponding week of the previous five years was 166. Nine deaths were caused by fever, viz., seven by typhoid or enteric, and two by simple continued fever. Scarlatina caused ten deaths, diphtheria, croup, and measles one each. Eight children were carried off by convulsions. Twenty-one deaths resulted from bronchitis, seven from pneumonia or inflammation of the lungs, and six deaths were referred to lung disease unspecified. Phthisis or pulmonary consumption proved fatal in twenty-one instances. Four deaths were ascribed to hydrocephalus, or water on the brain. Heart disease was the cause of four deaths, and aneurism of one. Six accidental deaths were registered.

Effects of Temperature on the Muscular System.

M. Chononlevitch, of St. Petersburg, has recently published the results of a very important investigation on certain physical and physiological properties of muscle. He briefly summarises his conclusions as follows.

1. When heat acts on a muscle at rest, it produces two effects, the one physical and the other physiological. The physical effect is observed only between the temperatures of + two and + twenty-eight degrees centigrade. Between these limits the muscle acts under the influence of health, directly contrary to the effect on all natural bodies, it contracts by heat and expands by cold.

2. Above twenty-eight degrees centigrade, this purely physical influence is complicated with another action of a physiological nature. If the temperature be raised uniformly up to forty or forty-one degrees, a contraction is produced, of which the extent increases between thirty-five and forty-one degrees. The muscle is in a state which the author designates as "caloric rigidity."

3. If it be attempted to produce caloric rigidity in two muscles, one of which has been separated from the body two or three hours before the other, it will be found necessary to employ a higher temperature for the former muscle.

4. The volume of the muscle diminishes during rigor mortis.

5. The specific gravity augments under the same influence.

6. The absolute weight diminishes at the same time.

7. The volume of the muscle also diminish during caloric rigidity.

8. The mechanical tension of muscles causes also a diminution in their volume. This, according to the mechanical theory of heat, is in accordance with the succeeding fact.

9. In muscles, (principally living muscles), a certain quantity of heat becomes free, under the influence of mechanical extension.

Westminster Hospital.

The annual distribution of prizes to the Medical Students of the above hospital, took place on Thursday week last, and consisted of surgical instruments, medical and surgical works of standard value, and standard literary works of some of the best authors, including Hood, Tennyson, &c. The chair was occupied by Mr. John M'Clabon, who, at the close of the proceedings, announced his intention to offer a prize of five guineas next year, for "General Proficiency."

Sea Side Convalescent Hospital.

According to the report of the above institution just issued, which has been submitted to a general meeting, its monetary condition appears to be quite satisfactory. The year's balance is £245, which sum, when added to the reserve fund will represent about £2,250. During the year legacies to the amount of £2,000 have been bequeathed to it.

It is proposed to exclude from admission patients suffering from consumption and other diseases which generally prove fatal. The reason adduced to justify this step is pressure of applicants.

Sanitary Condition of the Borough of Salford.

Dr. E. J. Lyson, Medical Officer of Health for the Borough of Salford, has issued his report for the year ending December, 1868; from which it appears there has been an increase of 328 in the mortality for the year as compared with 1867. The number being 3,610.

Fifty-two per cent. (in numbers 1,893) were children under five years of age, of whom 1,173 had not attained the age of *twelve months;* 404 deaths he attributes to scarlatina, 373 to bronchitis; 367 to diarrhœa; 266 of the latter being under one year old. Phthisis comes next with her 281 victims.

The number of births for the year appears to be a shade higher than 39·41 per thousand, which it stood at in 1867.

The report has been prepared with much care and will prove invaluable to the statistician and the general reader.

Still, Saint Pancras.

The guardians of St. Pancras held a meeting on the 20th ultimo, to fulfil a pledge given by the majority of those who had been newly elected, which was to the effect that at an early opportunity the work put in progress by the late board in so far as it related to the intended schools at Leavesden, should be inquired into with a view to its discontinuance. The committee appointed to consider the subject reported that over £9,000 had already been paid to the contractor, that the distance from town of those schools was far too considerable (18 miles) and recommended that the Poor-law Board be applied to with a view to having the order given for the erection of these schools, rescinded. It appears the land had cost £13,000, the builder's contract £37,500 (which, with extras, would amount to £50,000), on which sum the ratepapers should pay interest. Mr. North, chairman of the committee, moved a resolution to the above effect, which was seconded by Mr. Parson, and supported by Dr. Collins. Dr. Edmunds moved an amendment naming a committee to reventilate the question and take evidence. Sir Sidney Waterlow seconded the amendment, which, on being submitted to the meeting, was lost. The original motion was carried.

The Church Surplus Funds.

THE following letter has been received from Mr. Gladstone, in reply to a letter from the Clerk of the Gort Poor Law Union enclosing resolutions adopted by the guardians in favour of appropriating a portion of the surplus funds of the Established Church in aid of workhouse hospitals and infirmaries, rather than in aid of county infirmaries:—

"10 Downing street, Whitehall,
May 14, 1869.

"SIR—I am directed by Mr. Gladstone to acknowledge the receipt of your letter of the 10th instant, enclosing a resolution of the board of guardians of the Gort Union, and to inform you in reply that there appears to be every reason to believe that the workhouse hospitals and infirmary are most useful institutions, and very well managed; but they are a direct charge upon the poor rate, and the preamble of the bill which has passed through committee in the House of Commons expressly declares that the surplus revenues of the Irish Church shall not be applied so as to cancel or impair the obligation now attached to property under the acts for the relief of the poor. With respect to the county infirmaries it is contemplated, before any aid is granted to them from the surplus, to improve their organisation, and render them more available for the class for whom they are intended; and the guardians will perceive that by relieving the county rates, either wholly or partially, from their support, the ratepayers will be more able to bear the charge of supporting the workhouse hospitals and infirmaries.—I am, Sir, your obedient servant, "ALGERNON WEST.

"Mr. James Slator."

The Water Supply of Dublin University.

PROFESSOR Apjohn and the Rev. Mr. Leslie have completed their analyses of several specimens of water, taken from the wells of Trinity College and its vicinity, and have published the results in a report presented to the Provost. The water examined has been taken from four pumps in different parts of the College, from a pump in Kildare street, at the corner of Molesworth street; from another in Creighton street, and from a seventh near Clarendon's Riding School. All of these pumps, with the exception of that at the back gate of the College, yield water so hard as to be quite unsuited for washing purposes and injurious to the health of persons of delicate constitutions. The most important constituents of these waters, however, in a sanitary point of view are the ammonia and the acid oxides of nitrogen which they contain. These constituents are well known to be products, in the first instance, of the putrefaction of organic matters containing nitrogen, and finally of its oxydation; and when they occur n quantity in a water, they prove its connection with he source of sewage, containing nitrogenous substances n some stage of decomposition. Such matters are highly eleterious in their action on the animal system, and it may be said with tolerable accuracy that the fitness of a water as a drink for human beings will be in inverse proportion to the quantities of ammonia and nitric acid which it includes. Of the seven pumps examined that in Creighton street was the worst, and that which supplies the College kitchen was nearly as bad.

The numbers in the subjoined table exhibit the fitness of the several waters which stand opposite to them:—

Creighton street water	0·95
Water used in College kitchen	1·00
Racket court pump-water	2·00
Water at Provost's House	1·63
Water from Kildare street	2·55
Water at back College gate	9·14
Water from Clarendon's Riding School ...	2·58

Sir Patrick Dun's Hospital.

WE published about six weeks ago a resolution arrived at by the Board of Trinity College in reply to the request of the physicians and surgeons of clinical hospitals in Dublin, that the compulsion on candidates for the medical degrees of the University to attend at Sir Patrick Dun's Hospital might be removed.

That resolution declared that the Board would be prepared to recognise the attendance at all clinical hospitals as soon as arrangements should be made for the devotion by the medical staff of Sir Patrick Dun's Hospital of their undivided attention to it.

At present two of its medical officers, Dr. McDowel, and Dr. Robert Smith, hold office also in the Richmond Hospital, and the following correspondence has taken place on the subject:—

"*To the Right Honourable and Honourable Governors of the House of Industry Hospitals.*

"Sir Patrick Dun's Hospital, Dublin,
"April 27th, 1869.

"My Lords and Gentlemen,—I am directed by the Board of Governors of Sir Patrick Dun's Hospital, to forward a copy of a memorial addressed to the Board of Trinity College by fifty-seven of the physicians and surgeons of the Clinical Hospitals of Dublin, together with two resolutions passed by the Board of Governors of Sir P. Dun's Hospital in reference thereto, and the final resolutions passed on the subject by the Board of Trinity College, on the 24th inst.

"As the Board of Dun's Hospital is unable to complete the arrangements for securing the undivided attention of their entire medical staff, without the co-operation of the Governors of the House of Industry Hospitals, they earnestly request such co-operation in order that both hospitals may be freed from the evils necessarily arising from the same persons holding Clinical appointments in the two hospitals; one of them also being at the same time physician to one hospital and surgeon to another.—I have the honour to be, my lords and gentlemen, your obedient servant,

"(Signed) "JOSEPH MULLEN, Registrar."

"House of Industry Hospitals,
"Dublin, May 6th, 1869.

"Sir,—I am directed by the Board of Governors of the House of Industry Hospitals to acknowledge receipt of your letter of 27th ultimo, in which the Board of Governors of Sir P. Dun's Hospital request the co-operation of this Board, in order that both hospitals may be freed from the evils necessarily arising from the same persons holding Clinical appointments in the two hospitals; one also being at the same time physician in one hospital and surgeon in another.

This Board fully agrees with the Board of Sir P. Dun's Hospital in opinion as to the evils necessarily arising from the same medical officers holding clinical appointments in two institutions. This Board had, however, no part in giving rise to those evils, for on the first occasion since the institution of the Board by Act of Parliament, when an election of medical officers to these hospitals was about to take place in January, 1868, when a surgeon from another hospital was among the candidates, this Board passed a resolution that no medical officer of these hospitals appointed then, or at any future date, whether physician or surgeon, should hold a Clinical appointment in any other hospital.

"The evils referred to in your communication have arisen from the appointment, either by your Board or by the Board of Trinity College, to the office of Clinical Surgeons to Sir P. Dun's Hospital, of two gentlemen at that time holding similar appointments in the House of Industry Hospitals, without communicating with this Board, or imposing any condition on those gentlemen as to their holding Clinical appointments in two Institutions.

"This Board would gladly co-operate with your Board in abating the evils complained of; but this Board does not see, nor does your letter point out, how such co-operation is to be carried into effect.

"I am, sir, your obedient servant,

"(Signed) JAMES WILSON HUGHES, Secretary, &c."

British Association for the Advancement of Science

Have issued a circular which announces that the meeting for the present year will commence inExeter, on Wednesday, the 18th of August next, under the Presidency of George G. Stokes, M.A., D.C.L., Sec. R.S., Lucasian Professor, of Mathematics in the University of Cambridge. As Exeter has never yet received a visit from the Association, the following information may be useful to many of its members. The population of the city is about 42,000. The hotel and lodgings accommodation in the city is quite equal to that of the majority of towns visited by the Association. Exmouth, Dawlish, and Teignmouth, watering places within about half-an-hour's journey by railway, have ample accommodation for visitors and their families. Exeter is about five hours' distant from London by the Great Western and South Western Railways, and is on the main line of railway to North and South Devon and Cornwall. Members proposing to make a tour through Devon and Cornwall should obtain tourist tickets, which will be supplied to any one member, on production of a card of membership, from all the principal stations in England. Tourists' tickets are available for a calendar month, and for a longer period by a small further payment. The journey can be broken at Exeter both in going and returning to North or South Devon and Cornwall. Members can obtain return tickets, available from August 16th to 28th, on production of their card of membership, at ordinary return ticket fares. Invitations have been already received by the Local Committee from the inhabitants of Plymouth, Devonport, Torquay, and Taunton, for the members of the association to make excursions into those neighbourhoods; and it is expected that excursions will be made to North Devon, Dartmoor, and other places of scientific interest during the meeting.

THERE will be a conversazione at the Royal College of Physicians, Pall Mall, on Wednesday next, the 9th inst.

BY a return just issued, we find the number of paupers in England and Wales have increased by 16,095, over the corresponding period of 1868.

THE University of Oxford on the 27th ult., granted £500 towards the erection of fever wards in the Radcliffe Infirmary.

A GRAND bazaar is announced in aid of the funds of the German Hospital, Dalston, to be held this day, tomorrow, and Friday. As will be seen by the announcement in another column, it is under distinguished patronage.

FROM a German paper we find that ophthalmia of a very contagious character has broken out in Berlin; precautionary measures have been adopted, as the profession in that City believed the malady to be of the same type as the terrible Egyptian Disease.

THE next examination for Matriculation, in the University of London, will commence on Monday the 28th inst.

There is a slight alteration relative to the Military College of Sandhurst, which will be seen on reference to our advertisement columns.

THE necessary advertisements have appeared announcing that a "meeting of the Fellows of the Royal College of Surgeons of England, will be held at the Hall of the College, in Lincolns-Inn-Fields, on Thursday, the 1st day of July next, at two o'clock in the afternoon precisely, for the election of three Fellows into the Council of the College."

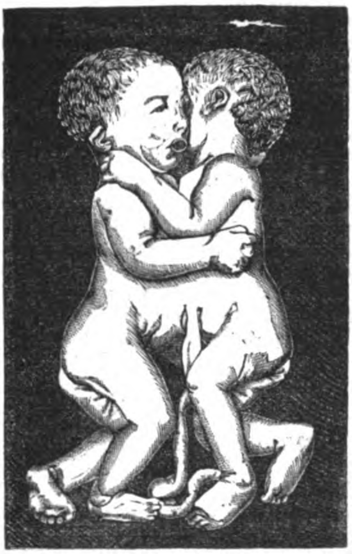
THE Prince and Princess of Wales, accompanied by the Crown Prince of Denmark, and attended by the Countess of Macclesfield, General Sir Willam Knollys, and Major Grey, were present on Monday at the "Annual View" of St. Bartholomew's Hospital, of which his Royal Highness the Prince of Wales is president.

AT Liverpool on Wednesday last, the magistrates imposed a fine of forty shillings upon a lodging house keeper for placing two lodgers who were suffering from small-pox, in a street cab for conveyance to the workhouse hospital. We cannot but rejoice at the decision of the bench to fine every person charged with like offences; and we hope the time is not far distant, when fever cabs, or hospital carriages will be found in every parish, accessible alike to rich and poor.

The famous Ribiri prize of 20,000 francs will be awarded for the the third time in 1871, by the Academy of Medicine of Turin. Our readers will recollect that this prize is given to the author of the best work published during the interval between 1868 and 1870, or of the discovery which shall have contributed to the greatest extent to the progress of medical science. Last year the prize was awarded to a German, Professor Brün of Tubingen, for his work on the laryngoscope. All the manuscripts must be transcribed in Latin, French, or Italian, and when a translation is sent in, it must be accompanied by the original. They must be sent into the Academy before December, 1870.

UNITED TWINS.

A brief notice of the fact of united twins being born in London, contained in our last issue, has proved of so much more interest than might have been anticipated, that we this week furnish an engraving of the twins, taken from a photograph courteously supplied to us by Dr. J. F. Rogers, the accoucheur in the case.



It should be stated that the union of two children is by no means so rare as some seem to imagine. Before the first exhibition of the Siamese Twins in England, in 1829, others had been publicly shown. The Hungarian Sisters, born in 1701, were much more remarkable. They were joined at the lower part of the loins, but in such a manner that they did not stand back to back, but half way inclined towards a position side by side. They were not perfect, as every organ was not double, one or two being destined for the use of both; one was an invalid, the other enjoyed fair health; one would sleep while the other was wide awake; one would be hungry or thirsty when the other was not; and so with regard to other functions they were quite distinct individuals. They died, however, almost together, at the age of twenty-two.

In the London Hospital Museum may be seen a specimen joined in front similar to that in our engraving to-day. In the same museum there is another specimen, joined by the back and sides; and others are preserved elsewhere.

Such united twins may be ranked as the more common kind of monstrosities. More rarely, individuals have been born and survived with a partially developed twin attached. Thus, a generation ago, a Chinese youth, said to be sixteen years old, was exhibited in London, who had a portion of a twin brother (consisting of the loins, arms, legs, &c.) so attached as to present the appearance of protruding from his stomach. Other instances are related on credible authority, in which the head of another body has appeared to grow out of the chest or some other part of an individual. There is an account of an analogous monster in the "Philosophical Transactions," vol. lxxix. The origin of such twins may be easily accounted for, and has been illustrated by experiments on the inferior orders of creation. We may add that the notion of maternal impressions, from the publicity given to the Siamese Twins, is only fit for a monthly nurse.

INTERN LYING-IN HOSPITALS AND EXTERN MATERNITIES.

The debate on Dr. Evory Kennedy's paper was renewed on Saturday evening last, with unabated vigour and interest, and, in anticipation of an address from Dr. Beatty and Professor Stokes, before a larger audience than ever. The President having taken the chair,

Dr. Beatty opened the discussion. He commenced by quoting the results of his own and his father's practice in respect of mortality from metria. His father attended 5,616 private labour cases. Of these, 13 had died; 2 from accidents of labour, 9 from puerperal fever, and 2 from non-puerperal diseases. Dr. Beatty himself had attended 2,064 cases, of which he had lost 17; 4 from accidents of labour, 8 from puerperal fever, and 5 from non-puerperal diseases.

Taking together his and his father's practice, they had had 30 deaths in 7,680 cases.

He proceeded to illustrate his view of the cause of metria by two cases which occurred within his own experience. In the year 1834 he had assisted the late Mr. Colles in an amputation of the breast, and had continued in attendance when the erysipelas set in. During the same period he was in attendance on a lady, who took puerperal fever and died. He was distressed to be obliged to acknowledge that he now believed he had unwittingly conveyed the contagion of erysipelas to this lady, and that it had developed itself in the form of metria. If he had done the same in the wards of a lying-in hospital, the result would have been the same in an infinitely greater degree. In 1855 he had attended another lady who suffered from external erysipelas, and after a week he had one morning observed that the nurse was absent, and was informed that she had been obliged to go to another lady. Within three days he was sent for to see another lady, and the first person he met on the stairs was the same nurse. The lady had taken metria, and was dead in forty-eight hours.

Dr. Beatty then proceeded to detail some cases from a most important series published by Mr. Seyde, of Edinburgh, in the year 1839. In the first, a lady had died of metria, and within a short period the servant had taken erysipelas and died, and the husband had suffered from an attack of fever and sore throat of an erysipelatous character. Each of the other cases illustrated the transmission of metria in the form of erysipelas to other members of the household, and even the communication of the disease to Dr. Imlack, the physician in charge, and, through the nurse, to persons outside the house.

Dr. Beatty proceeded to show that erysipelas and metria were convertible diseases, and proved, from the reports of the South Eastern Hospital, that when metria was epidemic so was erysipelas. In King's College Hospital, in the year 1867, out of 125 labours there had been 9 deaths, or 1 in 13·8 cases; and the mortality of six years was 1 in 28·9—a rate which, Dr. Beatty believed, was attributable to the location of the patients in a general hospital. He called special attention to the letter of Dr. Johnson, of Kilkenny, who reported that in his district metria was unknown, and so was erysipelas. He insisted that the relation between the diseases was not mere "resemblance," but absolute "identity;" and said that, though it might obviously be communicated epidemically, it might, with more probability, be spread by contagion. He combated Dr. Kennedy's view that its origin was proportionate to the number of patients congregated, for experience showed the direct contrary. There was no analogy for such a theory, and it was not possible to invent exceptions to natural laws to support special theories.

Dr. Beatty then proceeded to discuss the means of prevention. He said that no good surgeon would operate when erysipelas was prevalent, but as women could not postpone their operation, it was necessary to take every precaution to prevent infection. If she could do so, the mortality might, in his opinion, be absolutely stopped. But other means might be taken, and they were precautions on the part of the attendants. He believed fully that the great majority of cases arose from the transmission of the disease by medical students; if the risk of infection to many women be multiplied by the number of students, the wonder was that the mortality was not greater. He said that the class of students who now attended lying-in women were quite different from those who did so long ago, and the mortality had increased with the thirst for practical dissection. He would have the education in midwifery put off until after all other study had been concluded, and no student permitted on any account to enter a ward after contact with diseased or decomposed structures.

On the conclusion of Dr. Beatty's remarks, Dr. Stokes and Dr. Henry Kennedy addressed the meeting. We are compelled to postpone publication of their remarks.

The debate will be continued on Saturday next by Dr. Byrne.

Correspondence.

THE DEBATE AT THE DUBLIN OBSTETRICAL SOCIETY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The comments which appeared in your last impression relative to the proceedings of the Dublin Obstetrical Society call for some notice. Without doubt, the *prestige* of the Society was seriously damaged by the extraordinary oration which occupied the entire of the last evening; but it is most unjust to condemn the Society because one member is found capable of handling so serious a subject in a jocular manner. Surely you cannot accuse any one of the previous speakers of treating the subject in any but a becoming manner. This is, however, of comparatively little consequence compared with the insinuation conveyed in the assertion that the discussion had taken the form of "an overwhelming organisation for the defence of individual hospitals, and for the extinction of Dr. Kennedy." This I believe to be a most unjust insinuation, and one wholly without foundation. Is it likely that such men as Churchill, Beatty, M'Clintock, or Denham would be capable of joining in such a proceeding as the foregoing paragraph implies? the two former of whom were never in any way connected with either of the hospitals in question, but, on the contrary, were attached for years to small lying-in charities; while the two latter have no greater interest in them than Dr. Kennedy has himself—namely, that of being Governors and former Masters. The fact that such names as the foregoing must be included in "the organisation," if it existed, is, I think, sufficient proof of the incorrectness of the insinuation, but further, from my knowledge of the facts, I can without hesitation assert that no "organisation" exists or ever did exist; on the contrary, I believe that the great majority of the members of the Society have approached the subject with the most sincere desire of arriving at the truth. It was the duty of those gentlemen, who were practically acquainted with the working of lying-in charities, to express their opinion. Doubtless those opinions differ in many material points from Dr. Kennedy's; but, though almost every speaker proved some portion of Dr. Kennedy's statistics to be incorrect, and some of his conclusions erroneous, there was not one who attempted to say, as you would lead us to suppose, "that his facts and arguments had nothing in them." On the contrary, everyone admitted the truth of some of his "facts" and "arguments." Without doubt all the speakers were of opinion that Dr. Kennedy overrated the evils and under-estimated the good of lying-in hospitals, while some feared that the remedy he proposed, founded on insufficient, and, in some respects, erroneous, data, would prove a failure; and that, while it was easy for him to point out the defects of certain institutions, it was far from certain that the new plan would have fewer.

You say, "It will be a lasting regret and reproach if this debate goes forth from the Society without a word of independent opinion on the matter." Now, I would ask what is meant by "independent opinion?" Are not those eminent men whose names I have mentioned both independent, impartial, and above the suspicion of being actuated by unworthy motives? Has not the discussion been perfectly free? Has any impediment been thrown in the way of any member addressing the Society? Nay, more: has not the President on every occasion invited visitors to take part in the discussion? What greater freedom of discussion is possible? But if all the speakers have agreed in condemning some of the salient and novel propositions put forward in Dr. Kennedy's essay, or in exposing some inaccuracy, does it therefore follow that their opinion is not an independent one, or their unanimity "suspicious?" I regret trespassing thus on your space, but feel constrained to vindicate a Society, in the welfare of which I take a great interest, from what I believe to be unjust in your comments.

I am, Sir,

Your obedient servant,

A MEMBER OF THE OBSTETRICAL SOCIETY.

May 29.

[Although we cannot see that our correspondent's vindication of the Obstetrical Society was called for by any comments we have made, yet we insert his letter with satisfaction, because an opportunity is afforded us of repudiating his interpretation of our remarks. Our assertion that "the debate took the form of an overwhelming organisation" has been read by nine out of ten of our subscribers, we are convinced, as we intended that it should be,—in the sense that the general tenor of the discussion, the deliberate mode in which it was conducted, and the very remarkable unanimity of the speakers, was calculated to convey to the independent reader the impression that the speakers were biassed *pro* Rotundo and *contra* Dr. Evory Kennedy's views.

Whether this statement be or be not justified, it is equally unfair to us that our correspondent should attempt to apply our objection to the style of the debate to the speeches of individuals.

We can give expression to an opinion as to the tone of a lengthened discussion without charging any speaker with anything more than involuntarily contributing to that tone, and without in the least implying the existence of any organisation as it has been, we cannot swerve from our opinion, formed not without a patient study of the debate.

At the time when our comments were penned, eight obstetric members of the Society had, as far as we can recollect, spoken, of whom all but one were ex-Masters or ex-Assistant-Masters of the Rotundo Hospital, and of whom all, without exception, strongly condemned Dr. Evory Kennedy's opinions. Most of them were, we are convinced, unconscious of even a prejudice in the matter; yet, without doubt, the fact would be capable of an interpretation which it would have been better, if possible, to have avoided.—ED. M. P. and C.]

DR. DRYSDALE'S THEORY OF OVER-POPULATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In Dr. Drysdale's paper (in your number of May 5th) on the above subject, he speaks of preventing the miseries of over-population and starvation "by the prudent and common-sense practices of the French people." What are these practices? Let us have them fully set forth. Let us live with open windows. If they are "the best plan," if they are right to be done, they need not be hinted at, but should be explained to the profession, and made public.

Another word. What is thought to be a truth should never be half-stated. Either "dogmatism," "superstitions," "positivism," and the "true test of morality" are suitable subjects for discussion in your pages, or they are not. If they are, why not be more outspoken respecting them? but if not, then these passing flings at this or that creed are out of place and irrelevant to those things which are the proper subject of your periodical.

Finally, the title of this essay ought to have been, "Over-population, and how to prevent it," for that is what its author writes about. Among "causes of disease and early mortality" over-population ranks high, but so does intemperance, and so (*inter alia*) does the disgraceful state of the dwellings in which the poorer classes are compelled to live. While talking of over-population, let us not forget the two latter, which operate in a leading degree to sap and destroy the vital power of so many of our people, and which, if not speedily altered, must impair our national vigour.

I am, Sir,

Your obedient servant,

H. E. C. Nourse, F.R.C.S.,

Surgeon to the Brighton Hospital for Sick Children.

Brighton, May 31st, 1869.

◆

ON VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—We are aware from statistics, as from other experience, that since the discovery of the protective influence of vaccination, the fatality of small-pox has been considerably diminished; and it is now most probable that efficient vaccination confers a degree of immunity from that disease quite equal to that obtained by inoculation, while it is much safer, and by far less disgusting.

Though few physicians doubt the efficacy of vaccination in acting as a preventative against the contagion of small-pox, we should be loth, least, through carelessness in its operation (not being fully aware of the genuineness of the virus, and the healthiness of the party from whom it be taken), we should introduce into the system a disease equally as destructive. I think it may form a subject for discussion, whether or not phthisis and other diseases may not in this way be introduced into the blood of a healthy child. We know how diseases which lie latent in the system are brought out by vaccination. For my own part, as medical officer of a large district, I have taken lymph from children whom I believed at the time to have been perfectly healthy, but who had been previously affected with cutaneous diseases, and exactly the same eruptions were afterwards produced in healthy children who had been vaccinated with the virus. This has put me on my guard, having occurred in more instances than one, and in cases where (without previous knowledge) any one would say that the children from whom the matter was taken were in a perfectly healthy condition. It is also doubtful to me if the lives of one or two children were not caused by the introduction of tubercular matter, through the medium of vaccination, into their blood.

I must apologise for offering these few hurried remarks. I do not pretend to offer any theory of my own, my object being merely to elicit some observations on the subject from dispensary medical officers (more particularly from those located in country districts, who have more opportunities of judging of the after-effects of vaccination), with a view to understanding more thoroughly the dangers consequent on the introduction of unhealthy virus into the system, and whether or not hereditary diseases, such as phthisis, may not in this way be introduced into the blood.

I remain yours faithfully,

Richard Ambrose O'Kelly, L.R.C.P. Edin.,

Medical Officer of Dromleigh and Coolmountain.

May 15, 1869.

Medico-Parliamentary Intelligence.

The House of Commons resumed its labours the day after the Derby. Nothing of particular interest to our readers transpired on that day, and the attendence was small. On Friday last however, the Poor Act was on the orders of the day and Mr. Goschen moved the second reading of the Bill which he brought in some time back to amend Mr. Hardy's Metropolitan Poor Act of 1867. After explaining at some length all that had been done under that Act, he went on to particularize numerous considerations which made it imperative to proceed with the policy then commenced, costly though he admitted it to be. But the Bill, while giving greater facilities for amalgamation and classification, on the advantages of which, he expatiated very earnestly, would vary Mr. Hardy's progamme so far as to save the metropolis about £460,000. Among the most important points in the Bill he mentioned that it would give power to the Poor Law Board to dissolve small Unions and unite them with large ones, also to dissolve sick asylums and school districts in order to amalgamate them for other purposes. It would repeal all local Acts as far as the collection of rates goes, but its main feature was to obtain the great object of classification of paupers, not only sick but able-bodied, by amalgamation and exchange between different workhouses, rather than by new buildings.

At the close of Mr. Goschen's speech, the debate was adjourned until next Friday.

◆

Medical Gleanings.

THE SUBSTITUTION OF SODIUM FOR PHOSPHORUS IN LUCIFER MATCHES.

The *Chemical News* describes the result of some experiments by Dr. Fleck, of Dresden, on the manufacture of non-poisonous matches by the use of sodium in place of phosphorus. The paste employed is composed as follows:—

Sodium	0·5
Nitrate of Potash . . .	66·0
Sulphide of Antimony . .	36·5

The sodium is granulated by agitation in melted paraffin, and incorporated with the other well-dried ingredients in metal mortars under petroleum. The necessary adhesiveness is given to the mass by caoutchouc previously soaked in light petroleum oil.

VEGETABLE PHYSIOLOGY.

In a paper addressed to the French Academy of Sciences, M. E. Faivre examines the part played in the white mulberry tree by the latex or descending sap. Physiologists are very much divided as to the real nature of its action. Is it a secretion? Does it constitute an alimentary residue, destined to undergo a new manipulation, so to say? Is it to be considered in the light of a serous liquid containing matter capable of assimilation, or is it a mixed compound, containing not only the latter, but likewise excretory substances? Such are the questions that are agitated, and in order to arrive at a reasonable conclusion, M. Faivre has very wisely confined his observations to a single plant, the white mulberry tree; and in this pursuit he has been engaged five years. Within the limits assigned he has arrived at the following conclusions:—1. The latex is *not* a transitory formation of the vegetable organism. In the mulberry tree it is found at every time of the year in the trunk, the roots, and the twigs. If any one of these parts be diseased or mortified, if it cease its functions normally, as is the case with the leaves, the latex diminishes and disappears. It abounds in the inner layers of the bark, where great vegetable activity prevails; it accumulates in large proportions at the base of each incipient bud, in the limbus of the leaves during their growth. 2. It is ascertained that, when cuttings are planted in winter in a hotbed, those which have wood-buds and containing a large quantity of latex, scarcely contain any as soon as the buds have opened; so that their development coincides with a diminution of that sap. The effects produced by the striking of the cutting become especially perceptible when the twigs just treated are compared with others taken on trees at the same period, and as much as possible in the same condition. The same results are not perceived in such cuttings as are laden with fruit-buds. 3. The connexion between active vegetation and the diminution of latex is also proved by the following experiment :—Let an annular excision be effected in spring on a ligneous twig, the buds being removed above the cut, and the existence of latex in the parts subjected to the operation being ascertained. All the buds or new leaves sprouting out above the excision should be carefully removed as often as any appear, and before their complete development. This done; on cutting off the twig, it is found that the latex has disappeared, and that the amylaceous deposit, the existence of which has been shown in the ligneous strata, has likewise, at least partly, disappeared. From all this and other experiments, M. Faivre arrives at the conclusion that the latex, though it may contain excretory principles, certainly plays a part in nourishing the plant.—*Galignani.*

THE TERMINATION OF THE SENSIBLE NERVE OF THE URINARY BLADDER. BY DR. M. PFLAUM.

EXAMINATIONS about the relations of the nerve in the mucous membrane of the urinary bladder, which I made last winter session under the direction of Professor Chryonsczewsky, were of the following results :—

I. The little nerve trunks of the sub-mucous membrane send off fine nervous twigs, or more frequently single nerve fibres, which pierce the mucous membrane in different directions, and finally terminate in the following double way :

1. Either the nerve fibres go directly to the deeper epithelial layer, where they change into piriform nuclei containing structures, or

2. They unite in the upper part of the mucous membrane to a horizontally arranged plexus, and from this are eliminated those fibres which unite with the piriform structure.

II. Against the epithelial nature of these piriform structures speaks besides their form the following :

1. In a solution of carmine they get more intensely coloured than the neighbouring epithelial cells, and

2. They adhere more strongly to the mucous membrane than the common epithelial cells.

III. They are on the contrary of nervous nature, which appears from the following :

1. Chloride of gold gives them, in the same way as to the nerve fibres, a dark brown or even black colour, whilst the surrounding connective tissue and the epithelial cells are not at all changed by it.

2. Every one of these structures is anatomically a continuation of the axis cylinder of a nerve fibre. This continuation became evident by the isolated preparations.

IV. Before the junction with these terminal apparatuses, the axis-cylinder often undergoes a dichatomous division.

V. The nerve shears disappears for the most part, still before the concerned fibre has reached the epitheial layer.

By this examination I availed myself of a solution of carmine, a solution of chloride of gold, and a solution of chronic acid (for isolating). I also made use of pencil and needle.

IRON SUGAR.

A NEW preparation of iron has been recently introduced into medicine by M. C. Chautrand, under the name of *Sucre Ferrugineux.* It is in the form of small distinct cubical crystals of cane sugar, having a reddish-brown colour due to the presence of a portion of peroxide of iron in a soluble condition diffused in and upon each crystal. When introduced into cold water it dissolves, forming a deep red solution, only a trace of the oxide of iron remaining insoluble. If the solution be boiled or kept for some time, the oxide is precipitated.

This preparation appears to contain nothing but a pure hydrate of peroxide of iron associated with the cane sugar. The proportion of iron present is not large, but the compound is pleasant to the taste, and is intended to be taken in doses of two to four teaspoonfuls half an hour after meals.

NOTE ON DISPENSING.

A RECIPE, the main ingredients of which were as follows, was directed to be prepared :—

℞ Potass. Chlorat. ʒss. ;
Sodæ Hypophosphit. ʒj. ;
Syrup. Simpl. ℥ss. ;
Aquæ *ad* ℥vj.

The salts, owing to pressure with regard to time, were mixed energetically together in a mortar. Explosion ensued with no other dangerous result than whirling the pestle to a distance, and slightly injuring the dispenser. The mode of compounding this and similar formulæ is to dissolve the salts separately, when no accident can happen.—*Pharmaceutical Journal.*

Medical News.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—At the annual meeting of this society, Thomas Hammerton, Esq., M.P., in the chair, Henry Sterry, Esq., was elected a vice-president, and the following gentlemen directors, viz., Nathaniel Grant, M.D. ; Francis Bisset Hawkins, M.D. ; Henry Pye L. Drew, Esq. ; Erasmus Wilson, Esq. ; James Hinton, Esq. ; and Frederick G. Reed, M.D. The statement of accounts read showed a total of £2,504 10s. granted in relief during 1868, an increase of £261 over that of the preceding year. At the end of the year 52 widows and 27 children were receiving relief in sums from £50 to £20 per annum for the widows, and from £25 to £5 for the children. During the year 6 widows and 11 children had been added to those already on the books ; 6 widows receiving grants had died, and 2 children had become ineligible. The secretary stated that already, during the present year, applications for assistance had been received from 5 widows and 18 children. The meeting was brought to a close by an unanimous vote of thanks to the Court of Directors for their trouble and zeal in managing the affairs of the society.

OXFORD UNIVERSITY AND THE RADCLIFFE INFIRMARY.—The subjoined paper has been circulated :—" It has been suggested that a short printed explanation should be laid before Convocation as to the grant of £500, which the University has been asked to make towards the provision of accommodation for fever cases upon the grounds of the Radcliffe Infirmary. The following statement has in consequence been drawn up by the undersigned, who had the duty of asking the Council to recommend the making of this grant entrusted to them. The governors of the Radcliffe Infirmary, having decided to provide certain accommodation for fever cases, have determined to draw largely upon their own resources in furtherance of this object. They have also sought aid from other sources besides the University, and as they have reason to believe, with good hope of their application being successful. The peculiar interest which the University has in the establishment of such an addition to the Radcliffe Infirmary as the one contemplated has not been overlooked. This will be seen from the following extract from a resolution passed at a special court of the Governors of the Infirmary, held May 12, 1869 :—' That these, or some other beds, be also available for use by patients whose friends are willing to remunerate the infirmary, to the extent at least of the whole course of their treatment, whenever such beds are not likely to be in requisition for the poor.' ' It has been decided to provide upon the present occasion accommodation for sixteen fever cases; and the powers given by a recent resolution to the committee of management as to the application of the capital of the infirmary in aid of the undertaking furnish a sufficient guarantee for the completion of the work.'—John Slatter, Henry W. Acland, George Rolleston."

◆

NOTICES TO CORRESPONDENTS.

IN all cases when proofs are sent, it is of the utmost importance for them to be immediately returned.

DR. JONES.—The subject has been fully discussed in our columns.

MR. GASCOYNE.—Thanks. It shall have early attention.

J. D.—The paragraph in question is simply untrue.

DR. MOUDON.—The letter, like several others, is unavoidably postponed.

J. L.—Messrs. Churchill and Sons.

DR. WARING-CURRAN's address has been mislaid. He would oblige by forwarding it.

DR. WUCHERER, Bahia, Brazil.—Your communication upon worms of a species not yet described, met with in the urine of patients suffering from Intertropical Hæmaturia in Brazil has come to hand, and shall receive early attention.

DR. WILLIAMS.—The letter on Legally-qualified Midwives shall appear in our next.

DR. J. WILLIAMS, America.—By next mail, you will receive the [illegible] volumes of this journal, as per your order for which we tender our thanks, also all the copies up to the present time, issued since the amalgamation of the MEDICAL PRESS and the MEDICAL CIRCULAR.

During the past fortnight we have been favoured with several very flattering letters from America and Canada, as to the high position this journal has attained in those countries. Our friends will please accept our best thanks for their congratulatory communications.

COMMUNICATIONS, Enclosures, &c., received from Mr. Summers, Haverfordwest ; Mr. J. Finlayson, Manchester ; Mr. J. G. Wilkinson, London ; Mr. Tichborne, Dublin ; Dr. Palfrey, London ; Dr. W. H. Williams, London ; The Secretary, Anthropological Society ; Mr. T. L. Wilkinson, Owestry ; Mr. Cadbury ; Mr. J. Cope, Manchester ; Mrs. Baines, London ; Messrs. Willmer and Rogers, New York ; Dr. Collenette, Guernsey ; Mr. H. P. Sawyer, New York ; Mr. Grase ; Mr. C. Maw ; Mr. H. E. C. Nourse, Brighton ; Dr. Holman, America square ; Mr. R. Freeman ; Dr. Wurcherer, Brazil ; Mr. J. Lade, Bury ; Dr.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 9, 1869.

CONTENTS.

PAGE

LECTURE.

On Fibrous Tumonrs of the Uterus. By Jas. Palfrey, M.D., M.R.C.P., Assistant Physician, Accoucheur to, and Lecturer on Diseases of Women at, the London Hospital; formerly Obstetric Physician to the Farringdon Lying-in Charity, and to the Metropolitan Free Hospital, and to the Surrey Dispensary, &c., &c...... 471

Foreign Objects in the Bladder 472

OUR ANALYTICAL DEPARTMENT.

Cocoa. Report on the Quality at present supplied to the British Market 473

ORIGINAL COMMUNICATIONS.

Iodide of Ammonium in Diseases of the Glandular System. By I. Waring-Curran, L.K.Q.C.P.I., L.R.C.S., &c.... 475

HOSPITAL REPORTS.

Meath Hospital and County Dublin Infirmary.—

The Use of Opium in the Treatment of Hare-lip after Operation. Mr. Macnamara's Clinique 476

TRANSACTIONS OF SOCIETIES.

Anthropological Society of London.—Mr. Harris on the Distinctions Mental and Moral, Occasioned by Difference in Sex; Mr. Allan on the Real Differences in the Minds of Men and Women 476

Surgical Society of Ireland.—Dr. Benson on Œstrus Veterinus found in the Brain of the Horse; the President's Address; Dr Williams on a Remarkable Case of Recovery from very Extensive Injuries received on Board a Ship in 1860 477

LEADING ARTICLES.

Brighton Drainage.................... 480

The British Medical Association and its Journal.................... 481

Tests of the Proficiency of Students 482

SCOTLAND.

Royal Society of Edinburgh.............. 482

NOTES ON CURRENT TOPICS.

The International Medical Congress at Florence.............................. 483

The Mortality at Brussels................ 483

Female Medical Education in London 483

The Late Refusal to Vaccinate 483

Epidemic of Cholera in Gambia 483

The Sea as a Motive Power 484

University of Oxford 484

Education of the Deaf and Dumb 484

Royal College of Surgeons of England.... 484

Vaccination in Bombay.................. 484

Infanticide.............................. 484

The Health of Dublin.................... 485

The Order of the Bath 485

The Loyalty of the Medical Club 485

Royal College of Surgeons in Ireland 486

CORRESPONDENCE.

Charles Drysdale on Over-Population 487

Henry Williams on Legally Qualified Midwives 488

R. Summers on Law *v.* Medicine 489

H. Eschwege on Cocoa 489

David Jacob on Mr. Stapleton's Method for Fractures of the Femur not Novel .. 490

OBITUARY.

John Nolan, Esq., M.D. 490

LEGAL INTELLIGENCE.

In Chancery.—Pulvermacher *v.* Hammond 491

Notices to Correspondents, &c. 491

Lecture.

ON FIBROUS TUMOURS OF THE UTERUS.

By James Palfrey, M.D., M.R.C.P. (Lond).

Assistant Physician, Accoucheur to, and Lecturer on Diseases of Women at the London Hospital; formerly Obstetric Physician to the Farringdon Lying-in Charity, and to the Metropolitan Free Hospital, and to the Surrey Dispensary, &c., &c.

LECTURE V.—Part I.

Gentlemen,—Resuming to-day the consideration of the treatment of these fibrous tumours of the uterus, I wish, before speaking of the management of the separate forms of the disease, to make a remark or two upon a plan of treatment which for many years has been very much in fashion, and which by the sufferers is frequently regarded with implicit faith and confidence. I refer to the periodical resort of patients suffering from fibroid disease to places possessing waters impregnated with various salts, and these waters, taken internally, combined with the daily use for some hours of tepid hip, or entire baths, have long had the reputation of curing these growths of the uterus. The waters of Kreuznach, a town of Rhenish Prussia, have, above all others, enjoyed the reputation of being efficacious in reducing uterine fibroids. The springs of this place are found to be impregnated with the salts of bromine. I have patients who have for several years travelled to these places, and who have returned to their homes at the close of the season certainly in far better general condition than when they left us; but in no case have I seen a real diminution of the uterine growth from which they suffered, and I have long ago arrived at the conclusion that the improvement that takes place in these patients results from the careful general management to which they are subjected by the physician who, residing on the spot, usually takes charge of, and presides over, every movement of each visitor during the period of her visit to "the Baths." Should any of you be sufficiently interested in this subject to wish to pursue it further, I can refer you to the account published by Dr. Prieger, of Kreuznach, as also to the analysis of the waters of that place given by Dr. Sutro in his work on the "German Mineral Waters" (London, 1851). And now let us make a remark or two upon the few special points of treatment that will demand your attention in the first or subperitonial variety of fibroids. It is not often that patients suffering from this form of disease will require much attention. The principal complaint for which you will be consulted will be the inconvenience arising from the weight of the tumour, and in those cases in which it has attained a large size, and exerts pressure upon neighbouring organs (if the pedicle be long enough to admit of its moving freely about in the abdominal cavity), pain in, or disturbance of, the functions of the organ so interfered with, you will find both these conditions relieved by the use of a silk elastic abdominal belt, so made as to be drawn over the patient's legs and envelop her abdomen and pelvis. I have long discarded the use of those belts, which being fastened behind (in many cases, by almost innumerable laces, buckles, straps, and other contrivances), fail, in consequence of the unequal pressure they exert, to be of the slightest use. A simple elastic belt, slightly stiffened by some thin whalebone slips in front, and an under strap and pad to keep it in position, suffices to give support to the abdominal parietes, and removes the pressure which the growth causes upon the abdominal viscera. Here I must mention a condition you will not unfrequently be called upon to treat. In my first lecture I said that although I had never seen true inflammation of a fibrous body, yet active inflammation of the peritoneum covering these growths was not a rare occurrence, and it is in these cases of sub-peritoneal tumours that this limited peritonitis most often takes place. The attack, as I have seen it, usually begins in much the same way as simple peritonitis, rigors, heat of skin, and a rapid, but not the usually small, hard pulse of peritonitis are conditions soon followed by acute pain of greater or less severity in the region of the growth. This pain is always increased on pressure. The patient lies on her back with the thighs drawn up and flexed; the countenance, however, is never expressive of that intense anxiety and suffering which is so characteristic of puerperal inflammation. The tongue is white and coated, the tip and edges being red; vomiting is generally present, and increases the patient's distress; there is also constipation from the beginning, and often tympanitis. The attack usually runs its course in seven, or eight, or ten days. The treatment I have adopted has not been heroic; usually eight or ten leeches to the painful spot, followed by the constant use of spongio piline, soaked with hot poppy decoction; this followed in a few hours by the hypodermic injection of some quarter or third of a grain of morphia in solution. The internal administration of solid opium in one or two grain doses, every four or six hours, to relieve pain and stay peristaltic action, a cradle over the abdomen to prevent pressure of the bedclothes, the daily use of the warm vaginal douche, and about the sixth or seventh day the exhibition of a warm gruel and turpentine enema, perfect mental and bodily rest, ice in various forms, such as iced milk, orange or lemon water ices, iced beef tea, administered at short intervals in very small quantities, are the means I have seen sufficient to conduct the patient safely through the attack I have described. There is one fact concerning this limited inflammation I must record, and it is that these attacks are very likely to recur. I have seen on three or four separate occasions a most interesting example of this acute inflammation with Mr. Joseph Loane, of Whitechapel; it occurred in a woman the subject of a sub-peritoneal fibroid weighing many pounds. On each occasion the patient has been to all appearances dangerously ill, and in considerable peril, the pain and vomiting on the first occasion inducing very considerable exhaustion. From each attack this patient has wholly recovered, and been able to resume her usual duties. I may observe that I have abstained in the majority of these cases that I have had to treat from giving any form of alcohol during the attack, and the patients have done well without the exhibition of any form of stimulant. I have never yet seen a fatal result follow an attack of this circumscribed and limited peritonitis. I must tell you that these tumours have been removed on various occasions by opening the abdominal cavity, as is done in ovariotomy—the pedicle of the growth being ligatured or divided by the écraseur. The success that has attended the operation has been very small indeed, deaths from hæmorrhage, peritonitis, or pyæmia, following the removal of the tumour in the majority of the cases in which it has been performed. Several times I have been urged by the subjects of these sub-peritoneal growths to undertake their removal in this way, but I have in every instance refused, because I believe the occasions are very rare indeed that this form of the disease destroys, or even shortens life, and seeing that at all times, and under the most favourable circumstances, the abdominal incision is an operation attended with very grave and serious risks, I consider that I am not justified in placing a woman's life in great and severe peril for the advantage of ridding her of a growth which, at the worst, is but an inconvenience and disfigurement. It is but fair to tell you, however, that Dr. Atlee, of Philadelphia, has opened the abdomen, and removed these out-growths on many occasions. You will find a very interesting account of his operations, and the results that have attended them, in a paper he published in the transactions of the American Medical Association for 1853, entitled "The Surgical Treatment of Certain Fibrous Tumours of the Womb." Now and then also it has happened, and that too in the hands of some of our most experienced and accomplished obstetricians, that these sub-peritoneal fibroids have been mistaken for ovarian tumours, and their removal has been effected after the parietes have been divided, and the mistake made apparent. In conclusion upon this first form of Fibroid, I will remark, that should any special symptom present itself, or any accident occur in the progress of the case, you must treat that symptom or accident in exactly the same way you would if it were to occur in the course of disease in any other organ of the body. Bring, I say, your general principles of therapeutics to bear upon the conditions, and you will act wisely. In treating the interstitial form of Fibroids the symptoms that will most frequently demand your attention are:—1st. Congestive tumefaction of the whole uterus, which will manifest itself not only in increased sensibility of that portion of the uterine wall in which the tumour is situated, but by a general tenderness of, and increase in the volume of, the womb, and more especially will this hypertrophy, be noticed just before each menstrual period. No treatment is so successful for the relief of this congestive state as repeated local blood-lettings by means of leeches applied to the os uteri, this proceeding followed by a warm hip bath, and a full dose of the tincture of hyoscyamus, has never in my hands failed to relieve the troublesome and distressing symptoms I have just mentioned, and I know of but one contra-indication to the adoption of the plan above proposed, and that is the presence of profound anæmia. Of course, should this latter condition be present in this, or any other form of the disease, you will pause before abstracting even the smallest quantity of blood. Do your best in this case by a generous diet and the judicious administration (in the intervals of the menstrual periods) of some form of iron, combined with the observance of every hygienic means calculated to improve and restore the healthy character of the blood, and having succeeded in this then you may resort carefully to the local abstraction of blood from the congested uterus. The second important symptom in this variety of fibrous tumour will be pain as I have before told you, sometimes it will be lumbar, at other times it will be hypogastric pain that will call for relief. Now, without doubt, the most speedy manner of relieving these various pains is the administration of opium or some of its salts. My experience has taught me that the patients in every class of life very soon become accustomed to the use of this drug, and before long by the gradual increase in the quantity taken, they tolerate its use to such an extent that the quantities they take is, in many instances, enormous. Hence it is that I ask you to put off as long as possible the habitual administration of this drug, patiently try the various sedatives; give in turn for the relief of these pains—hyoscyamus conium, the extract and tincture of cannabis indica, aconite, and the other remedies of this class, and when at last you are driven, as you will be, to commence the use of opium, begin by using a vaginal pessary composed of one half a grain of sulphate of morphia made into a suitable form with the butter of cacao, and let this be carried to the upper part of the vagina (the patient being at the time in bed) as often as the severity and duration of the pain demands; should this after a time fail to give ease and relief from suffering, I then advise you to commence the administration of morphia by the hypodermic method, a quarter of a grain or even less than this quantity injected in the neighbourhood of the pain is always followed by many hours of freedom from distress. The instrument I have for some years used, is one made for me by Mr. J. Banks, of the firm of Maw and Son. I send it round to you, and you will see that each turn of the screw represents the injection of a drop of the solution of morphia, one grain of the salt being contained in ♏xxiv of the solution.

(To be continued.)

◆

FOREIGN OBJECTS IN THE LUNG.

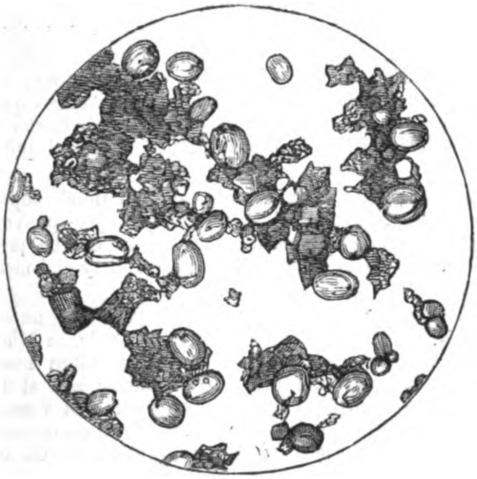
A METALLIC tube composed of zinc and copper, one half an inch long, and weighing eleven grains, was recently in a fit of coughing expelled from the lungs of a girl twelve years of age, living in New York City. The tube, being the whistle of an india-rubber air ball, was two years ago accidentally forced into the upper part of the larynx, and thence in the attempts to remove it by emetics, was lodged in the lungs. During the whole of the period mentioned, the girl suffered from an oppressive senation on the chest and from continued coughing. During one of the paroxysms the tube was ejected. This occurrence gives a strong illustration of the remedial force of nature which is sometimes successful in affording relief when all the resources of surgery and medicine have been tried and failed.

Our Analytical Department.

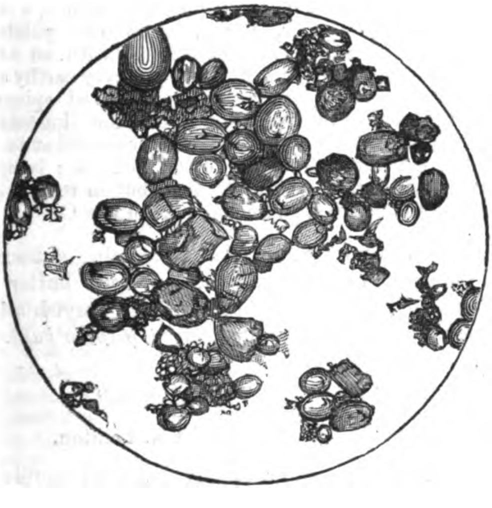
COCOA.

REPORT ON THE QUALITY AT PRESENT SUPPLIED TO THE BRITISH MARKET.

(Continued from page 456



Epps's Cocoa.—This sample was unavoidable left out of our last number.



—Collier's "Patent Cocoa," from a micro-photograph, magnified 200 diam.

20th Sample.—National Cocoa.

Messrs. J. and S. Fry and Sons, London and Bristol.

This sample consisted of almost 40 parts of cocoa, 38 of sugar, and 22 of starch, which seems to have been submitted to heat.—*Largely mixed with starch and sugar.*

21st Sample.—Improved Pearl Cocoa.

Messrs. Taylor Brothers, London.

This sample consisted of about 34 parts of cocoa, 42½ of sugar, and 24½ of starch; contains granules of arrowroot and sago meal. The ash was rather coloured, and amounted to 2 per cent.—*Largely mixed with sugar and starch.*

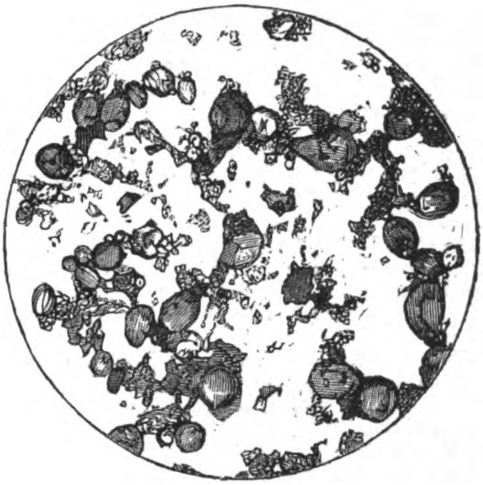


Fig. 6.—Fry's "National Cocoa," 200 diam.

22nd Sample.—Concentrated Meat Cocoa.

Messrs. Dunn and Hewett, London.

Examined microscopically, this preparation was found to consist of muscular fibre, cocoa, arrowroot and sugar. It contained about 50 per cent. of cocoa, and gave 2 per cent. of ash.—*Consists of cocoa, meat, arrowroot, and sugar.*

23rd Sample.—"Improved Homœopathic Cocoa."

Messrs. J. and S. Fry and Sons, London and Bristol.

This sample consists of about 50 of cocoa, 25 of sugar, and 21 of arrowroot, with sago meal. It is very difficult to say, as regards this cocoa, what is the origin of the starch from the fact that it evidently has been submitted to some heating process, by which the granules are burst. The amount of ash was 2 per cent. in this sample.—*Largely mixed with about equal weights of arrowroot and sugar.*

24th Sample.—"Caraccas Cocoa."

Messrs. J. and S. Fry and Sons, London and Bristol.

This specimen consisted of about 54 cocoa, 32 sugar, and 14 arrowroot, which had been submitted to a similar treatment as that in No. 23 Sample:—*Largely mixed with sugar, and small quantity of arrowroot; cocoa good quality.*

25th Sample.—Fry's Iceland Moss Cocoa.

Messrs. J. and S. Fry and Sons, London and Bristol.

From advertisements.

"A preparation of cocoa combined with Iceland moss, adapted for persons of weak digestion, and for general consumption."

Contained about 46 parts of cocoa, 34 of sugar, and 20 of starch. The starchy matter in this sample consists of arrowroot, the granules of which have been burnt by heat, sago meal, and a little Iceland moss.—*Contains a large proportion of sugar, and small quantity of arrowroot, sago meal, and Iceland moss.*

26th Sample.—Chocolat-Menier.

From advertisements.

"Model manufactory, founded in 1825, at Noisiel-on-

Marne, near Paris, for the special manufacture of chocolate of superior quality.

"The Chocolat-Menier is to be found everywhere in town and country; there is no alimentary substance which has acquired a greater or a more merited reputation. Is it not, in fact, the first which, from its low price and its superior quality, has been placed within the reach of all? It offers what the most particular amateurs seek for, and what all medical men desire—a wholesome and agreeable food, and a renovating power.

"Those advantages are due to a special system of manufacture, and to a careful selection of the raw materials, which M. Menier import direct from his own plantations, or through agents residing in the countries where they are best produced.

"The Chocolat-Menier, prepared with the most particular care, recommends itself by its nutritive and digestive properties, as well as by its fine flavour and aroma.

"Its quality, which is unrivalled, defies all honest competition.

"Moreover, M. Menier has found in the report of the International Exhibition of London (1862), a new reward for his efforts in promoting and extending the general consumption of chocolate, After stating that the productions of M. Menier are among the number of those which the jury has particularly remarked, the reporter adds:—

"'The productions of M. Menier come from his large manufactory at Noisiel, where he has at his disposal tools, and a series of apparatus, which enable him to operate on a quantity of the raw material large enough to obtain annually 1,800,000 kilogrammes (four million English pounds) of chocolate. M. Menier, by the extension which he has given to his manufacture, and by the commercial activity he has displayed, has powerfully contributed to extend the use of chocolate.'

"A medal was awarded to him for the 'excellence of quality' of his chocolate.

"Annual consumption now exceeds 5,000,000 lbs.

"The juries of the International Exhibitions of Dublin 1865, and Oporto 1865, have confirmed that decision by awarding new medals to M. Menier for the good quality of his productions."

Chocolate (Santé).

	s	d
Fine quality, yellow paper . . .	2	0
Fine superior quality, shammy paper . .	2	6
Superfine quality, pink paper . . .	3	0
Extra fine quality, blue paper . . .	3	6

With Vanilla.

	s	d
Fine quality, green paper . . .	2	6
Fine superior quality, lilac paper . . .	3	0
Superfine quality, bronzed paper . . .	3	6
Extra fine quality, glazed white paper . .	4	0

With tapioca, sago, salep, milk of almonds, &c.

		s	d
First sort	per lb.	3	0
Second sort	per lb.	2	6

The sample examined was the quality "fine," in yellow paper; it was pure, and consisted of nothing but sugar and cocoa. The first substance, however, in a very large proportion; it contained about 60 parts of sugar to 40 of cocoa (see sample).—*A pure chocolate; sugar and cocoa.*

27*th Sample.*—Chocolatine.

Messrs. L. A. Loewenthal and Co.

From advertisements.

"The most concentrated, soluble, and invigorating preparation of the purest extract of cocoa obtainable from the most select portion of the choicest cacao or cocoa beans, such as never reach the English market, but are secured by (their) especial agents residing in South America; and by their new process in which no iron or metallic, but only granite, marble, and porcelain, machinery and implements are used, they extract from the most perfect and sound part of the nibs all pernicious, fatty, and other deleterious substances and impurities, rendering chocolatine the most nutritious, alimentary, and delicious beverage ever offered to the public; imparting more vitality and vigour to the digestive organs and the nervous system than any cocoa or chocolate obtainable.

"The most eminent physicians (homœopathic, allopathic, as well as others) recommend this chocolatine especially for its anti-dyspeptic, anti-flatulent, highly tonic, and nerve-soothing properties, pronounce it the best friend of sufferers from indigestion or victims of nervous irritability, strengthening the most delicate digestive organs, and invaluable to invalids and children.

"Chocolatine dissolves almost instantaneously in boiling water or milk, remains unaffected by time or climate, and, by reason of its concentrated form, occupying very little space, is admirably adapted for exportation and sea voyages; in fact, proves far preferable in every respect to the ordinary adulterated cheap cocoas of the day, and quite as economical.

"A few reasons why chocolatine is so much superior, more sanitary, economical, and in every respect preferable, to the common cheap adulterated cocoas of the present day; and why it is daily used by the nobility and medical profession.

"The common cocoa beans (containing the nibs) imported into England, as may be seen, any day of sale, in Mincing lane, are mostly mixed, inferior in quality, often mouldy, unripe, and wormy, and are sold at public sale at 6d. to 1s. 3d. per lb.; whilst the choicest portion of Venezuela and other South American district crops are all contracted for in advance by the few resident agents at 1s. 6d. to 2s. per lb.

"When the first-named cheap cocoas are ground for the preparations now sold, the husks and fibres of the beans (a very unwholesome ligneous substance) are indifferently separated and often remain entirely, and for this reason, as also for the purpose of cheapening the article, a large quantity of sugar, flour, starch, arrowroot, potatoes, damaged sea biscuit, &c., are roasted, and with an addition, in many cases, of Spanish brown (a heavy earthy substance) to give weight and colour, and mixed spices to obscure the taste of these cheap but pernicious ingredient. In this way the cocoa and Co. is sold to the public at 1s. 2d. or 1s. 4d., and wholesale at 8d. to 10d. per lb.; is apparently a very palatable thick beverage, but in reality containing very little cocoa and much more of the Co.

This cocoa is pure, except that it contains a trace of cassia; about 18 to 20 per cent. of the cocoa butter has been removed; gave about 6 per cent. of a greyish ash.—*Genuine; flavoured with cassia, and part of cocoa butter removed.*

28*th Sample.*—"Chocolatine."

Messrs. A. Loewenthal and Co., London.

Wrapped in white paper, exactly similar to sample 27, except that it contained no cassia. This sample and No. 27 were in tin vessels, which did not hold 2¼ ounces, and were marked 9d.—*Genuine.*

29*th Sample.*—Gatti's Chocolate.

The chocolate consisted of about 40 parts cocoa, 50 of sugar, and 10 of starch, mainly consisting of wheat granules.—*Contains starch.*

30*th Sample.*—Fry's Vanilla Chocolate.

Messrs. J. and S. Fry and Sons, London.

A pure chocolate, flavoured, and containing about half cocoa and sugar.—*Genuine; cocoa, sugar, and vanilla.*

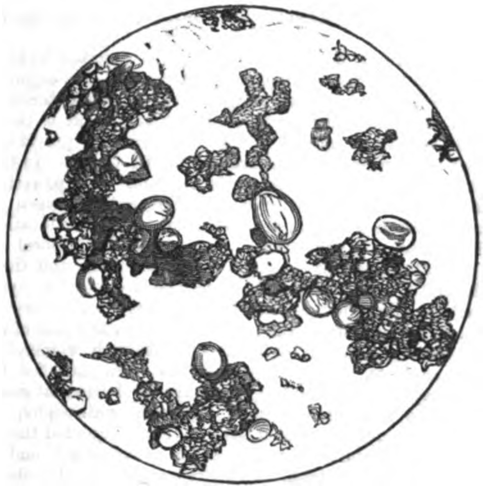


Fig. 7.—"Gatti's Chocolate," 200 diam.

31st Sample.—Chocolat Menier (for eating).
M. Menier, Paris.
Pure; sugar and cocoa (40 *per cent.*).

32nd Sample.—Fry's Chocolate for Eating.
Messrs. J. and S. Fry and Sons, London.
Genuine; sugar and cocoa (42 *per cent.*)

33rd Sample.—Chocolate Creams.
Messrs. Cadbury Brothers, London and Birmingham.
Genuine; cocoa and sugar.

(To be continued.)

◆

Original Communications.

IODIDE OF AMMONIUM IN DISEASES OF THE GLANDULAR SYSTEM.

By I. Waring-Curran, L.K. & Q.C.P.I., L.R.C.S.I., &c.

The iodide of ammonium in diseases of the glands I find by experience a much more active therapeutic agent than that of the iodide of potassium, whether internally administered or locally applied. In the following forms of glandular disease I can testify to its efficacy and curative properties, and have no hesitation in pronouncing it one of the best preparations with which I am acquainted.

Goitre.—There is no part of England wherein I have seen more cases of bronchocele than at Bacup, a cotton manufacturing valley, about twenty miles from Manchester. Sixty per cent. of the female population suffer from goitre in some shape or form. The usual history is, that it commences "*during the pains of the first labour.*" I have had ample opportunity of remarking the accuracy of the statement that there was a connexion between goitre and the uterine functions, that the gland became enlarged during the menstrual period, and particularly so in old goitres in women about change of life, when the discharge is scanty and the colour altered. All the several varieties of bronchocele are to be seen in the valley of Rossendale. One patient is so unfortunate as to possess one which I am confident would weigh fourteen pounds; it extends over the clavicles and sternum, upon which latter it rubs, and causes little inconvenience apparently. The enlargement has been steadily increasing for thirty-seven years.

Cases of incipient goitre treated soon after their being first observed with the iodide of ammonium made good and permanent recoveries. I prescribe the iodide thus:—

℞ Ammonii iodidi, gr. xl.
Spiritus chloroformi, ʒij.
Aquæ camphoræ ad., ℥viij.
Cup. ℥j., ter in die.

At the same time I direct the following cerate to be rubbed into the growth night and morning:—

℞ Ammonii iodidi, ʒij.
Glycerini, ʒij.
Adipecis benzont, ℥jss.

In some few cases I have obtained great benefit by stopping the iodide of ammonium mixture for a few days, and substituting the hypophosphites of lime. Hitherto, I have inwardly given the old standard formula of iodine with iodide of potassium, but a more extensive field in the treatment of the complaint convinces me of the superiority of the drug I advocate.

Tabes mesenterica.—The local application of the iodide of ammonium ointment over the abdomen, and the internal administration of the same drug—the age of the patient guiding the dose to be exhibited—surpass any form of treatment previously had recourse to. Of course the convalescence is slow, and cod-liver oil or glycerine, pancreatine and suet and milk must be given; but these I include more among the articles of diet than the medicines of the physician. A steady perseverance with these measures effects much good. The iodide of ammonium appears to reduce the size of the enlarged glands whose functions are impeded, and to permit the process of assimilation to go on in its natural way.

Strumous enlargement of the lymphatics, wherever situated, if treated before pus has actually formed on the areolar tissue covering the part disorganised, will, as a rule, yield to the iodide of ammonium, combined with a generous diet and change of air. I have before me, in my case-book, the history of a girl, aged eleven years, who had long suffered from strumous enlargement of the cervical glands, the sequelæ of scarlet fever. She had taken syrup of the iodide of iron, Parrish's "chemical food," iodide of potassium, quinine, and cod-liver oil, but without effect. As a last resource, and it was one of the first cases wherein I prescribed it, I directed her to take three-grain doses of the iodide of ammonium twice a day, and to apply the cerate containing the same preparation. I had the satisfaction of observing day after day the well marked gradual diminution of the glands, and the speedy restoration to health. The relatives informed me afterwards that their patience was so exhausted with the girl failing to improve, that they were in the act of calling in further advice. Had such been done, and the iodide of ammonium prescribed, the consequences would have been unpleasant in the extreme. And how often is it that members of our profession obtain a notoriety through similar occurrences, while in one or two instances I know they had not the honesty to give credit where it was actually due and well won, but retained for themselves a success to which they were far from entitled.

Simple strumous adenitis gives way more rapidly and with better results under the iodide of ammonium than any other treatment.

Sympathetic bubo has, in four cases which I have specially treated with the medicine advocated, terminated so satisfactorily that I cannot refrain from recording the circumstance.

Enlargement of spleen after ague.—I had an opportunity last August of testing the therapeutic effect of the ammonium in some cases of enlarged spleen in a most fenny district of South Lincolnshire. Although the benefit was not permanent in any of the cases, as I believe it was not persevered in for a sufficient length of time, yet, during the period the drug was being administered, the more immediate symptoms appeared to yield to it.

Chronic hepatic enlargement has in several instances been recorded in my case-book, where blue pill, podophyllin, taraxicum, and nitro-muriatic acid have proved inert, turned out as cured. I can strongly recommend the drug in this disease, but I invariably blister the hepatic region first, and then dress the blistered surface with the iodide of ammonium cerate.

Tubercular sarcocele was treated in three instances by the iodide of ammonium. In two of the cases there was a syphilitic history, and as the patients were pressing for a speedy rather than an effectual recovery, I combined four drachms of blue ointment with the iodide of ammonium cerate, with the best effects subsequently; so that I am unable to give all the credit to the iodide of ammonium—a drug which my experience teaches only requires to be fairly experimented with in order to be more generally employed in diseases of the glandular system.

Hospital Reports.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. Thornley Stoker, M.D., L.R.C.S.,
Demonstrator of Anatomy in the Royal College of Surgeons in Ireland.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

The use of opium in the treatment of hare-lip after operation.

Mr. Macnamara's Clinique.

In showing to his class an infant on whom he had performed the operation for the cure of hare-lip, Mr. Macnamara took occasion to speak of the extreme value of opium as a means of quieting the child and assisting the surgeon during the healing of the wound. He was in the habit of using it constantly, and he believed that its employment was one of the great points in the treatment of such cases. Its dose, of course, must be carefully proportionate to the age of the patient, and although he operated as soon as the children were brought to him, thinking that the earlier the fissure was closed the better, he had seen no ill effects following its use. In infants of the age of that which he showed them—eight weeks—the following formula afforded a mixture of sufficient strength :—

℞ Tinct. opii, ♏ij.
Syrupi, fl. dr. ij.
Aquæ, fl. dr. vj. ♏

Of this mixture, a teaspoonful should be given every hour until the child became quieted, and should then be used in sufficient quantity to continue the effect. The use of the opium should, he thought, be continued until the wound was sufficiently united to prevent it being torn by the cries and struggles of the little patient.

Transactions of Societies.

THE ANTHROPOLOGICAL SOCIETY OF LONDON.

At its last meeting this Society entered again on the old question of the relations of the sexes. Two papers were read summarising the two opposite views, a brief abstract of these will be found interesting.

The first paper was read by Mr. G. Harris, F.S.A., on

THE DISTINCTIONS MENTAL AND MORAL, OCCASIONED BY DIFFERENCE IN SEX.

The difference between the sexes was asserted to be one of a material nature only, affecting not merely the organisation, but also the texture and temperament of the material frame, which could not however be supposed to extend to the immaterial part of our nature. A great difference prevails in different departments of nature in regard to sex. In the case of some animals, the female is larger and more powerful than the male; and however great the difference between individuals occasioned by sex, that occasioned by age, education, and other causes, are wider still. Among mankind moral as well as mental differences ought to be considered; and the establishment of a difference did not necessarily imply a superiority on either side, though one sex must necessarily assume the rule. Among animals the greatest feats in the way of instinct have been performed by females. Although women have, in many respects, greater opportunities than men for literary effort, especially in the large amount of leisure at command, they have not equalled men either in philosophy, poetry, painting, or music. But if they have not equalled the men as composers, they have rivalled them as vocalists, and also as performers on the stage. In history and fiction female writers have been below the rank of male authors; in the art of letter-writing they have perhaps in certain respects, exceeded them. As regards certain moral qualities, however, such as courage and constancy, experience might lead us to doubt whether the females might not claim the superiority; in deeds of heroism they have rivalled, if not eclipsed, the men. In respect for their capacity for government, the instances adduced of great female sovereigns, showed that here also the softer sex is fully capacitated for the highest duties. As regards professions fitted for females, those which embraced the care and instruction of the young, and ministering to the sick, women are peculiarly adapted to fill; and in many branches of literature, as well as in business of several kinds, they are fitted to engage. Nevertheless the differences between the sexes are both essential and extensive, and such as no artificial attempts can lessen; that difference, however, may not be one of actual mental or moral superiority on either side; each sex has its proper sphere of exertion and its sphere of duty, in which, and in which alone, it is calculated to excel.

The second paper read was by Mr. J. McGrigor Allan F.A.S.L.

ON THE REAL DIFFERENCES IN THE MINDS OF MEN AND WOMEN,

Which was intended as a challenge to the advocates of the intellectual equality of the sexes. It entered into elaborate arguments in support of the propositions that "There must be radical, permanent distinctions in mental and moral conformation, corresponding with those in the physicial organisation of the sexes." The writer held that man excels in reason—woman in intuition; and adduced as a proof of woman's inferior reflective power, her superior instinct, in which man is surpassed by most mammalia. Girls are quicker than boys, because woman reaches maturity sooner than man,—a strong argument against the alleged equality of the sexes. Woman is always more or less an invalid. For physiological reasons, which underlie the whole question, no woman can pursue uninterrupted mental and physical labour, like man. The paper contained details as to the relative size and conformation of the crania and brains of man and woman. The assertion, that women are successful rivals of men in the fields of intellectual labour was disputed. Women are not first-rate novelists. In the highest branches of art they cannot compete with men. Of all public professions, the stage offers an opening the most legitimate for female energy and talent. Women excel as singers, dancers, actresses, and musical performers. Here there can be no invidious rivalry of sex. All women are more or less actresses, for nature and habit combine to render them proficients. In the highest realms of literature and science, man reigns supreme. The inventing, discovering, creating, cogitative mind is pre-eminently male. In the domain of pure reason, it is extremely doubtful whether women have contributed one profound original idea of permanent value to the world. Women who fulfil conjugal and maternal duties properly, are the finest specimens of the sex, and are working far more efficiently for the mental and moral progress of mankind, than those who complain of the tyranny of man and the slavery of women. We dare not ignore the lessons of experience. Thousands of years have amply demonstrated the mental supremacy of man; and an attempt to revolutionise the *status* of women on the assumption of an imaginary equality, would, as Dr. Broca says, "induce a perturbance in the evolution of races; and hence it follows that the condition of women in society must be carefully studied by the anthropologist." Women who claim equality of the sexes are, in reality, contending for empire. They want masculine in addition to feminine privileges. They wish to be both men and women, but are nondescripts. The study of nature leads us to scout the palpable falsehood, that there are no real distinctions in the minds of men and women.

SURGICAL SOCIETY OF IRELAND.

(Continued from page 459.)

Dr. Kennedy said the person with the fracture of the radius to whom Mr. Tufnell had referred was recently under his care in the Cork Street Fever Hospital with an attack of pneumonia, fromw hich he had recovered. His attention was directed to the deformity of the man's arm, and on asking him about it he said he had been lockjawed for twenty-eight days and recovered under the care of Mr. Tufnell. With regard to the treatment of tetanus, there had been several recoveries after mercury, and he thought therefore that treatment by mercury should not be forgotten. That great physiologist, Lockart Clarke, had established the fact that on *post-mortem* examinations of the spinal chord of persons who had died of tetanus there was something like inflammatory matter poured out.

Dr. Hewitt should be glad to know if any of the members of the society had experience of the hypodermic injection of atropine? He had read recently the statistics of some cases of tetanus treated by that means, and out of eleven cases there were nine recoveries. Of the two who did not recover one was such an advanced case as to be almost hopeless when the hypodermic injection was resorted to.

Professor Macnamara said that some years ago he went through a good deal of labour to ascertain what was the most successful mode of treating tetanus. The result of his investigation up to that time was that by far the greater number of successful cases were due to the administration of belladonna. At the same time, he thought the treatment by nicotine should be fairly tested.

Dr. White said that he saw a case treated by sub-cutaneous injection under the care of Mr. James Stannus Hughes. It was of the subacate form, similar to the case brought forward by Mr. Morgan; for he looked on it as a rule that all cases of acute tetanus die. Dr. Hughes used a solution of atropine, and the man left the hospital quite well. It was a mild case, however, which would have got well without any treatment. If there was any line of treatment to be relied on in tetanus, he thought it was by the use of mercury; and he thought Dr. Morgan's case was no exception to the rule, for the man was mercurialised before the treatment by nicotine was tried. Some years ago he met with two cases of traumatic tetanus, which recovered under mercurial treatment. He learned that from their President's father; he followed that treatment until the patient became convalescent. In each there was some return of the spasms, and he then used the treatment by belladonna. He had seen both those individuals lately, and both were healthy and doing well. If the statistics were looked into narrowly it would be found difficult to discover cases which had been exclusively treated by one method. Whenever a hospital surgeon saw a case of tetanus they ransacked the pharmacœopia to see how much medicine they could put into the patient. He saw no reason for departing from the calomel treatment, and then when spasms remained, trying belladonna.

Dr. E. Hamilton said that Dr. Frazer, the assistant lecturer on Maderia Medica in Glasgow had published the statistics of cases in which the Calabar bean had been used by sub-cutaneous injection; and he stated that there are as many as nine cures out of eleven cases treated by that method. This was well worthy the attention of the surgeon, and it ought to receive a fair trial. It was his intention to put it to the test whenever an opportunity arose for so doing. The solution must be a neutral one. The solution of one-third of a grain in water was acid, but it could be neutralized by carbonate of soda. It might be injected every three or four hours with advantage.

Mr. Croly had seen several cases of tetanus in the City of Dublin Hospital; and the experience of the surgeons there was that acute cases of tetanus were rapidly fatal, and that nothing could save the patient. The first case he saw of recovery by mercury was that alluded to by Mr. Tufnell, where the boy's hand had been injured by a hook. He had had three or four cases under his own care of recovery from tetanus, but none of them were very severe. He had a case of idiopathic tetanus in a person who had been exposed to great heat in a tan yard during the time he was house-surgeon at the City of Dublin Hospital. He chloroformed that case, beginning the chloroform inhalation the moment he saw the yawning occur. The spasm was relieved, but the instant an attempt was made to give fluid, it was regurgitated through the nose. The only effect of chloroform was to quiet the death of the patient. He had seen nicotine used with success. He thought sufficient credit was not given to the late Mr. O'Beirne for having introduced this treatment. He advocated tobacco treatment, which was practically the same as nicotine. It should also be remembered that it was to another Dublin surgeon, Abraham Colles, that they were indebted for the introduction of the mercurial treatment.

Professor Macnamara observed, in reply to an observation of Dr. White, that in the analysis he had made he carefully excluded every case in which other medicines besides belladonna had been relied on; and he ascertained, beyond doubt that when belladonna had been steadily given, more recoveries were due to it than to any other mode of treatment up to the time he made the investigation.

Mr. Stapleton had seen belladonna used by the late Mr. Kirby, and when the patient died, the stomach was found full of green belladonna mixture. He had seen great dilatation of the pupils produced by the use of belladonna, but without the slightest benefit to the patient. He had had one case of tetanus that recovered. The symptoms did not come on until eighteen or nineteen days after the accident. He believed he was the first person that called the attention of the society to a case of tetanus treated by the inhalation of chloroform. He thought at first he had a great success, for when the patient was put under the influence of it he was able to open his mouth, and to drink and swallow his medicine. The spasms continued, chloroform was again administered, and in the end, when the man was fully under the influence of chloform, he had spasms which nearly jerked him out of the bed. He did not believe they had discovered anything of use in acute tetanus, and he did not think the nature of the injury had much to do in aggravating the attack, for he had seen acute tetanus occur from a mere injury of the skin as well as from a compound fracture.

Mr. McDowell said he had seen one case of idiopathic, and two of traumatic tetanus. One of the latter was under the care of Mr. Tufnell, and he thought it was a case of acute tetanus. The effect of nicotine in that case was most remarkable. The man was perfectly rigid. He got a full drop of nicotine, and eight seconds afterwards all his muscles became relaxed, and for fifteen or twenty minutes they remained in a placid state. Gradually the spasms returned again, and on the repetition of the dose subsided.

Mr. B. Wills Richardson remarked that the observations of Professor Macnamara on the subject of the belladonna treatment were of great interest, as they differed so much from the results at which Mr. Curling had arrived. Mr. Curling had shown that, up to the period of the publication of his work on tetanus, there were more recoveries from tetanus after the treatment by tobacco than after the administration of other remedies.

Mr. Morgan in reply said he did not put forward the case as an acute one. No doubt he at first got the man under the influence of mercury, but so far from that being beneficial he got worse under it, and was steadily getting worse until he put him on nicotine. The dose was small at first, but in twenty-four hours amounted to something considerable.

ŒSTRUS VETERINUS FOUND IN THE BRAIN OF THE HORSE.

Dr. J. H. Benson read the following paper:—

Mr. President, I wish to exhibit to the society an interest ing specimen of a *larva* found in the brain of a horse.

Last year my father bought a horse from a gentleman in the country, and got a certificate of the horse's soundness from a veterinary surgeon. On the first occasion, the horse was put in harness after he arrived in Dublin, he went remarkably well, but when, in two days afterwards, he was again driven, he went very awkwardly and heavy, and scarcely obeyed the bit. By the next day it had become almost impossible to drive him, for, besides his heavy slovenly gait, at intervals of about forty or fifty yards, he would make a sudden rush to the right side of the road, totally regardless of the many conveyances that might be passing at the time, and almost quite unrestrained by the rein. With the greatest difficulty, however, and with the most praiseworthy good temper on the part of the coachman, who thought at the time that it was "all sulk" on the horse's part, he was at length got home, and was never afterwards put in harness. He began now to look sick, dropped his head in the stable, refused his oats, hay, and bran, and thinking the whole thing strange, we had Mr. Paley, the veterinary surgeon to see him. Mr. Paley, seemed also puzzled, and was inclined to ascribe his symptoms to the presence of worms in the intestines. Mr. Paley, accordingly purged the horse very freely, but without benefit, for he got weaker and weaker. It now became evident that there was slight paralysis of the left fore-leg, and very soon the horse became incapable of moving in the stable without staggering, and even falling, and subsequently he was altogether unable to stand, though it was plain he preferred that position if it were possible, and he used to make such desperate plunges in his efforts to stand that it was found necessary to pad the walls of the very large box-stall which he occupied, in order to prevent him dashing his brains out. Very large sloughs finally formed on the left hip, shoulder, and side of the forehead; and after a total period of a month's illness he eventually died. As we were anxious to have an accurate and thorough *post-mortem* examination of the different parts, we procured, the valuable assistance of my friend, Dr. McAlister. We first removed the brain and examined carefully its consistence, the ventricles, and the various other parts, and all seemed perfectly normal, until we came to the fourth ventricle. On its floor we perceived some punctiform vascularity, a form rather rare in the brain, and in its cavity we discovered the larva which I have exhibited. It was lying quite free in the cavity of the ventricle without any appearance of a nidus, or any depression in which it might be supposed to have lodged. It was dead. We were unable too, to detect any passage or abnormal communication by which either it or its eggs could have entered. We next took out the heart. It was soft and flabby and very friable, and both Dr. McAlister and I examined it carefully with the microscope, but found no trace of fatty degeneration. The muscular fibres, however, had lost much of their characteristic appearance, and their transverse striæ were very badly marked and almost absent. What I examined first was not a section, nor a fresh cut surface, but a surface which, after it had been cut remained exposed to the atmosphere for twenty-four hours, and had already began slightly to decompose. On examining the scrapings of this surface with a quarter-inch focus lens, I found to my astonishment the whole field of the microscope studded with prismatic crystals of ammonia-magnesian phosphate. I next examined the scrapings of a fresh cut surface but found no crystals whatever; but when that same surface had been exposed for two hours to the air, it exhibited as before the characteristic crystals of triple phosphate. I repeated the experiment several times, and on every occasion with the same result, viz., a fresh cut surface exhibited no crystals, but a surface exposed to the air for an hour and half or upwards, contained innumerable minute crystals; and the longer the surface was exposed the larger and more perfect were the crystals. As to the other parts, the intestines contained a great number of bots, and the spinal cord was somewhat softened in its cervical region. I regret that the horse's urine was not examined. Possibly we might have found sugar in the excretion on account of the irritation of the floor of the fourth ventricle, which, according to Claude Bernard, produces temporary diabetes. However, that same physiologist says, that section of the spinal cord checks the formation of sugar, and in this case the *softening* of the cord might have acted in a similar way. The other organs of the body appeared sound. As to the presence of the crystals of triple phosphate on the cut surface of the heart, I have not been able to hear or read of anything similar having been observed. However, we can very well understand how the thing may have occurred, since we had present all the constituents of the salt, viz., ammonia, as a product of decomposition, and magnesia, phosphoric acid and water, as normal constituents of muscular tissue. But with reference to the most interesting fact, namely, the presence of the larva in the horse's brain, it may seem almost incredible, yet such is the fact, for I saw it there *in situ* myself, before it was disturbed. But its mere presence is not the only strange circumstance about it. It is an external rare species of the genus œstrus and class to which the common bot belongs. For a long while I was unable to find any reference to it, or get any clue as to its nature; but a few hours ago Dr. McAlister, who took an interest in it, kindly informed me that he has ascertained that the larva was described, but not figured, by Bracey Clarke, in the 3rd vol. of Trans. Linnean Society, in the year 1796, and afterwards by the same gentleman in 1841, under the name of *œstrus veterinus*. Clarke mentions the larva as having been found in the stomach and frontal sinus of a horse. Previous to Clarke's description Linnæus described the larva under the name of *œstrus nasalis* having found it in the nose of a horse, but it has never been described by anyone as having been found in the *brain* of any animal, as this was. Nor can we account for its presence in the fourth ventricle? It certainly seems difficult to suppose it could have made its way there from the frontal sinuses, but it would be still more difficult to account for its presence by any other way that I know of. When looking over the new edition of *Kirby and Spence's Entomology*, I met a passage which suggests the probable way by which this animal effected an entrance into the brain. In speaking of a large blue fly, of Jamacia, which "buzzes about the sick in the last stages of fever," the author says—"An instance is recorded of a lady, who, after recovering from a fever, fell a victim to the maggots of this fly, which from the nose found their way through the *os cribriforme* into the cavity of the skull, and afterwards into the brain." Its entrance accordingly by some such way as through the cribriform bone seems to me the only tenable supposition; and once in the brain, we could understand its finding its way to the fourth ventricle.

Mr. Stapleton asked were there any lung symptoms?

Dr. Benson replied that there was some slight difficulty of breathing, but not well marked.

Dr. McAlister remarked that he had assisted Dr. Benson in examining the brain of the horse, and that it was singular to find a larva in a cavity so comparatively closed as the fourth ventricle. He believed the larva to be that of *œstrus nasalis* of Linnæus, the *œstrus veterinus* of Bracey Clarke. He remarked that there were three species of œstrus whose larvæ were parasitic in the horse; œ. equus. or the common bot. œ. hæmorrhadalis *and œ. veterinus*. He also stated that it was an interesting fact that in ancient times these gadflies were probably more numerous in Britain than they are now, for Festus Avinus tells us that Hamilcar Barca, the Carthagenian, in his voyage to the west of Europe, visited the *Insulæ Ostrymuoides*, or Island of Gadflies, by which he meant Britain.

Dr. Kennedy thought the symptoms must be set down to something more than the larva in the vertricle.

Dr. Stapleton said that the sub-arachnoid fluid communicated with the fourth ventricle, and if the larva got into the sub-arachnoid fluid he did not see why it might not get into the ventricle also.

Mr. McAlister said he had mentioned that the fourth ventricle was to all intents and purposes a closed cavity. He knew it had an opening, but he would like to see Dr. Stapleton forcing such a larva as that into it.

Mr. Stapleton.—It was small when it got in, and subsequently grew to its present size.

Mr. Croly observed that in case of death from staggers in a horse it would be worth while ascertaining whether the symptoms might not have arisen from an affection of this fourth ventricle. It was a question whether irritation of the ventricle would produce sugar in the urine, and whether the presence of sugar would produce staggers.

Dr. Benson, in reply to Mr. Morgan, said that the *post-mortem* examination had been made thirty-six hours after death. As to Dr. Kennedy's observations, he did not put forward the existence of this larva in the ventricle as producing the symptoms. He thought if they were not cause and effect they were certainly remarkable coincidences.

THE PRESIDET'S ADDRESS.

Gentlemen,—I shall not detain you with any lengthened remarks at this late hour, but it now becomes my duty to announce that our meeting to night closes this session of the Surgical Society of Ireland, and in doing so, I feel that I can fairly congratulate you on the undiminished success which has attended our meetings. The objects which the Society had in view have been fulfilled in a most satisfactory manner, and I am confident that our proceedings, and the importance of the communications, would contrast favourably with those of any other Medical Society in Great Britain, or on the continent of Europe.

When I had the honour of presiding at the opening meeting of the Session now past, I ventured to predict that the flourishing condition of the Society would continue, and certainly I feel that you will agree with me in stating that our most sanguine expectations have been realized.

In the first place, our meetings have been largely attended, secondly, the discussions which have taken place although at times animated, and even warm, yet they have always borne the stamp of that courtesy and good feeling which should ever mark the cultivators of one of the noblest, most useful, and learned of all the professions; lastly, the communications which have been brought before you are remarkable for their variety and practical value.

I shall now give you a brief analysis of the proceedings of the meetings held during the past Session :—

First Meeting.

Mr. Morgan exhibited an interesting specimen of Syphilitic Disease of the Larynx.

Professor Hargrave read a case of Cancer of the male breast.

Dr. Hewitt exhibited the ulcerated intestines removed from a patient who died of Typhoid Fever.

Mr. Stapleton detailed a case of Medullary Cancer of the left buttock.

Dr. Kinkead communicated a case of Exfoliation of greater portions of both parietal, and the frontal bones after a severe burn.

Mr. Croly read a paper on Femoral Hernia, and advocated not opening the sac.

Second Meeting.

The Vice-President exhibited a specimen and cast of Enchondroma of the second and third finger of the right hand.

Mr. Morgan exhibited a specimen of Syphilitic Disease of the Larynx in a Female. Gangrene of the nose also occurred in this patient.

Mr. Stokes read a paper on Fracture of the Larynx.

Dr. Henry Kennedy read Notes on Medicines.

Third Meeting.

Mr. Croly related a case of Lithotomy.

Mr. Morgan read a case of Subclavian Aneurism.

Mr. Fleming exhibited a drawing of a case of Subcoracoid Dislocation in a patient aged twelve years.

Fourth Meeting.

Mr. Morgan exhibited a specimen of Destruction of the female urethra by Ulceration.

Dr. Frank Thorpe Porter related a case of Intestinal Obstruction.

Dr. Charles Moore read a paper suggesting the use of a tin director under starch bandages, whilst cutting them.

Mr. Morgan communicated a case of Popliteal Aneurism cured by Compression.

Mr. Brookey exhibited a specimen of Ossification of the right Gluteus Maximus muscle.

Dr. W. F. Stoker exhibited a good example of Hour-glass Contraction of the Stomach.

Mr. Edward Hamilton exhibited a specimen of fracture of the fourth Cervical Vertebra.

Fifth Meeting.

Mr. Maurice H. Collis related the histories of cases of Myeloid Tumours of the jaws.

Mr. Stokes read a case of Femoral Hernia successfully treated by operation without opening the sac.

Dr. Darby exhibited an ingenious Splint for fracture of the thigh.

Mr. Richardson exhibited a section of a Hemp-seed Oxalate of Lime Calculus.

Sixth Meeting.

Dr. John H. Benson exhibited a specimen of Medullary Cancer of the liver and kidneys.

Dr. Nolan, of Wicklow, communicated a case of Compound Dislocation of the ankle-joint.

Mr. Croly read cases of Fracture of the Fibula.

Professor Mapother related a case of Simultaneous Dislocation of both Patillæ outwards.

Seventh Meeting.

Mr. Croly read the histories of cases of Operations on the Jaws.

Mr. Stokes read a paper on Wharton's Amputation of the Thigh.

Eighth Meeting.

Mr. Tufnell related a case of Ilio-Femoral Aneurism in which he ligatured the external Iliac artery.

Dr. Hewitt exhibited a good specimen of Ulcer of the Stomach.

Dr. Darby read a paper on the operation for Femoral Hernia without opening the sac.

Mr. Wharton exhibited a useful Splint for extending the Knee-joint.

Gentlemen,—I am sure you will join with me in expressing the opinion that the character and work done, is highly creditable to the gentlemen who took part in our proceedings, and to the Society itself.

The President said I have been congratulating you on our prosperity—I have pointed to the bright side of the picture; but, alas, it has its reverse. This society has sustained a sad and severe loss since I had the honour of presiding at the opening of the session now at its close. Then there was one present who was apparently in the vigour of manhood, full of life and energy, and, as far as we could judge, forward in the race for professional advancement. A true lover of his art, he laboured to elevate Irish surgery. It is needless for me to say that I allude to Maurice Henry Collis. In every way he took a deep interest in this society; he rejoiced in all its successes, he was a most regular attendant at the meetings of its council and its evening re-unions. From his earliest days, as a practising surgeon, he brought forward communications of great value, and was on all occasions wont to take part in the practical discussions with clearness and ability; and whilst he always maintained his own opinion, by sound reasoning and force of argument, he was ever ready to listen to that of others who differed from him with an attentive ear and liberal mind. Gentlemen, I could speak of his high and noble traits of character, of his sincere friendship, during a period of nearly twenty years that we were associated as colleagues; but this is not the place. I wish to do honour to his name and his memory within these walls, that have often echoed to his voice whilst labouring to advance surgery. That voice is now for ever still, but he has left a bright example to the younger members of our profession that they would do well to follow. A Christian man, an educated gentleman, an accomplished and bold surgeon, a sincere and warm-hearted friend has passed away, but his memory will, through years yet to come, be respected, and students not yet born will read in the pages of our professional literature, truthful and practical lessons from his pen. Gentlemen, before we separate allow me to thank you for the courtesy and support you have extended towards me on all occasions since I occupied the presidental chair, and to express the sincere hope that we may all meet again at the commencement of next session in the enjoyment of health and energy to enter upon the work of this society; and that, although the communications during the session just terminated have been numerous and important, the next one may be even more useful to the Surgical Society of Ireland and the profession at large.

The following report was received by the Secretaries, but was not read owing to the pressure of matter :—

REMARKABLE CASE OF RECOVERY FROM VERY EXTENSIVE INJURIES RECEIVED ON BOARD A SHIP IN 1860.

By Dr. John Williams; Macroom, Co. Cork.

"As I have recently received a note of the progress of this interesting case which I saw in Australia, and which was communicated by me to the society shortly after my reaching home from that country in 1862, I am anxious to publish it, as it will complete what the society will join me in considering a case of no little importance. I think it well, however, to recapitulate its leading points.

W.B., a young man, aged 20, left England for Australia, in the merchant ship "Queen of Commerce," in November, 1860. On the third day after setting out, a fierce gale sprung up, which knocked about in confusion all the articles on deck, during which W.B. was thrown prostrate, and a large spar rolled over both his legs, causing the following injuries, viz.,—

1. Dislocation of the right femur into the ischiatic notch.
2. Fracture of the same bone about its centre.
3. Fracture of the lower end of the left leg, with displacement of the left ankle.

As may be expected, he was removed to his berth more dead than alive.

The usual restoratives were given to him, but as there was no medical man on board, the fracture of the thigh, which was the only injury recognised, was very clumsily treated. In the providence of God he got through all, and reached Melbourne in safety. The medical men there endeavoured to reduce the dislocation from the ischiatic notch; but in their attempts to do so the femur again gave way where it had been fractured. They of course desisted from any further attempt, and left matters in *statu quo*. He again recovered. I saw him in November, 1861, having received from home information of the occurrence, and that his mother was anxious I should see him and report to her of his exact state.

When I met him he was walking about Melbourne simply with the aid of a walking-stick. As might have been expected, he was very lame, and complained much to me of his left ankle, which he said troubled him more than anything else. His general health, however, was very good. I found, on measurement, that there was two inches and a half shortening of the right leg."

I lately received the following note of this remarkable case:—"Willie is quite well, and expects from his quartz-crushing machine great results at the gold diggings, where he is at present."

The above case already shows what great results unaided nature can accomplish.

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price 5d. Stamped 6d.*

By Post to Annual Subscribers, £1 2 6

„ *If paid in advance,* 1 1 8

* Post-Office Orders and Cheques to be drawn in favour of A. A. TINDALL, 20, King William-street, Strand, London,

MOFFAT & Co., 6, D'Olier-street, Dublin.

MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.

MESSRS. KELLY and PIET, Baltimore.

Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 9, 1869.

BRIGHTON DRAINAGE.

WE have often had occasion to speak somewhat strongly on the sensational character of the articles in some of our leading Medical Journals on subjects connected with the sanitary condition of large towns. And there are few Journals that sin in this respect to habitually, so carelessly, indeed we may add, so wilfully as "the *Lancet.*" It would seem as though it felt that its special duty was to disturb everybody's peace of mind, by assuring them either that they were being poisoned by drinking contaminated water, or else that their health was being slowly but surely ruined by breathing noxious and impure air.

What pleasure there can be in rendering one's neighbour's life a misery, by frightening him at every turn, we on our part, are at a loss to imagine. Men now a days have about enough to cut short their existence with the harassing troubles of the bankbook and the ledger; it is a very hard thing indeed that they should be further annoyed by being assurred that before very long their years will be cut short by the water they are obliged to drink, and the air of heaven that they can't help breathing. And yet this is the story the *Lancet* is perpetually ding-donging into our ears.

We hope the inhabitants of Brighton will neither be ruined or killed outright, by the horrors which the *Lancet* has lately discussed in its usual flightly and sensational manner, for although their recent articles on the main drainage of the town has no doubt created great anxiety in the public mind, yet it is consoling to find that from recent and exhaustive enquiries into the subject, there is really no ground for serious apprehension. That Brighton is at the present time suffering from a sort of desertion of the place by visitors, we will admit, yet it must on reflection be comforting that the same kind of desertion is felt by all the watering places of the kingdom. It can hardly, indeed, be expected that after the serious money panic of 1866, there should be the same amount of money spent in pleasure as formerly; and this in fact is the true cause of that falling off in the trade of Brighton, which has been the subject of remark by the inhabitants. The *Lancet,* however, would have us believe that the condition of the drainage of Brighton is the sole cause of the mischief; for with its usual tendency to prejudge such questions, and to excite alarm by the use of the strongest sensational language, it has lately discussed this question in a manner which is unworthy of any journal that lays claim to a philosophical or medical character.

And now for facts. This matter is of necessity brought before the Town Council. They immediately apply to their own engineer, who is fully competent to report on the whole case, to show the cause, and suggest the remedy. He thoroughly investigates the matter, employs experienced divers to examine the outfall pipes, and the bottom of the sea in the vicinity, he examines the sea and sea-shore at all times and states of the tide, wind and weather. Further he advised calling in a skilled scientific man to make a chemical examination of the water and soil near the sewer outfall. He selected (and could he have made a better choice ?) Dr. Letheby, the Health Officer of the City of London, and one who has been the mover in all the great sanitary works, not merely of London, but of all the large towns in England. Eighty-nine samples of the water and sand are forwarded to him, and it is important to bear in mind, these are taken when the weather was remarkably fine, at the time of low tide, and from such situations as were most likely to contain decomposing matter. The reports of these gentlemen are before us.

Mr. Lockwood reports that the pipe was in thoroughly good order. He tells us he penned up the sewage for some hours, and then let it out at one gush; the water was of course as we should expect, discoloured over the mouth of the pipe, but he adds, "the discoloured water so accumulated, has been removed by the tidal current in a very short time." It is the sewage from this outfall some distance from the town, about which the *Lancet* has made all this fuss. Mr. Lockwood asserts there was no offensive smell from the mouth of the pipe, although the boat for the diver's use was moored over the spot for many days together; and what is more striking, that many people went out in boats from sheer curiosity to see what was going on, but *never made any complaint whatever.* But even allowing this sewage to be a nuisance, Mr. Lockwood points out that the flow is not towards the shore, but eastward and westward. Mr. Lockwood now refers to a remarkable circumstance; blocks of chalk *near the mouth of the pipe* were brought to the surface, and they were clean, white, and inoffensive, and bored through in every direction with pholades, many of which were living at the time of the examination. Further, "whelks, sea-hogs," star-fish, &c.,

were also found clinging to the outside of the pipe, and to the piles near the end of it, and sprats have been observed in great numbers near the mouth of the pipe." We all know how sensitive animal life is to any of these matters; for it cannot exist in sewage water, and this of itself is an unmistakeable argument against the theories so carelessly advanced. Mr. Lockwood adds, "As far as my own examinations have at present gone, I have not been able to trace any offensive smell whatever, arising on the beach or the sea frontage to the outfall proper, which is in good repair, and appears to work well."

We turn now to Dr. Letheby's report of his examination of the water and sand. He examined forty-nine samples of sand. *Six* of them smelt strongly, but more of decomposing seaweed than sewage. *Fifteen* had a slight smell of the same nature. *Twenty-eight* had no smell at all. And on comparing the amount of organic matter in the sand, with other specimens of mud that he has examined, Dr. Letheby gives the following table :—

Average per centage amount of organic matter in the following substances in a dry state.

	Organic matter per cent.
28 Samples of Brighton Sand (inodorous) . .	1·58
15 ditto ditto (slightly odorous) .	2·14
6 ditto ditto (still more so) . .	5·29
Mud at Main Drainage Outfall, London . .	15·00
Muddy matters in Thames Water, at London Brg.	21·37
Mud from St. Catherine's Dock, London . .	30·17
ditto East India Dock, London . .	19·67
ditto Streets (stone pavements) London.	47·19
Matters deposited from average London Sewage.	49·83

With respect to the water, Dr. Letheby states, that of forty samples, three only were offensive, and these were taken from the sewer and the storm water outlet; but the water taken about *fifty yards* in each direction from it was perfectly inodorous, and only contained a little in excess of the normal quantity of ammonia. At 100 yards it was impossible to discover in any way a trace of the sewage, and Dr. Letheby adds :—"It is manifest from these results that the dilution of the sewage from the main outfall is so rapid, and so large, that it quickly ceases to be discoverable."

Both Dr. Letheby and Mr. Lockwood remark that the refuse of fishmonger's and putrid bait are allowed to be thrown on the seashore. They recommended that steps should be taken to prevent this disagreeable practice, and Dr. Letheby thinks that any disagreeable odours noticed on the beach is probably referable to this. Certainly, all the evidence goes to prove that the sewer arrangement is most efficient, and to use Dr. Letheby's own words, "There are no real grounds for apprehension as regards its being a nuisance, or even in the remotest degree dangerous to public health."

After these reports we beg most emphatically to protest against an unwarrantable article in the "*Lancet*" of the 29th of last month, in which they assert that the ruin of the town is inevitable, because the Town Council will not attend to the trashy nonsense they have written on the subject. And next, we beg to protest against almost libellous assertions as to Dr. Letheby's disqualification for undertaking this examination, for no other reason than that he will not lend himself to the absurd and sensational views expressed by the *Lancet*. It is time, and we would put this candidly and firmly before the *Lancet* authorities, to stop professional humbug, but having coolly and carefully made a full examination of the facts, then to judge a righteous judgment.

THE BRITISH MEDICAL ASSOCIATION AND ITS JOURNAL.

The protest to which we gave expression some weeks since, in reference to the extravagant and resultless expenditure of the funds of the British Medical Association has been vigorously reechoed by the *Medical Mirror*, which journal quotes, for the purpose of refuting, the reply offered by the Editor of the *British Medical Journal*, to the animadversions of our contemporaries. In truth, the Editor of the *British Medical Journal* makes no defence to our assertion, that the paper and ink of the Association absorbs the whole of its vitality. His answer is that the *British Medical Journal* is not overfed by an outlay of £6,000 a year; for, says he, "the members of the medical profession are able by an annual subscription of a guinea, to *provide for themselves so powerful an organisation for scientific, social, and political purposes*, as the British Medical Association." "A powerful organisation for scientific, social, and political purposes" truly!—Where? Does the British Medical Association exist at all for any scientific, social, or political purpose? What is the gain to the profession from the subscription of members of the Association?

The Editor says :—

> "At no period has it been occupied more briskly or usefully in the public relations of medicine or in advancing its scientific interests, nor has it ever identified itself more thoroughly with the popular interests of the profession. At the same time, it has won the warm adhesion of all the most eminent and illustrious medical authorities. The value and necessity of a weekly medium of communication is, we have reason to believe, felt every week more completely; *and all experience has proved that, in proportion to the increased efficiency of the* Journal, *the prosperity, numbers, and usefulness of the Association increase.*"

We unhesitatingly declare that there is not a single public relation of medicine" or movement for "the advancement of its scientific" or "popular interest" which the Association has occupied itself about, nor has it even made a show of identifying itself with the wants of the profession, of which, Heaven knows, there is no lack.

The very title of the Association has come to be nothing more than a draw—a trick to persuade subscribers that they are something greater and more respectable than the outside barbarians who buy their newspaper from a mercenary publisher. The *Medical Mirror* justly says :—

> "The subscription list to the *Journal* may be a success; the advertising connection may be also a most successful affair; but that is no reason why nearly every copper of the receipts should be swallowed up by the working expenses of the *Journal*. The same profit which a private proprietor of a similar property would expect from so flourishing a subscription list, and from so large an advertising connection, ought to be earned for the benefit of the community of medical men forming the Association. The editor of the *Journal*, as a shrewd business man, must know that shareholders require a profit from their enterprise, and that whether shareholders pay one guinea, or £500 for a share in an undertaking, the directors of such undertaking are equally responsible to the shareholders for the working of such undertaking, and for a dividend, or for a reason why a dividend is not declared."

The moment has come for the Council of the Association to emerge from the cold shade of their printer; or, if that be not possible, for the members to put their money to better usury than the *Journal* affords them.

Is not the progress of the profession tardy for want of a united and active organisation, and while such a necessity exists will the members continue to do duty simply as the touts of a journal which takes their bread and gives them a stone ?

TESTS OF THE PROFICIENCY OF STUDENTS.

At a recent meeting of the Convocation of the London University, Dr. Edwin Hearne, of Southampton, moved the following resolution, which was carried on a division :—

> "That it be referred to the Annual Committee to consider whether it would be conducive to the interests of the University to abolish the existing regulations respecting admission to the examinations for medical degrees to the students of certain specified schools."

The adoption of this resolution is, we believe, the first official proclamation of the substitution of the examination test for all other certificates of medical education, and it is deserving of the most anxious consideration from medical teachers and licensing bodies.

It has been openly declared in the Medical Council that attendance on lectures is a useless and oppressive requirement from the student, and that the candidate for licence to practise should be called upon to give no other guarantee of his proficiency than the answering of a reformed examination. This is practically the principle which has been affirmed by Dr. Hearne's resolution, and we believe it to be one most dangerous to the status of the profession, and destructive to the high standard of education which ought to be maintained.

That certificates of attendance on lectures and hospitals are at present admittedly a farce and a fraud appears to us to afford not the least argument in favour of the substitution of the examination system. It would be quite as reasonable that the Chancellor of the Exchequer should check smuggling by abolishing taxation altogether; and we are convinced that the depreciation of the profession which would accrue from the adoption of the examination test, *et preteræ nil*, would be infinitely worse than any which can result from the prevalent laxity in the granting of certificates.

The *Medical Mirror* enters at length into an advocacy of Dr. Hearne's resolution, and is betrayed by its ardour not only into an evolution of italics, but into many inconsistent and incorrect statements. Our contemporary says :—

> "The making examinations what they ought to be, being the only test of a sufficient education, is the requisite guarantee, and will effectually secure all that can be reasonably desired, in whatever aspect viewed, whether in the interest of the teacher, the student, the graduate, or the public."

A rather cool assumption, truly! for if it be decided that examination is "the only test of a sufficient education," what need is there for further argument? And if it be obvious that it will "effectually secure all that can be reasonably desired," why should there be an instant's hesitation in sweeping away all restrictions in medical teaching ?

We venture to put to these assertions an unequivocal negative, for we believe that any examination which it be possible to devise must fail to afford a certainty of proficiency in an art in the practice of which so little depends on rule, and so much on judgment and practical skill. We need go no further than the *Medical Mirror* for a very forcible refutation of its own *dictum* :—

> "The present is really a forcing, hot-house system ; but the education of the senses, delicacy in manipulation, manual dexterity, sight, hearing, &c., rebels against it. Their full development must be extended over a considerable period ; for knowledge so acquired cannot be pumped in at will by the energy of a teacher, however intelligent, but is attained by purely personal effort, consequently is too frequently wanting.
>
> "Again, the recognition of the peculiarities of expression, the corrugated brow in a class of head diseases, the retracted upper lip in abdominal, the dilated nostril in thoracic (especially marked in childhood), the peculiarities of colour, and of odour, in other diseases, greatly aid in their diagnosis, and the knowledge founded thereon can only be the result of personal observation, for which large hospitals, and the ordinary rushing through the wards, ever so regularly, for one or two years, provide very inadequate opportunities to become intimately acquainted with such indications, because diseases are not there seen in all their stages, nor is the time now devoted to practical subjects sufficiently prolonged."

An admirable summary of all the advantages of personal, practical, manipulative study; but what form of examination can guarantee it? and if students do not attend hospitals and dissecting-rooms, which they are now obliged to pay for, how will Dr. Hearne ensure their personal experience in the treatment of disease, when they will not be obliged to pay for the opportunity of acquiring it? It is exactly because no examination, fenced with every precaution which it is possible to devise, and conducted by examiners more disinterested and incorruptible than angels, can of itself be a guarantee that the answers have not been made up in a "grind room," that it has been necessary to require evidence of something more than assiduous "coaching." Time has shown that a smart student may pass *any* examination almost without opening a book, soiling his fingers with a subject, or observing a case of disease; and to perpetuate the examination test *alone* would be to accept in their worst form all the abuses which have given rise to the well-deserved unpopularity of the certificate system.

SCOTLAND.

ROYAL SOCIETY OF EDINBURGH.

The concluding meeting of this Society for the present session was held on the 31st ult. Professor Christison, president, in the chair. Mr. Buchan communicated a paper by Mr. Keith Johnston, jun., "On the annual range of temperature over the globe." Professor Tait read a paper "On the polarisation of electrodes under various circumstances," which was followed by a communication by Mr. Joseph John Murphy, "On the causes of volcanic action," which he stated were the elevations of the earth's crust giving local relief from pressure on the lower strata, and enabling the solids and vapours in the deep strata to expand from the heat they contained. Dr. T. R. Fraser read a paper "On the antagonism between the actions of physostigma (Calabar bean) and belladonna." The author described a number of experiments which appear to demonstrate that the fatal action of certain doses of physostigma may be prevented by the administration of belladonna, or its active principle atropia ; and, conversely, that the fatal action of certain doses of belladonna may be prevented by the administration of physostigma. He adopted the following plan in the investigation :— After the minimum fatal dose of each substance had been approximately determined, a fatal dose of the one was administered along with a certain dose of the other, and, if death did not result, the same animal was subsequently killed by a dose of one of these substances equal to, or less than that given in the combination. An experiment was described, in which an animal recovered after receiving a non-fatal dose of atropia combined with a dose of physostigma twice as large as one that was afterwards found sufficient to kill it. Dr. Fraser thought these results would probably place at our disposal a physiological antidote for belladomma poisoning, as well as one for physostigma poisoning. The latter might at any time be practically applied at West Africa, where physostigma (or Calabar bean) is extensively used as an ordeal poison. The President remarked that Dr. Fraser was the first to clearly solve the question whether antagonistic poisons existed, or whether one poison could actually destroy the action of the other; and the experiments of which an account had been given were the only commencement of what would turn out to be a very important scientific discovery. The concluding paper was "On the thermal energy of molecular vortices," read by Professor W. J. Macquorn Rankine of Glasgow.

◆

Notes on Current Topics.

The International Medical Congress at Florence.

L'Imparziale announces that the number of medical practitioners, Italian and foreign, who have already sent in their promises of support to the committee of the International Medical Congress is considerable. *L'Imparziale* invites the medical men of Italy to prove their hospitality and their fraternal feeling, and to make provision for the advent of the strangers who will attend the congress, not only for their hospitable reception, but for a display of scientific work which may leave on their minds a favourable impression of the development and activity of medical science in Italy.

The Mortality at Brussels.

The epidemic of modified typhus which raged in Brussels about three months ago has completely disappeared, and the authorities are about to enter on an elaborate investigation of its causes, and the precautions which should be adopted against a future outbreak.

As our readers will recollect, the disease was a mucous fever, slightly different from typhus, but with very irregular phenomena. Generally this fever was characterised by great depression, by headache, anorexia, and thirst; by a tongue white or punctuated with little red spots; by constipation or diarrhœa, slight heat of skin, slight reaction of the pulse, sleepiness, agitation, and epistaxis.

The symptoms of this fever were not very alarming, but in a few cases it degenerated into typhoid and proved fatal. The civil and military hospitals were crowded, and the aristocratic quarters of the city were invaded by it as well as the poorer districts.

The statistics show that in all there were 3,644 cases, out of which there were 509 deaths, or about 14 per cent. of the seizures, and about one-fifth per cent. of the entire population.

Female Medical Education in London.

The condition of female medical education in London is detailed in the report of the Female Medical Society, which was presented at the general meeting last week. During the last session there had been 12 entries of new students, and two more of the senior students had passed the preliminary examination in arts at Apothecaries' Hall. The total number of ladies who had entered as students during the five years was 81, of whom 43 were single, 22 married, and 16 widowed. Some of those ladies had attended the lectures merely as a means of intellectual culture. Several were relatives of clergymen, 17 were relatives of medical men, 10 were midwives previously in practice), two were hospital matrons, three were superior nurses, one an artist, four were wives, widows, or daughters of chemists, and one was prepared to act as medical missionary to India, in connection with the Society for the Propagation of the Gospel, while a considerable number were or would have been governesses, and some had been previously of no occupation. Some of the earlier students had settled in practice, and were succeeding admirably—one of them occupied a responsible position in connection with the Birmingham Lying-in Hospital, and another, who held a responsible appointment in London, received a salary of £100 for a small portion of her time.

The Late Refusal to Vaccinate.

The conviction of a medical man for refusing to have his child vaccinated, scarcely seems to us to deserve the attention it has received. There are always a number of obstinate people abroad as well as of persons who cannot see the force of a syllogism. It need not then astonish us that some cannot or will not see what seems so clear to the majority. Again, to be in a minority of one, and to suffer a fine of a pound or two for the glorious privilege of declining to obey a law made in the interest of the public, is not an expensive mode of obtaining notoriety. Some writers have considered the case as parallel with scruples in religious matters, and talked as though the recalcitrant were a martyr for conscience sake. It may be worth while to remind them of the entire want of analogy in the two cases. If we were to admit that the alleged risks of some accident or contamination through vaccination were not without foundation, it by no means follows that the State ought not to impose such risk on the individual for the benefit of the masses. It might, indeed, be fairly argued that a moderate proportion of injurious effects, such as those feared, should not weigh with the legislature against the enormous benefits conferred by Jenner's great discovery. Look into the faces of the crowds that daily throng the streets of all our great cities! How few are those disfigured by the frightful small-pox! Let memory recal the picture of forty years ago, and pondering on that contrast would alone suffice to convert ordinary people to the generally accepted view. Then thousands of living, thriving Englishmen, who would have been now in their graves, had not the small-pox plague been stayed by vaccination, are not likely to return to the old practice. They will say, even admitting all alleged against vaccination, better a thousandfold to enforce it than prepare the way for a ravaging pestilence. The safety of the people is involved, and crotchets must give way. *Salus populi suprema lex.*

Epidemic of Cholera in Gambia.

By letters from Gambia dated the 17th ult., it appears that Bathurst has been visited by a very virulent form of this disease. The epidemic first appeared on the 5th ult., on which day seven persons died of cholera. On the 9th there were seventeen more deaths; on the 14th, twenty-nine; on the 15th, thirty-two. The population is only 4,000, so that the epidemic is very severe. On the 17th, 190 persons in all had perished. Cholera was previously unknown to the natives, and they were so alarmed that they could not be induced to assist in burying the victims until Admiral Patey and his Secretary, Mr. Fowler, had set them an example by working themselves at the sad office. Great efforts were being made to improve the sanitary condition of the place. No Europeans had been attacked, but the disease was rapidly extending amongst the other towns on the river.

The Sea as a Motive Power.

A SHREWD engineer of New York thinks he has solved a problem we have often pondered over, viz., how to utilize the waves of the sea. He suggests building on the beach a dyke several hundred feet long, admitting the waves, but not letting them recede. This is done by having in the sea face of the dike openings of conduits which conduct the water to a reservoir within the dyke. A canal from the reservoir, reconducts the water by a circuitous route to the ocean, to turn, on its way, the wheels of as many mills as can be built on the canal banks.

University of Oxford.

IN a Convocation held on the 3rd instant it was agreed that a sum of £1,000 be placed at the disposal of the Professor of Experimental Philosophy, for the purpose of providing apparatus to be set up in the physical laboratories now building at the University Museum.

IT was also agreed that a sum of money not exceeding £350 be granted to the Waynfleet Professor of Chymistry for one year, to be expended as follows :—For a demonstrator in the laboratory, £100 ; for assistants at lectures, apparatus, and chymicals, £250.—total, £350. Also that the sum of £100 be granted to the curators of the University galleries, on account, towards the expense of mounting the valuable collections of engravings given to the University by Mr. Francis Douce and Mr. Chambers Hall.

It was likewise agreed that the sum of £200 be granted from the University chest towards defraying the expenses of the exploration of Sinai.

The name of Edward Chapman, M.A., of Merton College, who has been nominated to the office of Examiner in the Room of Gilbert Child, M.D., Exeter College, "*in scientiâ naturali* "*pro hâc vice*, was submitted to the House and approved.

Education of the Deaf and Dumb.

THE results of the examination of the pupils of the Jews' Deaf and Dumb Home at Tulse Hill, in audible speaking and lip-reading has led to an important resolution originated by Mr. H. A. Isaacs, viz., the preparation of a scheme for the establishment of a day school, which shall, upon the payment of certain fees to be determined by the committee in regard to the pecuniary resources of the parents or guardians of the applicants," be open to deaf mutes of all religious denominations ?

Royal College of Surgeons of England.

INFORMATION has been forwarded to us to the effect that the supporters of Mr. Edwin Hearne have, through an oversight, omitted to fulfil the needful formalities as to the nomination until too late, so that provincial fellows will be deprived of the opportunity of supporting one of their body this year. We are, however, assured that next year a vigorous effort will be made to carry Mr. Hearne.

Under these circumstances provincial fellows will be glad to learn that Mr. Henry Lee is very much alive to their interests. Possibly, unfortunately for himself, Mr. Lee is strongly opposed to canvassing. But when we remember how his colleague at St. George's, Mr. Prescott Hewitt, was carried into the council in spite of such an objection to canvassing, and how glad we were to aid him, in consequence of the position he therein assumed, we cannot refrain from expressing our hope that Mr. Henry Lee will not suffer for the honourable and dignified attitude he takes.

Vaccination in Bombay.

THE following is a letter to Government from the Bombay Association, regarding vaccination in the town and island of Bombay :—

To the Chief Secretary to Government, General Department, Bombay.

SIR,—I have been instructed by the managing committee of the Bombay Association to acknowledge the receipt of the Resolution recorded by His Excellency the Right Hon'ble the Governor in Council, on the subject of vaccination, accompanied with a copy of the report from the Superintendent-General of Vaccination, Bombay Presidency, requesting the Bombay Association to communicate their opinion to Government as to the advisability of rendering vaccination compulsory in the town and island of Bombay.

In reply, I have been directed to state, for the information of Government, that the managing committee have given their most careful consideration to this important subject, and that they are of opinion that it is not advisable to render vaccination compulsory in the city of Bombay, because an interference with the liberty of the subject is calculated to excite opposition, and produce dissatisfaction and discontent amongst the people, and the advantages expected to result from the proposal in question, are not commensurate with the evils which it may engender.

The committee are further of opinion that the object of Government in regard to the increase of vaccination can be better attained by persuasion than by force. The committee think that by providing a sufficient quantity of the vaccine lymph, by employing an increased number of vaccinators, and instructing them to go to the houses of the people to vaccinate their children, and by requesting the vaccinators and the Graduates of the Grant Medical College to give the most extensive publicity amongst all classes of the community to the advantages resulting from vaccination, the objections and prejudices of the lower classes may be successfully overcome, and the necessity of having recourse to legislation avoided.—I have the honour to be, sir, your most obedient servant,

(Sd.) NOWROZJEE FURDOONJEE, Secretary,
Bombay Association Office, Sassoon Building,
Elphinstone Circle, 24th April, 1869.

Infanticide.

DR. LANKESTER delivered a lecture on "Infanticide" last Thursday night in the Freemason's Hall, at which Mr. C. Reed, M.P., presided. Infanticide he defined to be the destruction or murder of a new-born child, but under another name the law also took cognisance of the destruction of a child before it was born. He proposed to deal with the former of these crimes. In 1863 there were 55 cases of infanticide in his district; in 1864, 56 ; in 1865, 61 ; in 1866, 75 ; in 1867, 53 ; and in 1868, 52;

but in too many instances he discovered a tendency to return open verdicts of "found dead" or "still-born." According to the judicial statistics of the Home Office, the rate of the crime for England was 1 in 170,000 of the population, and in Middlesex 1 in 20,000; while for the central and western districts it was 1 in 12,000, confirming him in the opinion that the crime was mainly confined to the domestics of the West-end. Indeed, on an average of five years, the return for Clerkenwell was 1 in 30,000; St. Pancras, 1 in 20,000; Marylebone, 1 in 10,000; Paddington, 1 in 8,000; and in Islington, 1 in 6,000. Having shown that the mother was generally alone in the murder and disposal of her child, Dr. Lankester went on to assert that the verdicts afforded no indication of the actual number of cases. He believed Mr. Wakley was right in fixing it at 300 a year; and as the murderess was generally twenty years of age, and seldom repeated her crime, taking the average life of women at sixty, it followed that there were 12,000 women living who had committed the offence. He next glanced at the deaths occasioned amongst mothers, and the effects of "baby farming," observing that half the children upon whom he held inquests were illegitimate, and that from 40 to 80 per cent. of children admitted into foundling hospitals die within the first year; and concluded by stating his cure for the evil, which was to be worked through the pulpit, an alteration of the bastardy law, as not more than 1 in 70 of the fathers contributes to the support of the child, the substitution of other than capital punishment for the crime, a certified registration of births, as in Ireland and Scotland, and of still-borns as on the Continent.—*Globe.*

The Health of Dublin.

In the Dublin Registration District the births registered during the week ending May 29th, amounted to 186. The average number in the corresponding week of the years 1864 to '68 inclusive, was 172. The deaths registered during the week were 149. The average number in the corresponding week of the previous five years was 137. Only two deaths from fever were registered, both being from fever of the typhoid or enteric type: the average number of deaths from fever during the corresponding week of the previous five years was ten. Five deaths resulted from scarlatina, being only half the number registered during the previous week. Six deaths were referred to diarrhœa. Phthisis or pulmonary consumption caused twenty-five deaths, and hydrocephalus, or water on the brain, four. Apoplexy resulted in three deaths, and paralysis in a like number. Six children died from convulsions. Seven deaths were caused by heart disease, and one by aneurism. Bronchitis was fatal in twenty instances, and pneumonia or inflammation of the lungs, in five. One death was caused by nephria or Bright's disease. Five accidental deaths and one case of suicide were registered.

The Order of the Bath.

The following promotions and appointments are announced in the *London Gazette* of the 1st instant:—"To be Ordinary Members of the Military division of the Second Class, or Knight Commanders of the said Most Honourable Order: Thomas Galbraith Logan, Esq., M.D., C.B., Director-General of the Medical Department of the Army. To be ordinary members of the Military Division of the Third Class, or Companions of the said Most Hon. Order: Inspector-General of Hospitals and Fleets George Burn, M.D.; Inspector-General of Hospitals George Steward Beatson, M.D.; Deputy Inspector-General of Hospitals Hampden Hugh Massy, M.D.; Staff Surgeon-Major George Saunders. To be ordinary member of the Civil Division of the Third Class, or Companion of the said Most Hon. Order: John Grant Stewart, Esq., M.D., Inspector-General of Hospitals and Fleets."

The Loyalty of the Medical Club.

On Wednesday last there was a "house dinner" at the Medical Club, and being the day appointed for the celebration of the Queen's birthday, it was the occasion of the usual loyal toast being drunk with unusual enthusiasm. Mr. Erasmus Wilson, who took the chair this month, and presided with that genial flow of soul for which he is so well known, proposed her Majesty's health in champagne bumpers, which were rapidly despatched by the thirsty doctors and their visitors. "Success to the Medical Club," too, was drunk with "all the honours," as were some other toasts. The speeches were more interesting than might have been expected, the chairman brimming over with genuine humour, having started in a key which was followed by Mr. Hepworth Dixon and Mr. Norman Lockyer, distinguished visitors of such evidently clubable natures that we should be glad to see them proposed as members. Nor must we forget the few words spoken by Dr. Tonson Evanson, the medical poet, whose works had gone before him, and made him a centre of peculiar interest. Meetings like this are evidently calculated to promote harmony amongst medical men, and we could wish that the members severally would exert themselves more to introduce a larger proportion of lay members. It should not be forgotten that scientific and literary men are all eligible for membership, and there are many who would like to join it were they made aware of what it offers. We have supported the club from its commencement. We beg to congratulate Dr. Lory Marsh on having brought his conception into such practical working order that the club is now able to provide for as many guests as the room will hold, a dinner with which every one expressed unalloyed satisfaction; in fact, has enabled the medical men to give full expression to their loyalty by keeping the Queen's birthday in the fashionable manner. Increasing success to the Medical Club!

Miss Garrett has passed the second examination for M.D., at the University of Paris.

The decision in the Court of Queen's Bench, respecting the Coronorship for Middlesex, was given last week agaidst Dr. Hardwicke. Some lawyers tell us that litigation might still be prolonged.

The new nomenclature was distributed by post to London practitioners, by order of the Registrar-General, last Friday, and will probably be received by every medical man by the end of this week.

The University of Cambridge will be open next October to non-collegiate students, *i.e.*, to students who, on the ground of expense or for other reasons, do not wish to become members of colleges. The regulations for such students will be published shortly. The university is, and has for some years, been open to persons of all religious denominations.

THE *Union Medicale* announces that the Swedish Faculty of Medicine is about to open its doors to female doctors, and to issue diplomas equivalent as regards the practice of the profession to those given to men.

M. DUMAS, Perpetual Secretary of the French Academy, will lecture in honour of Faraday, at the invitation of the Chemical Society, on the 17th inst. The Royal Institution have kindly lent for the occasion the room so long used by Faraday.

THE Maharajah of Jeypore has been suffering much lately from cataract of the right eye, and Dr. Macnamara, of Calcutta, who was called to attend his Highness, has recommended change of air at some hill station of the Himalayas. The Maharajah has accordingly applied for, and obtained, permission to visit Simla. So far as can be judged, his Highness will probably be some two months absent from his dominions.

A DISEASE called *pachima* is reported to be fast destroying the cattle of the Soonderbuns, in India. It has appeared in an epidemic form, and its victims invariably fall off and die in the course of two or three days. This epidemic is said not to differ much from the epizootic, or cattle disease of 1864. It is called by the natives *pachima*, or *puschima*, probably because they suppose it to come from the west. Mr. Rainey, in bringing the matter to the notice of the Agricultural and Horticultural Society of India, at a recent meeting in Calcutta, suggested that the Government should cause a simple manual in Bengalee, on the subject of cattle diseases, to be prepared for distribution among the people. Such a work would be of the greatest utility.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE Council have to report, that during the year ending the 5th April, 1869, 4 candidates were admitted to the Fellowship of the College, and 109 Gentlemen received Letters Testimonial; 4 Licentiates obtained the Diploma in Midwifery; 35 Candidates for the Junior Class Examination for Letters Testimonial were rejected; and 20 Candidates for the Final Examination were rejected; 160 Candidates presented themselves for the Preliminary Examination; of these, 12 received First-class Certificates; 37 received Second-class Certificates; 86 received Pass Certificates only; and 25 were rejected.

The entire number now on the lists of the College amounts to 381 Fellows, and 1,944 Licentiates.

Recommendations from the College to the Council.

At a meeting of Council, held on May 28th,—

The recommendations of the Fellows of the College to the Council on the 25th of May, 1868, were read, viz.:—

Proposed by Mr. Darby, seconded by Dr. Tyrrell, and

RESOLVED—"That this meeting recommend to the serious consideration of the Council—1st. That the expenses generally are greater than the resources of the College can prudently afford; therefore it is expedient that a reduction of the expenses should be effected in the following particulars, viz., by reducing servants' wages, &c.; by withholding the remuneration to Members of Council, not an original charge.

"2ndly. The propriety of enabling Fellows to vote by proxy, and the wisdom of applying for a new Charter."

"That the Fellows of the College, whilst acknowledging the attention paid by the Council to their recommendations on a previous occasion, relative to the removal of the portrait of the late Dr. Kingsley to a more appropriate position in the College, would still urge on the Council their former request of placing his portrait in the Board-room, as a compliment justly due to his services and the profession; and it is particularly desirable that it should be done without delay, in consequence of the opinion of Mr. Catterson Smith, that the portrait, if retained in its present position, will suffer injury."

Proposed New Charter.

The Council held a special meeting on July 23rd, to take into consideration the recommendations of the College to them, and to consider the propriety of seeking for a new Charter;

When it was resolved—

"That the question of servants' wages, &c., be referred to the Finance Committee, with a strong recommendation from this Council that the strictest economy, commensurate with efficiency, be enforced in all the departments of the College."

At the same meeting it was unanimously resolved—

"That this Council having carefully taken into consideration, as requested to do by the Fellows at large at the Annual Meeting of the College, held on the 25th May last the propriety of seeking for a new Charter, is of opinion that at present it would be inexpedient so to do."

At the same meeting, it was further unanimously resolved—

"That it having been already decided by the Council that it is inexpedient to apply for a new Charter at present, the propriety of Fellows voting by proxy at the election of Councillors (the mode of voting being already provided for by clause 12 of the Supplemental Charter), cannot be considered."

Remuneration to Councillors for Attendance at Examinations.

At a meeting of Council, held on July 23rd, 1868, it was resolved—

"That it is inadvisable to withhold the remuneration from Members of Council for their attendances at Examinations."

At a meeting of Council, held October 8th, it was resolved—

"That Members of Council shall receive no remuneration for attendance upon Examinations, unless they are present for the full hour of the Examination, or are represented by another member of Council."

Superannuation allowance to Dispensary and Union Medical Officers.

At a meeting of Council, held on June 9th, 1868, it was resolved—

"That the President or Vice-President and Secretary of Council be requested to proceed to London to night, to confer with the Government and members of both Houses of Parliament, on the justice of granting superannuation allowances to Dispensary and Union Medical Officers."

At a meeting of Council, held June 11th, 1868—

The Vice-President reported the result of the deputation to London respecting the Superannuation of Dispensary and Poor Law Medical Officers, who may, by accident, age, or disease, be disabled from attending to their professional duties.

At a meeting of Council, held on June 25th—

Letters were read from the County and City of Cork Medical Protective Association, and the South Eastern Medical Association of Ireland, respecting the necessity of sending a deputation to London, to confer with the Government and Members of both Houses of Parliament, on the justice of granting superannuation allowances to Dispensary and Union Medical Officers.

At a meeting of Council, held on July 2nd, read the following communication, viz.:—

IRISH MEDICAL ASSOCIATION.

Royal College of Surgeons,
(Copy) 30th day of June, 1868.

At the Annual Meeting of the Irish Medical Association held at the Royal College of Surgeons on the first day of June, 1868, it was unanimously resolved—

"That the warm thanks of this meeting, are justly due, and hereby tendered, to the President, Vice-President, Council, and Fellows of the Royal College of Surgeons of Ireland, for the kind and valuable support always afforded by them to the Irish Medical Association, and more particularly for the deputation and strong memorial sent by them to the Legislature, praying for a redress of the unjust grievances at present affecting the Workhouse and Dispensary Medical Officers of Ireland."

Signed,
THOS. L. MACKESY, President.
E. J. QUINAN, Hon. Sec.

At a meeting of Council, held on July 10th, 1868, it was resolved—

"That a Committee be appointed, consisting of the following members, to draw up a Draft Bill for the Superannuation of Poor Law Medical Officers, and that they be empowered to obtain legal assistance, and to act with Doctor Quinan, the Honorary Secretary, and the Council of the Irish Medical Association:—The President, Vice-President, Dr. Hargrave, Dr. Albert Walsh, T. L. Mackesy."

Further resolved at the meeting—

"That the Committee be also empowered to act with the King's and Queen's College of Physicians, should they appoint a Councillor for that object."

Further resolved—

"That Lord Cairnes be requested to present to the House of Lords the petition for the Superannuation Allowance to the Medical Officers of the Poor Law Medical Charities, and that Sir Arthur E. Guinness and Mr. Pim be requested to present it to the House of Commons, and to support the prayer of the petition."

Further resolved—

"That our Solicitor, Mr. Litton be requested to prepare a short Act of Parliament, to provide Superannuation for Medical Officers employed under the Poor Law and Medical Charities' Acts.

At a meeting of Council, held on February 18th, 1869, the following resolution of the Irish Medical Association was read viz.:—

Irish Medical Association.
Royal College of Surgeons,
12th day of February, 1869,

Resolved—That the thanks of the Council of the Irish Medical Association are due, and are hereby tendered to the President, Vice-President, and Council of the Royal College of Surgeons in Ireland, for their valuable assistance in preparing a Superannuation Bill for the Poor Law and Dispensary Medical Officers, and that a deputation do wait upon the President of the Royal College of Surgeons, for the purpose of ascertaining what progress has been made in the Bill, and by what means, if any, the Council of this Association can promote the measure.

Extracted from the minutes of the meeting of the Council of the Irish Medical Association.

E. J. Quinan Hon. Sec.

General Medical Council.

At a meeting of Council, held on December 17th, 1868, it was unanimously resolved—

"That Dr. Hargrave be re-elected as representative to the General Medical Council from this College for the term of five years."

Carmichael Prize Essays.

At a meeting of Council, held on 20th May, it was resolved—

"That counsel's opinion be obtained as to the legality of a member of the Council of the Royal College of Surgeons of Ireland being a candidate for one of the Carmichael Prize Essays, according to the terms of Mr. Carmichael's will."

The following quære having been placed by the Solicitor of the College before Mr. Lawson, Q.C., in compliance with the foregoing resolution, viz.:—

'Whether Dr. Mapother's position, as a member of the Council of the Royal College of Surgeons in Ireland, deprives him of the right to compete, and disentitles him to the prize awarded.'

Mr. Lawson gave the following opinion, viz.:—

"I do not think that Dr. Mapother was deprived of his right to compete, being a member of Council."

The late Dr. Maurice H. Collis.

At a meeting of Council held on April 1st, it was unanimously resolved—

"That this Council has heard with deep regret of the death of Mr. Maurice H. Collis, formerly a member of this Council, and more lately an Examiner of the College. That a copy of the above resolution be forwarded to Mrs. Collis, with the assurance that every member of this Council sympathises most sincerely with her in her present bereavement and affliction."

The late Dr. Mackesy.

At a meeting of Council, held on April 15th, the following resolution was unanimously passed, viz.:—

"That this Council have heard with feelings of sincere regret of the death of their late valued colleague, Dr. Thomas L. Mackesy, and they desire to convey this their feeling to his bereaved and sorrowing family."

Correspondence.

OVER-POPULATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—One or two gentlemen, in the columns of the Medical Press and Circular, have lately questioned the assertion made by all political economists of note, that population has a tendency to double itself in from twenty to thirty years, when abundantly supplied with the means of sustenance. This doubting, however, nearly took place in the years between 1790 and 1810, in the United States of America, independently of immigration.* It is this power of rapid increase which causes our overcrowding and poverty. To explain this more fully, will you favour me by inserting the following?

Yours,
Charles R. Drysdale, M.D.,
99 Southampton row, London, May 28th, 1869.

At a meeting of the London Dialectical Society on Wednesday, a paper was read by Dr. Charles R. Drysdale, "On the Inadequacy of Emigration as a remedy for European Overcrowding and Destitution."

After alluding to the facts that poverty produced most of the evils of human life, such as excessive mortality from consumption, a disease far more prevalent among the poor, than among the rich, and from typhus fever, &c., besides want of happiness of all kinds, Dr. Drysdale said the reason why he contended that emigration, whether assisted by Government, or voluntary, was quite inadequate to remove pauperism, or to raise wages, was because population had a tendency to increase so rapidly as to neutralize all such remedies. He quoted from the works of the Rev. Dr. Chalmers, who perhaps, had of all writers most thoroughly exposed the fallacies of emigration, as a remedy for destitution, from James and J. S. Mill, from Whately, Merivale, Joseph Garnier, Huxley, Darwin, and a number of the most distinguished scientific names, that population, when adequately supplied with food, had been able in several occasions to double itself by procreation alone, in periods from fifteen up to twenty-five years. Hence there was, as the illustrious Mr. Malthus had pointed out in his immortal work, the most important work perhaps, which had ever appeared, in its consequences towards the happiness of the race, a constant tendency for population to exceed the means of subsistence. If this assertion were granted, and the writer believed that it was admitted by all able thinkers, who had examined the evidence for it, although hosts of persons objected to take that trouble, and hence remained in deplorable ignorance, it seemed incontestable, that Europe in general need not look to emigration to take off its possible increase. France had long abandoned all hopes of ameliorating its condition, by exporting its population, and small families were, in that country, looked upon as the only remedy for pauperism by the best French writers on social science as, *e.g.*, Joseph Garnier, &c. Emigration, it was true, had raised wages in Ireland, but an immense amount of suffering had been required to induce the Irish to leave their native soil; and it was to be hoped that such misery might be prevented, and not only attempted to be cured in future, by abstaining from such rapid reproduction. The average number of births to a marriage in this country at present was stated from four to five; in France was little more than three. In fact, the population of France might be said to be stationary, and as a consequence of this, wages were rising and pauperism disappearing in that country. He believed, indeed, that emigration, (and in this belief he was only quoting the opinions of the Rev. Dr. Chalmers) had a tendency to *increase* pauperism by flattering the hopes of the poor and uneducated classes by the promise of a ready provision for any number of children they might choose to engender. With Sismondi, then, he maintained that, wherever mischievous prejudices were not inculculated, in the name of religion, although such teaching could lay no claim to such a sacred name, no parents would bring into the world more children than they could bring up well and provide for at their death. Finally, in the words of the "greatest thinker of the age," Mr. John Stuart Mill, he held that "little improvement can be expected in morality, until the producing of large families is looked upon in the same light as drunkenness, or any other physical excess," since those large families caused, in this already over peopled state, poverty, and its attendant evils, prostitution, infantile mortality, infanticide and the misery and degradation of the race. Of course, emigration was often useful to those who emigrated, but it did not help those who remained behind in the over-peopled countries of Europe. Prostitution, and most of the evils of human life would disappear, if but a prudent conduct like that of the French peasantry, who, according to M. Maurice Block, habitually limit their families to two children, were to come into vogue throughout European States. Marriage, too, might then be universal, and the great end of all true morality, namely, happiness, attained by the immense majority of mankind. It had been objected to the assertion that over-population was the cause of poverty, by Doubleday, Herbert Spencer, and others, that poverty was the cause of rapid breeding. But, the families of the aristocracy from the Queen downwards were usually large, and the French peasantry who had only two children limited their numbers of their own accord, not from any miraculous so-called law of nature like that assumed to exist by Mr. Doubleday and his followers. Dr. Drysdale remarked in conclusion, that many severe strictures had been made upon the utterances of Lord Amberley, himself, and others of the Dialectical Society, in the *Medical Times and Gazette*, by a writer, he believed Dr. Druitt, and also by the *Lancet* and the *British Medical Journal.* He believed that his able *confreres* of the medical profession in general had paid but little attention to the subject of political economy, and did not wonder at this, seeing that the range of medical questions was already so extensive. He only did feel suprised that able men who belonged to one department of science, should speak so slightingly of the discoveries of men like Malthus, Ricardo, Mill, Senior, J. S. Mill, McCulloch, Chalmers, Say, &c. He hoped such superficial criticisms would soon cease, and that his respected brethren would take the trouble calmly to address themselves to the study of the works of these great men; without doing so, they were quite unfit to speak upon topics of public hygiene, or morality in his humble opinion.

---

* See Article on "Population" in Encyclopædia Brit. Edition, 1840.

In the debate which followed,

Mr. **Greening** said that sparseness of population did not cause prosperity, and poverty was, in his opinion, caused by faulty social arrangements. It had been proved that, if wealth were well distributed in this country, each family would have on an average £100 a year. The great error in our social arrangements was the want of co-operation. No less than three and half per cent of the cost of groceries was saved by co-operation, and if the like saving were attained in production, there would be enough for all.

Mr. **Levy** said Mr. Greening could not have spoken to an audience who better appreciated the advantage of co-operation. Poverty, however, was a question of production, rather than of destitution, and production depended on capital, labour, and material objects, and in an over-crowded condition of society like this, it was always a difficult matter to procure enough food for all. If our population were smaller in proportion to our capital we should be better off. It was said that in Russia, where population was sparse, poverty was common; but then in Russia capital was scarce too. Wealth depended upon the proportion between the capital and population of a state. Better distribution of wealth, as spoken of by Mr. Greening, would only do good by checking population, if it raised the standard of comfort of the labourers. Emigration was quite inadequate to compete with the principle of population. For example, the increase of the Chinese, if that nation were to emigrate, would soon fill the world. The Japanese, indeed, found it advisable to prevent Chinese immigration into their territory. What was needed was a less rapid production of families. Emigration was no remedy for low wages.

Mr. **Pratt** observed that, if population were too dense, emigration seemed a good remedy, and one greatly needed, since one million and a quarter of persons were at present dependent on charity, and any other way of checking population was too slow in its operation to alleviate the present distress.

Mr. **Edward Jenkins** said we have plenty of room to double, nay to quadruple our present population, if the land question was but attacked. At present the land of England was held by some 5,000 families. Pauperism was caused by this faulty tenure of land. One half of our labouring population, too, could neither read nor write. Then, too, alcohol and tobacco cost £100,000,000 to the people annually. No people in Europe drank so much, or had such poor education as our poor agricultural labourers. The accumulation of money in the hands of a few increased the evil. There was only one remedy, and that lay in the instruction of the people. He objected to any advice as to the arrest of the healthy blossoming of our population; if any advice were offered it should rather be the postponement of marriage, not the production of small families.

Dr. **Roberts** said that, supposing it were granted that emigration was a cure for poverty, the difficulty was that America and Australia lay at a great distance, and it was said that even in America there was much poverty in the Eastern States. In New York it was said there was immense distress. Where, too, was the capital to come from, for State assisted emigration from this country. It could not be raised either by Government or by the parishes. Mr. Greening had asserted that co-operation would save so much capital as to cause poverty to cease; but it only raised one and a half per cent. in wholesale trades. Hence co-operation was likely to do only an infinitesimally small amount of good in causing pauperism to cease. In order to allow of an accession of population in a country, wealth must precede births. And hitherto, as sure as wealth increased, so did population immediately follow it, and eat up the advantages. Our wealth had recently increased enormously; but, then, so had our population. Hence our present pauperism. If three or four millions of our population were suddenly removed, with the present habits of our labouring population, did anyone imagine that the remainder would not immediately begin to increase far more rapidly than now? Population, unless checked by the voluntary prudence of the masses, could always proceed far more rapidly than it could be drafted off by emigration. Hence emigration was no remedy for poverty.

Mr. **Reed** said that the question of wages was one of production, not of distribution. If we desired then, to raise wages, we must make the number of the population less in proportion to the capital of the country. This was the only real and certain way of improving the condition of the labouring classes. The co-operation principle, though admirable, would only alter the distribution, not the production, of wealth. The population question was the real solution of the difficulty. With regard to the rapid "blossoming" of the population so much admired by Mr. Jenkins and others, it had only resulted in wide spread misery and destitution, and the French peasants, who were found such fault with for their prudent and praiseworthy habits of having but two children, did not exhibit the frightful destitution brought on us by the results of the pretended good advice of our public teachers.

Mr. **McGrigor Allen** said there were three arguments against emigration. 1. Immigration into a country often caused the death and destruction of the natives. Knox said that the Saxon had cleared Tasmania. 2. Then emigration did not get rid of paupers or lunatics, and people died of poverty at home. Then again (3), we were not fitted to live in all parts of the globe. Even in America the physique of the English had degenerated, and it was absurd to think that we could colonize India, since the third generation of Europeans did not exist in India. John Bull should stay at home a little more, and let charity begin at home. Emigration was fraught with evils, and the population law of Malthus was the only solution of the question. Large families, which were the grand cause of poverty and destitution were much to be deprecated.

The meeting then adjourned.

◆

LEGALLY-QUALIFIED MIDWIVES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Since the Royal College of Surgeons of England have determined in future that candidates for the membership shall be examined in midwifery, I suppose henceforward there will be no occasion or rather applicants, for the diploma of L.M. Does it not seem feasible that properly-educated and trained ladies might be examined at the Royal College of Surgeons, and after being found competent, receive the diploma of Licentiate in Midwifery, and so become legally qualified to practise midwifery (strictly practical midwifery only) in any part of the British Empire; thus providing employment for reduced gentlewomen more remunerative and independent than that of a governess, &c? Women are quite as capable of learning the science and art of midwifery as the medical student, if properly taught, and I propose giving them a training four times as severe as that which the student of midwifery receives at the present time, which consists of nothing more or less than a three months' course of lectures upon midwifery and the diseases of women and children, and before going in for examination he must present a certificate to the effect that he has attended twenty cases of midwifery. Surely if a young surgeon is legally recognised as competent to practise midwifery after such a training, a woman should be too, after a more lengthened course of obstetric study, providing she has satisfied her examiners as to her capabilities.

The great objection women have to being attended by one of their own sex in labour is this, they fancy, should anything amiss occur, the midwife "would not have nerve enough." Such a thought is very natural, but when we look at hospital nurses and behold "their nerve" on trying occasions, I think one is safe in concluding that a thoroughly-educated midwife would not be found wanting in any case, however great the emergency might be. Remember they have been theoretically taught the science of midwifery, and, we suppose, would have no difficulty in diagnosing a case of mal-presentation or placenta prævia. Under such circumstances, they would do all science teaches them; at the same time, the friends would be informed of the nature and gravity of the case, and it remains for them to call in the surgeon if they like and the same line of conduct would be applied to puerperal convulsions if desired The educated midwife is not expected to,—nay, will not *wait* for the surgeon to come and tell her what to do; she is to do as she has been taught in such cases, and the surgeon's attendance should be requested only as confirmation of the midwife's opinion, or, to use other words, "just for satisfaction." A duly-qualified midwife would be a great boon to women in the humble class of society; and the general practitioner ought to be very thankful to find he could get rid of a large amount of midwifery without injury to his other practice.

When a woman is confined the midwife's attendance should be dispensed with beyond visiting the patient a time or two afterwards, of course she may prescribe a dose of castor oil, or a few drops of laudanum, or a saline draught as the case might require, but should puerperal fever or peritonitis set in, or mammary abscess follow or any other dangerous symptoms arise then the surgeon's attendance becomes absolutely necessary; and it should be illegal for a midwife to take further charge of the case in a medical point of view: of course there would be no objection to her remaining as head nurse working under the surgeon's order if found convenient. For my part I think the general practitioner ought not to attend much midwifery. If he has a heavy number of obstetric cases to look after and be in readiness for, how can he attend to much general practice at the same time? Not only must his rest at night be broken, and his meals irregular, but all his other practice must be secondary to the midwifery; in fact he is physically a perfect slave, to say nothing of mental anxiety. In large towns the case is not so bad as in the country, for in the former you can leave your patient for a short time to visit some one else, whereas in the latter when a mile or miles away from other patients you must wait many hours, sometimes a whole day or night, in the meantime all your other engagements are on one side, in plain words the rest of your practice goes to the wall. For instance, one has promised to see a patient who is dangerously ill early next morning, a midwifery case comes on in the night lasting for some hours, there is no help for it, you cannot keep your word, and your poor patient must wait until Dame Nature sets you at liberty, you cannot well go away, however clear your judgment of the case may be as regards the time of termination of labour; for women will not be left and it does not do to offend, so all one has to do is to wait patiently. If in course of time it should become fashionable for ladies to attend midwifery, in most cases wherever you found a surgeon in general practice there you would find a lady accoucheur as well, and if it were only publicly known that women were found after strict examination qualified to practise midwifery, I think many ladies would employ them, especially when supported by a surgeon, the ordinary medical attendant, perhaps of the lady to whom the midwife could look for immediate aid if required.

I make no doubt that the majority of my professional brethren will disagree with me *in toto* on this subject, and think that they would all be ruined should it become the rule to employ female obstetricians and not the exception. Let us hope that such would not be the case, and it could not be, providing midwives were restricted from practising general medicine and dealing in drugs, both of which would be impossible (if the Medical Act were only what it ought to be), as a midwife would not come under the head of a registered medical man or chemist. Pure physicians and surgeon-accoucheurs would find a falling-off in their obstetric cases, though there will always be certain ladies who must have one of the sterner sex to attend them; yet, suppose the obstetric physician would not attend above twenty cases in after years where now he attends a hundred, he still has uterine diseases to make a special study of, which will be remunerative, and then there would be his consultations in complicated cases to make up for the loss.

The following course of study seems to me sufficient for the education of a lady accoucheur:—

In the first place, the candidate would be required to pass a preliminary examination in general education, comprising the following subjects—

1st. Reading aloud a passage from an English author.
2nd. Writing from dictation.
3rd. English grammar.
4th. Writing a short English composition, as the description of a place, &c.
5th. Arithmetic to fractions, inclusive.
6th. Outlines of geography.
7th. Outlines of English history.
8th. Rudiments of the Latin language.

Secondly, the candidate must have attended the practice of a lying-in hospital or the obstetric wards of some general hospital or workhouse infirmary for the period of twelve months, such period to be divided into two summer sessions and one winter; at the same time, the following course of lectures must be attended—the summer course consisting of fifty lectures, the winter of one hundred; class examinations to be held weekly.

Each session to consist of two lectures.

Lectures to comprise the following subjects:

FIRST SUMMER.

Lecture I.—On the Osteology and Anatomy of the Pelvis and Parts concerned in Parturition.
Lecture II.—On the Outlines of Midwifery, especially with regard to the Mechanism of Labour.

WINTER SESSION.

Lecture I.—On the Principles and Practice of Midwifery.
Lecture II.—On the Anatomy and Physiology of the several Organs of Generation, with Practical Demonstration by Dissections.

SECOND SUMMER SESSION.

Lecture I.—On Medicine, Therapeutics, and Hygiene, as relating to the Lying-in Woman.
Lecture II.—On Midwifery, more especially as regards Obstetric Operations.

All lectures must be well illustrated by diagrams and preparations, and each candidate must have applied the forceps, gone through the *modus operandi* for removing retained placenta on the leather subject used by the lecturer for his illustrations of practical midwifery.

Furthermore, a candidate must present a certificate of having attended, *per se*, five cases of midwifery within hospital wards and fifteen out. We will now suppose a lady has obtained her diploma of L.M., the question then suggests itself, by what term shall she be known by when speaking of her in society? I think "Accoucheuse" by itself is sufficient —perhaps the prefix of "Surgeon" would render it more striking, and give it greater weight with the public. We have surgeon-dentists emanating from Lincoln's-inn Fields, why not a "Surgeon-Accoucheuse?" After the above course of study, I hope I am right in presuming that a woman should be equal to practise midwifery, and thought deserving of public confidence in the obstetric art.

I am, Sir, yours, &c.,
HENRY W. WILLIAMS, C.M., M.D., L.R.C.P. Ed.
London, June, 1869.

◆

LAW *v.* MEDICINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Having been for many years a subscriber to your valuable paper, I shall feel much obliged if you will kindly insert the following in your next publication: I on the 21st instant, sued, in the County Court of Haverfordwest, a man for a bill for medical attendance. I sent him my bill three years ago, and on this bill authority to pay the amount to a druggist in Haverfordwest of the name of Williams, who transacted business for me. I asked Williams for the money and he said the man had not paid him, so, after waiting till this month I sued him. When in court, the defendant produced my bill, with the authority to pay Williams, receipted by a man named Thomas who lived in the same house that Williams had formerly occupied, who was not authorised by me to receive it. The judge then asked me if the authority produced to pay Williams was in my hand-writing, I replied it was. He then gave judgment against me, saying the man was illiterate and knew no better, and ordered me to pay the costs. I was plaintiff in another case in the same court, and, on the same day, I sued a man for 13s. 6d., 10s. for journey, and 3s. 6d. for medicine. I was sent for, in the middle of a cold wet night, a distance of between three or four miles, to attend the defendant's wife—I sent in my bill as above, I made two or three applications for it and he promised to pay, but not doing so, I sued him. The judge (Terrell), on giving judgment in the matter said, my charge was excessive, and reduced my bill for attendance and medicine to 5s., and ordered me to pay costs, leaving me, thereby, a balance for 2s. for medicine and journey. During the hearing of the case Judge Terrell said he should make no difference between day and night services of medical men, and should award the same allowances in both cases. On hearing the judge's decision, I remarked I hoped every one would be paid at the same ratio, when he ordered me to be taken out of court in custody of a bailiff, for contempt of court. I was kept in a room for half-an-hour till the business of the court was over, and should have been committed to prison for seven days had I not acquiesced, at the solicitations of many friends, to make an apology for objectionable remarks (if any) made, I was then released from the officers of justice. The above statements are quite correct. You will much oblige by letting me know if there is a remedy, and if so, the one applicable, and can I not bring an action for false imprisonment, my not being aware of having in any way, made a remark that could come uder the head of contempt of court.

Yours truly,
R. Summers, M.R.C.S.

Haroldstone, Haverfordwest.
May 24th, 1869.

[We have no hesitation in saying that our correspondent has been most harshly dealt with, and that the decision of the magistrate was utterly illegal. The first defendant was requested to pay Williams and no one else, and if he did pay a wrong person the law recognises no incapacity of education as an excuse.—Ed. Med. Press.]

◆

"COCOA."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In an article on "Cocoa" in your valuable paper, you say last Wednesday, with regard to Van Houten's Cocoa.

"We cannot endorse Dr. Hassall's remarks, however, as regards the comparative cheapness of this cocoa."

This implies, as it stands, a denial of a fact, proved by experience, and in justice to Dr. Hassall, to the manufacturer, and also to the public, I must ask you to qualify this statement of yours, as to its real value, or to show satisfactorily that it is well founded.

I am, Sir,
Yours faithfully,
H. Eschwege, Importer, &c.

6 and 7 Coleman street, London, E.C.
June 5th, 1869.

*** We have not seen Dr. Hassall's original report, and, there-fore, suppose that in Van Houten's advertisement we have it unabridged.

The passage complained of refers to the following paragraphs in Dr. Hassall's report: "I have tested chemically, microscopically, and dietetically Van Houten's Cocoa, and *contrasted it with the best description of Cocoa and Chocolate to be found in the English market*, while the great majority of them consists of mixture of cocoa, starch, &c., Van Houten's is not only composed solely of the cocoa bean, but is of the finest quality.

"Although nominally dearer than many of the English preparations from its greater purity and strength, it goes much further, so that in the end it is really much cheaper."

The two paragraphs taken together would convey an impression that Van Houten's Cocoa is one, if not, the cheapest in the market. Such might have been the case at the time of Dr. Hassall's report—of this we know nothing. Our report is "upon the quality at present supplied to the British market," and, therefore, we cannot endorse this opinion, unless Van Houten's cocoa is *alone* compared with the lower class mixtures which are sold under the name of cocoa. This, however, was not our reading of the advertisement, there are large numbers of pure and good cocoas in the market (which number is increasing every day.) It is with them that we would compare Van Houten's preparation as regards its comparative cheapness.

If we *confined* our consideration of cocoas to one class or those which are mixtures of starch, sugar, and cocoa, Van Houten's *is* comparatively cheaper than such preparations.

◆

MR. STAPLETON'S METHOD FOR FRACTURES OF THE FEMUR NOT NOVEL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—Thirteen years ago I devised this method and have continued to make use of it, and modifications of it, in the practice of the Queen's County Infirmary, where there is, for the purpose, a movable arrangement to attach to any bed, supplying a pulley over which may be suspended a sufficient weight, and the arrangement reduces the treatment of fractures of the femur to that of the most simple. It possesses many advantages as well as comforts to the patient. I have such a case at present in his fourth week, and it has scarcely called for any attention since the first adjustment. I often use only four splints round the thigh, and none other, when the patient may sit up or recline as wished, the only precaution being to have the splints held by an attendant during the change of position. I apply long broad adhesive straps from above the knee down the leg at both sides (supported at intervals by broad circular straps) united below the foot, but kept apart by a bit of wood notched at the ends, this prevents undue pressure on the ankle, thence a cord passing over the puley suspends a weight, usually four pounds. Special cases require Liston's, or other splints, but I doubt the usefulness of too much fixture of the extremely.

The arrangement has all the advantages pointed out by Mr. Stapleton, as also several others, chiefly its allowing of the sitting posture, and the relief it affords to the ankle.

I have gone further and used gentle circular traction in a similar way on the stumps, in certain cases of amputation of the thigh, by circular operation, the results being satisfactory. However, very great care is obviously necessary in such cases as this.

Finally, I may mention that my method has been brought out as novel in America, by Dr. Dugas, of Georgia, and may be found illustrated in Dr. Wales's work, on "Surgical Apparatus Appliances," Philadelphia, 1867.

Very faithfully,
David Jacob M.D.

Maryborough.

◆

Obituary.

JOHN NOLAN, Esq., M.D.

Died, May 28th, at Athboy, county Meath, John Nolan, Esq., M.D., æt. sixty-three. Dr. Nolan graduated at Edinburgh, as a physician, in 1826, became a Member of the College of Surgeons, England, and Licentiate of the Dublin Lying-in Hospital in the following year. He then assisted Dr. Macartney as Demonstrator of Anatomy at the University (Trinity College) School of Physic and Surgery, and wrote the appendix to the "Dublin Dissector."

On the retirement of Dr. Macartney from the College School, Dr. Nolan was elected Physician to the Athboy and Ballioor Dispensaries. There, for a period of thirty years, he laboured through epidemics of famine, fever, and cholera; always at his post, always cheerful, and ready to afford prompt and efficient help. He was a man of powerful frame, of great physical energy, of a highly cultivated mind, and possessed of extensive general information. Himself unostentatious, a sound practical physician, he laughed at, and abhorred, all pretentiousness and cant. Those who knew him longest and most intimately loved him most. His loss will be long felt by a wide circle of sorrowing friends.

Legal Intelligence.

IN CHANCERY.—(Before Vice-Chancellor Malins.)

Pulvermacher v. Hammond.

This was an action on the part of the plaintiff, the well-known inventor of various electro-galvanic appliances for the cure of nervous and other diseases, to restrain the notorious quack, Dr. Hammond, *alias* Henry James, Esq., Harvey Barrows, Esq., C. T. Raphey, M.R.C.S., &c., from using the plaintiff's trade-mark, and advertising colourable imitations of his chains and belts, in order to deceive the public. Mr. Glasse, Q.C., in introducing the Bill, said he wished to direct his honor's attention to the abominable artifices resorted to by the defendant or defendants; who, not content with trafficking under assumed names, and endeavouring to pass with the public as medical practitioners, actually pirated the names of many of the most eminent members of the medical and scientific professions, who had given testimonials to Mr. Pulvermacher for his valuable inventions, and advertised them as theirs. The learned counsel continued:—The plaintiff, having submitted his invention and system of flexible voltaic batteries in the practical form of bands and like appliances, to the attention and consideration of various of the most distinguished medical authorities in London, including the following: Sir C. Locock, Bart., Physician to Her Majesty the Queen, Sir H. Holland, Bart, F.R.S., Physician to Her Majesty the Queen, Sir W. M. Fergusson, Bart., F.R.S., Surgeon to Her Majesty the Queen, Sir J. R. Martin, Bart., C.B., M.D., F.R.S., Dr. E. Sieveking, Physician to his Royal Highness the Prince of Wales, and Physician to St. Mary's Hospital, Dr. R. Quain, F.R.C.P., Physician to the Hospital for Consumption, Brompton, Dr. A. Clark, F.R.C.P., Physician to the London Hospital; received from them their approval and the most flattering testimonial, and from Dr. C. Handfield Jones, F.R.C.P., F.R.S., Physician to St. Mary's Hospital. He held also in his hand the affidavits of Sir Charles Locock and Sir Ranald Martin, which distinctly set forth that these testimonials were given to none other than the plaintiff. The learned counsel further stated that the sham electrical appliances advertised by the defendants caused him considerable annoyance in his trade, for persons who had purchased belts of the defendants, and found them useless—which they undoubtedly were—refused to believe in the efficacy of his client's inventions, after having been duped by these pseudo doctors; who further gulled the public by using various affixes, such as "F.A.S.," "F.R.A.S.," "Ex-Governor of the Lock Hospital," and many other et ceteras, which really meant nothing, but served to mislead the public, thus robbing both the legitimate practitioner and the honest manufacturer of his just rights. The plaintiff therefore prayed that his honour would grant an injunction to restrain the defendants from infringing his patents, and fraudulently using the names of the eminent gentlemen referred to in his affidavit.

The Vice-Chancellor, after going through the Bill, said he feared he could not give the interlocutory injunction desired. It was admitted by the defendant that Dr. Hammond, whoever that might mean, had now gone away two years since, where to, was not known; that Henry James was a myth; and that the only person residing in the house—which to carry out the deception still further, was advertised under two addresses—was the man Burrows? It was an outrageous thing that the public should be thus deluded; and he was exceedingly sorry that, owing to a point raised by the solicitor to the defendant, the law did not enable him to grant the protection prayed for. Mr. Glasse could, however, sustains his case at the hearing and the matter stand over. It was a pity the public should be victimised by these abominably false statements.

Mr. Cotton, the defendant's solicitor, suggested that his honour had only heard the plaintiff's case.

The Vice-Chancellor said he had also heard the defendant's affidavit: anything more disgraceful he never saw.

Mr. Glasse said he should like to have some explicit opinion on the case from his honor.

The Vice-Chancellor said he had a very strong opinion against the defendant on his own affidavit. The tactics pursued by the defendant was one of systematic imposture, and he much regretted there was not somebody on the part of the public to put a stop to these things.

Mr. Glasse concurred with his honour. The injustice to the public and his client was immeasurable.

The Vice-Chancellor then directed that the cause should stand over till the hearing.

NOTICES TO CORRESPONDENTS.

In all cases when proofs are sent, it is of the utmost importance for them to be immediately returned.

Dr. Hamilton.—The fact of your having received the usual addressed wrapper, *minus* the journal, goes to prove that the journal was lost through the post. Enquiries will be made respecting the miscarriage.

A Country Practitioner.—Your letter on "Traumatic Herpes," shall appear in our next.

Dr. J. Waring-Curran is thanked.

Medicine, Magic, and Witchcraft.—Referring to the above article which appeared in our issue of May 26th., we extract the following pertinent remarks from the letter of an occasional contributor:—I was much pleased with Mr. Donovan's article on Medicine, Magic, and Witchcraft, and quite agree with his concluding remarks "That the belief in Magic and Witchcraft in an ignorant superstitious age is less surprising, when we consider the performances of some expert practitioners of our own times." We have as much as ever of *this kind of practice but in various other forms*. The quacks and many of our own body are everyday examples of this, and it will not be in our generation that medicine will be emancipated from superstition, of which ignorance is the parent; this was best seen at a recent inquest in Hampshire, when no less than nine jurymen could not even write their own names. How then is it likely to be otherwise? Thanks in a great measure to the Parsons for this state of things in the 19th century. T. T. P.

Communications, Enclosures, &c., received from Professor Humphry, Cambridge; Dr. Wm. Brown, Hesket; Dr. Rogers, London; Messrs. Edmonston and Douglas, Edinburgh; Mr. Street; Mr. Turner; Dr. Johnson; Dr. Beveridge, Aberdeen; Dr. Clark; Dr. Lee, London: Mr. Worthington, Youlgreane; Mr. Baker Brown, London; Mr. Robertson, Edinburgh: Dr. Peirson, Scarborough; Dr. P. Heron Watson, Edinburgh; Dr. Palfrey, London; Mr. E. M. Stoehr, Manchester; Mr. Whatford, Brighton; Dr. Forman, Chicago; Dr. Hamerton, Anthillstown; Mr. I. Mitchell, London; A Country Practitioner, Belfast; Dr. Alfred Clarke, Shorncliffe; Dr. J. Waring-Curran, Manchester; Messrs. Gillon and Co., Leith; Dr. Day, London; Mr. Thos. Bryant, London; Mr. Harris, London; Dr. Gordon, Deputy-Inspector General, Portsmouth: Dr. Johnson; Mr. Tichborne, Dublin; M. A. B., London; Dr. Mitchell, Paris.

APPOINTMENTS.

Cumming, Dr. J., Resident Surgeon to the Royal Hospital for Sick Children, Edinburgh, vice Bell, whose term of office had expired.

Douglas, G., M.D., Medical officer to the Gateshead Dispensary, vice Wm. Jollie, M.D., deceased.

Lomax, W. J., M.R.C.S.E., Medical Officer to the Lincoln General Dispensary.

Lowe, G. M., M.B., Medical Officer to the Lincoln General Dispensary.

Mitchell, S., M.D., Physician to the Sheffield Public Hospital and Dispensary, vice Smith, resigned.

Pullar, A., M.B., Physician to the Westminster General Dispensary, vice W. H. Stone, M.B., resigned.

Thompson, Dr. E., Assistant to the Extra Physicians at the Royal Hospital for Sick Children, Edinburgh, vice Cummin.

Whiteley, Mr. B., Dispenser to the York County Hospital, Dispenser to the New Leeds Infirmary.

VACANCIES.

Newton Abbot Union.—Medical Officer. Salary £47, with extras.

Mullingar Union.—Medical Officer. Salary £90, exclusive of vaccination and other fees. See advertisement.

St. George's Dispensary—Honorary Physician. Election June 29th. See advertisement in our last.

BOOKS RECEIVED.

Diaphoresis. By Charles Clark, M.A., Cantab. London: John Churchill and Sons.

My First Start in Practice. By a London Physician. London: Robert Hardwicke.

The Pharmaceutical Journal.
Hardwicke's Science Gossip.
Boston Medical Journal.
The Monthly Homœopathic Review.
The Phantom.
The Monthly Microscopical Journal.
The Chicago Medical Times.
The New York Medical Gazette, &c., &c.

Death.

Curran.—May 31, at 139 Donegall street, Belfast, Mary, wife of Waring-Curran, Esq.

PURE TASTELESS COD-LIVER OIL

IMPORTED BY BEWLEY AND DRAPER.

IT is this OIL, the use of which is directed by the MEDICAL COUNCIL, and which is ordered by the BRITISH PHARMACOPŒIA.

DR. PEREIRA

Says, "The FINEST OIL IS THAT WHICH IS MOST DEVOID OF COLOUR, ODOUR, and FLAVOUR."—"No other Livers but those of the TRUE COD can be obtained for the preparation of Oil at Newfoundland," a fact which is the best guarantee of the GENUINENESS OF THIS OIL.

In bottles, price 1s., 1s. 6d., 2s. 6d. and 4s. 6d.

Also, BEWLEY and DRAPER'S

ETHERIZED COD LIVER OIL,

AFTER THE FORMULA OF

DR. BALTHAZAR FORSTER.

Sold by BEWLEY and DRAPER,

23 MARY STREET, DUBLIN.

And May be had from all respectable Apothecaries in Town and Country.

SIR J. MURRAY'S

PURE FLUID MAGNESIA

IS RECOMMENDED BY PHYSICIANS SINCE 1807 for Bile, Acidities, and Indigestion. They also order his CORDIAL CAMPHOR (3 grs. per ounce) as the best restorative for weak nerves or low fevers. His LEMON SYRUP, mixed with either Fluid, forms a brisk Aperient for any age—bottles 1s. and 2s. 6d. To guard against false liquids the Patentee's labels are subscribed "Sir J. MURRAY, Physician to the Lord Lieut."

NOTICE.—BEST QUALITY ONLY.—SAMPLES FREE.

ISLINGTON GLASS BOTTLE COMPANY WORKS, LONDON and YORKSHIRE. This Company supply only the very best MEDICAL GLASS BOTTLES and PHIALS, at the Lowest Prices. London Warehouses, 19, Bread-street-hill, Upper Thames-street, City, E.C., and 28, Copenhagen-street, Islington. E. & H. HARRIS and CO., Proprietors.

		per gross.
6 and 8 oz., any shape, plain or graduated,	Clear blue tinted	8s. 6d.
and 4 oz. ditto ditto		8 0
oz. White Moulded Phials	Of a very superior quality.	4 6
oz. ditto		5 6
1½ oz. ditto		6 0
2 oz. ditto		7 0

Measures, Pill Boxes and Corks, and all sundries, supplied to order.

The Improved FLINT GLASS BOTTLES, with Lip, a very superior article, in 6 Gross Crates, assorted to suit the convenience of purchasers.

3 and 4 oz. ... 9s 6d per gross.	10 and 12 oz. ... 16s 0d per gross
6 and 8 oz. ... 10 6 ,,	16 oz. ... 19 0 ,,

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles. Post-office orders payable to E. and H. HARRIS and CO., at the Chief Office, London.—Bankers, Alliance Bank. Established upwards of 80 years.

N.B.—Orders sent to either establishment will have prompt attention

---

PLEASE NOTICE REDUCTION IN PRICE.—BEST QUALITY ONLY.

Great Saving in the Purchase of New Medical GLASS BOTTLES and PHIALS of the best Manufacture, at the NORTH LONDON GLASS BOTTLE WORKS, I. ISAACS and COMPANY, Proprietors.—Warehouses, 25 and 24, Francis-street, Tottenham-court-road, London, W.C.

6 and 8 oz., any shape, plain or graduated,	Clear blue tinted	8s. 6d.	per gross.
3 and 4 oz. ditto ditto		8 0	,,
½ oz. Moulded Phials	Of a very superior quality.	4 6	,,
1 oz. ditto		5 6	,,
1½ oz. ditto		6 0	,,
2 oz. ditto		7 0	

The Improved FLINT GLASS BOTTLES, with Lip, a very superior article, in 6 Gross Packages, assorted to suit the convenience of purchasers, at the following reduced prices:—

3 and 4 oz. - 9s. 6d. per gross.	10 and 12 oz. - 16s. 0d. per gross.
6 and 8 oz. - 10s. 6d. ,,	16 - - 19s. 0d. ,,

Measures, Pill Boxes and Corks, and all Sundries, supplied to orders,

A remittance not required till the goods are received. Packages free. Immediate attention to Country Orders. Goods delivered free within 7 miles. Post-office Orders payable to I. ISAACS & CO., at the Post-office, Tottenham-court-road.—Bankers, London and Westminster Bank (Bloomsbury Branch).

Established upwards of 70 years.

BY ROYAL COMMAND.

JOSEPH GILLOTT'S

CELEBRATED

STEEL PENS.

Sold by all Dealers throughout the World.

THE SILVER MEDAL, PARIS, 1867.

SAVORY & MOORE'S PANCREATIC EMULSION

Agreeable to the Taste. Readily Miscible in Milk, Water, and Wine. Not deteriorated by keeping.

N.B.—The "Reports of the Experience of Medical Men," &c. (Churchill and Son), and of Cases treated with the Emulsion, published in the 'Lancet,' 'Medical Press,' &c., are founded on the use of SAVORY and MOORE'S PREPARATIONS ONLY.

PANCREATINE "Acts on azotized food, either alkaline, acid, or neutral, three times quicker than the gastric juice, pancreatic digestion, being forcibly very rapid."—BARON CORVISART, 1859.

PANCREATINE, in Powder.

PANCREATINE WINE.

PANCREATIZED COD-LIVER OIL. The Labels give a test for Pancreatine, and a formula for making the Pancreatic Emulsion.

NOTICE.—The above are supplied in bulk for Hospital and Dispensing purposes.

SAVORY and MOORE'S

FOOD FOR INFANTS.

"THE BEST PREPARATION. Resembling mother's milk as closely as possible."—Dr. T. H. BARKER.

"A REAL IMPROVEMENT on the ordinary kinds of Liebig's Food."—LANCET.

NO BOILING OR STRAINING.

Tins, 1s., 2s., 5s., and 10s.

143 NEW BOND STREET, AND ALL CHEMISTS.

TINCTURA CARBOLATIS IODINII,

OR

COLOURLESS TINCTURE OF IODINE.

THE ADVANTAGES OF THIS TINCTURE (being colourless) is self evident. The addition of a few drops of CARBOLIC ACID and GLYCERINE to the Iodine and the Iodide of Potassium, in solution, renders this Tincture of B. Ph. perfectly colourless.

CHRONIC BRONCHITIS WITH PROFUSE SECRETION.—In this condition a trial is now being made in the hospital of the inhalation of steam slightly charged with the carbolate of iodine or colourless tincture of iodine, a preparation made by Dr. Evans, of Dawson street, which seems suitable for exhibition in this form, though its great excellence lies in its virtues as an external application. The use of the ordinary tincture of iodine to enlarged glands in the neck, has the serious disadvantage that, by reason of the ugly mark it leaves, it prevents those who use it from appearing in public, while they are the very persons to whom fresh air is so necessary; this elegant preparation, on the contrary, may be applied freely without the least discolouration, and without producing any severe irritation, which experience has shown to be injurious in such cases.—MEDICAL PRESS, April 21, 1869.

J. EVANS, STATE APOTHECARY,

49 DAWSON STREET DUBLIN.

EFFERVESCING

COMPOUND CITRATE OF POTASH WATER.

IN a Series of Lectures on Gout, Rheumatism, Rheumatic Gout, and Sciatica, published in the *Lancet* by Dr. FULLER, attention was drawn to the extraordinary virtue of Citrate of Potash in neutralising the acid products of indigestion and in ridding the blood of the uric acid and other acid materials. In confirmation of this opinion Dr. ROBERTS, of Manchester, in an admirable paper published in Vol. XLVIII of the "Transactions of the Royal Medico-Chirurgical Society of London," proves, by a series of elaborate experiments, that the solvent power of Citrate of Potash in gouty urinary deposits exceed that of Lithia and all other alkalies, and when combined with certain materials calculated to correct acidity, proves the most valuable of antacid and gouty remedies, neutralising the acid which exists in the blood, and preventing its being passed through the kidneys in the form of gravel. It is very agreeable and refreshing Two or three bottles may be taken daily.

PREPARED ONLY BY W. TWINBERROW AND SON,

2 EDWARD STREET, PORTMAN SQUARE; AND 45 WESTBOURNE GROVE, LONDON, W.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 16, 1869.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE
Gleanings in Toxicology.—No. V. By Chas. Meymott Tidy, M.B., M.S., Joint Lecturer on Chemistry at the London Hospital 493
Experiences of a Regimental Surgeon in India. By C. A. Gordon, M.D., C.B., Deputy Inspector-General of Hospitals. 494
Successful Treatment of Prolapsus Ani by the "Ecraseur." By Daniel Donovan, M.D., Physician to Skibbereen Workhouse 496
On three cases of Aneurism of the Aorta, with Rupture into the Pericardium, occurring within a short period of each other, in the Garrison of Portsmouth in 1868. By J. Lamprey, M.B., Surgeon 67th Regiment 496

LITERATURE.

On Chronic Bronchitis, especially as Connected with Gout, Emphysema, and Diseases of the Heart. By E. H. Greenhow, M.D., F.R.C.P. 498

A Feigned Tumour of the Jaw 498

PAGE

LEADING ARTICLES.

Royal College of Surgeons, England.. 499
Proceedings of the Dublin Obstetrical Society 499

NOTES ON CURRENT TOPICS.

A New Rectotome 500
New Pharyngo-laryngoscopic Apparatus.. 500
Royal College of Physicians of London .. 501
The Election of Council of the Royal College of Surgeons in Ireland 501
Medical Qualifications in America...... 502
Cholera in India 502
The Economy of Ventilation 503
Mortality in India 503
Effect of the Suez Canal on Climate...... 503
Heart Disease and the Turkish Bath 503
The Dublin Poisoning Case...... 504
Female Medical Education 504
St. George's Hospital...... 504

SCOTLAND.

Death of Bruce Barclay, M.D. 505
The Scottish Registrar-General's Monthly Return 505

CORRESPONDENCE.

Royal College of Surgeons of England.—Mr. Edwin Hearne on the Coming Election 506
Mr. Solly's Candidature 507
PAGE
Mr. Erichsen's Candidature...... 507
Mr. Henry Lee's Candidature...... 508
J. R. Murphy on Changes in the Blood .. 509
The Debate at the Dublin Obstetrical Society 509

MEDICAL GLEANINGS.

Penetrating Wound of Abdomen.—Hernia of a Portion of the Spleen.—Recovery.. 509
Alcohol in Large Doses in Poisoning by Mushrooms 510
The Introduction of the Clamp in Ovariotomy 510
Osseus Degeneration of Sternum 510
Adulteration of Milk 510
Case of Aphasia. By G. W. H. Kemper, M.D. 510
Poisoning by Chlorodyne 510
Inversion of the Uterus...... 511
The Pons Varolii the Nervous Centre of Convulsions 511
Ectropium Intestinorum 511
Dilatation of the Os-Uteri and Perineum during Labour 512
Goitre Cretinism 512
Hypodermic Injections of Morphia in Labour 512
Moveable Bodies in the Blood...... 512
Fish as an Article of Food 512
Tonka Bean in Pertussis 512

Notices to Correspondents, &c. 513

Original Communications.

GLEANINGS IN TOXICOLOGY.

No. V.

By Charles Meymott Tidy, M.B., M.S.,
Joint Lecturer on Chemistry at the London Hospital.

I propose in the present paper examining some of the tests for strychnia, and their comparative values.

And the first I may mention is its intensely bitter taste, a test of extreme delicacy. A solution containing a grain in a gallon and a half of water is perceptibly bitter. The taste of residues is remarkably suggestive in medico-legal inquiries. The alkaloid itself I need scarcely say is very much more bitter than its salts.

The shape of the crystals vary. I do not think this is a matter of very much moment in toxicological researches, as we are almost certain to be able to prove its existence very satisfactorily by means of chemical tests, if we have enough of the material for microscopic examination. I may add, however, that the crystals sometimes assume the form of long rectangular prisms, at other times of octahedra, and occasionally of dodecahedra, the shape depending, as I have already mentioned, on the solvent employed.

But the colour tests are those upon which in medico-legal cases we principally rely. The best mode of carrying out the process is to place the strychnia or suspected matters on a clean white plate in a good light, take a drop of pure concentrated sulphuric acid upon the end of a glass rod, and thoroughly mix with the substance we are examining. Take care that the sulphuric acid is entirely free from nitric acid, as this would, as I shall point out directly, seriously interfere in some cases with the results. Then take on the point of a penknife a small quantity of either peroxide of manganese or lead, and place it by the side of the mixture on the plate; then with great caution, stir the acid so that it may come in contact with the smallest possible trace of the peroxide, and in this way the colour is certain to be developed. The great point to attend to is, only to add in the first instance, the smallest conceivable portion of the peroxide.

Now with respect to the reagents used, there are various substances recommended. The first of these is bichromate of potash. I never employ it now, because I consider it so very uncertain. For, in the first place, not only do organic matters in the form of vegetable acids, or gum, or sugar, &c., hinder, or at any rate mask its action, but when even a trace of nitre, or common salt, or indeed any nitrate, or chloride, or a trace of tartar emetic is present, the reactions are seriously interfered with. I had occasion, a short time back, to examine a powder, which I found afterwards was a mixture of sugar and strychnia. I certainly should not like to have spoken positively as to the presence of the strychnia from my experiments with the bichromate and sulphuric acid, had I not made others with different reagents.

Then again, the colour which is produced when you mix sulphuric acid and bichromate of potash is itself so intense, that it is very likely to complicate results, and leave us in a state of some uncertainty. Now, of course it may be said, surely the black mixture of plumbic peroxide with sulphuric acid is far more likely to hide the colour then the red tint with the bichromate, but one finds in practice that this is not the case, and that it is far easier to see the play of colours even when mixed with a black powder than when we have to contend with dense shades of red. And, lastly, I am at a loss to understand why so many toxicologists recommend the bichromate of potash, when it is of all tests the least delicate. With both the plumbic and manganic peroxide I have been able, with care, to detect the 1-5,000th of a grain of strychnia, but the 1-3000th, is the smallest quantity with which you can get an ordinarily safe result with potassic bichromate.

It is right, however, to say that nitrate of potash, to a certain extent, interferes with the action, when even peroxide of manganese is used, but neither common salt or tartar emetic (which I have mentioned as interfering with the bichromate of potash) have any action, or are any hindrance to the employment of peroxide of manganese. I would even say that peroxide of lead is preferable to all, as nitrate of potash must be present in very great excess to interfere with its action. I have not a doubt that the reason why few toxicologists recommend these re-agents is the fear that the colour produced may in a great measure, be hidden by the black powder, but after considerable experience I am convinced there is not the least fear of this being the case, unless (which is quite unnecessary) the oxide is added in large quantity.

And now what is the "modus operandi" of this test. It is a case without doubt of the action of *nascent oxygen*, that is of oxygen at the moment of being set free, upon the alkaloid. Dr. Letheby acting on this idea has proposed one of the most elegant modes with which we are acquainted of detecting the poison by submitting it to the oxygen evolved by means of the galvanic current. In this way the production of the colour is in our own hands. We can at once stop the action if we please by detaching the battery, and so stopping the evolution of the oxygen; secondly, it is free from every known source of fallacy; and, lastly we have no extraneous tints of any kind to interfere with a perfect recognitiou of the colour. In a case of poisoning by strychnia referred to me some time back by Mr. Lewis, I used this test with highly satisfactory results.

There are still a few other chemical tests for strychnia to which I am desirous of directing attention, although I do not think they are in the first instance of much service in medico-legal enquiries, when we have so many important and delicate tests at our command, but it is certainly most desirable that they should be used, if possible, as confirmatory evidence, of which it is impossible to have too much when life and death are dependent on our evidence.

I will endeavour to give the reactions in what I consider the order of delicacy, an order the result of a very large number of experiments, and which in many respects differs from that given in most toxicological works.

1.—The most valuable of these tests is *Iodine*. The following is the best plan of carrying out the experiment. Place on a microscope glass a very small drop of an alcoholic solution of iodine, let it evaporate, *directly* it is dry add a drop of the strychnia solution, acidulated with acetic acid, to which is added a trace of sulphuric acid and a drop of spirits of wine. (I would say to see these reactions, a solution of a trace of strychnia in three drachms of acetic acid, one drachm of spirits of wine, and six drops of dilute sulphuric acid gives very good results.)

When it has dried spontaneously, examine under the microscope with a Nicols prism and selenite, using no analyser, but merely a common eyepiece. The following characteristic figures will be seen.

(*a*) Small tufts, mostly circular, of acicular black crystals, as fine as needles.

(*b*) Myriads of minute dots of a somewhat triangular form, some being large and well defined. They are generally coloured, yellow, pink, and green.

(*c*) Large triangular crystals generally of a yellow or greenish colour, and composed of three parts radiating from a centre.

(*d*) A number of solid macled prisms, presenting here and there complementary tints of red and green.

(*e*) Solid rosette macles of four, five, and six sided prisms. These, however, were not so abundant unless the strychnia was added to the iodine solution when it had completely evaporated.

(*f*) Lastly, when the strychnia is in any quantity, large feathery and tubular plates of a colourless salt of strychnia not combined with iodine are apparent.

There are other ways in which the experiment may be made. The forms I have described are sometimes well displayed by dropping a mere fraction of a grain of strychnia on an alcoholic solution of iodine to which a trace of acetic acid has been added. There is another method by which I have obtained very good results; namely, by touching a glass slide with a drop of acetic acid, then with a glass rod touch this with a solution of iodine so as to colour the liquid slightly yellow, and then add a mere trace of dry strychnia; instantly a deep red brown colour appears, and this in a few minutes changes to orange yellow. Place over this a covering glass, and on examining it with a microscope, one or other or all of the several varieties of crystals I have described will be seen. If the acetic acid is added afterwards, myriads of minute acicular and somewhat macled crystals are generally developed. I consider the acetic acid should be added at the first as better results are in this way obtained. There is no difficulty by this means in detecting the 1-2500th of a grain.

2.—*Iodide of Potassium* produces an amber coloured precipitate, appearing under the microscope as minute triangular dots, or else as small prisms arranged in rosettes. Will detect 1-2000th of a grain.

3.—*Carbazotic acid* produces a pale yellow precipitate, appears under the microscope at first as minute needles serrated at the edges, or rosettes of minute serrated crystals. After a time these form groups of acicular prisms branching off from each other like feathers, or arranged in radiated tufts. Will detect 1-2000th of a grain.

4.—*Chloride of gold.*—Pale yellow precipitate. Myriads of little rosettes, and nodules composed of small granules or of minute acicular crystals. After a time, and especially about the edges of the liquid, the nodules break up, and form needle-shaped and rectangular plates, or the nodules become covered with very minutes spiculæ which radiate from them in all directions. Will detect the 1-1500th of a grain.

5.—*Chloride of Platinum.*—Nearly the same forms as described above, but the crystals composing the rosettes are not so well defined. The test I think is scarcely so delicate.

6.—*Bichloride of Mercury.*—White precipitate; the crystals much the same as the two last, but larger and somewhat feathery, curving into each other, or else compact nodules of minute acicular prisms. Will detect 1-700th of a grain.

7.—*Perchloride of Iron.*—A yellow precipitate; crystals are large octahedra. Will detect 1-100th of a grain.

8.—*Tannic Acid.*—White precipitate (which happens with nearly all alkaloids).

It is also precipitated by *bichromate of potash* (yellow) by *sulphocyanide of potassium* (white), by *perchloric acid* (white); by potash, soda, ammonia, and their carbonates; but these precipitates I have not as yet, fully examined, nor are the reactions of much importance.

In my next paper I propose examining the action of the poison on frogs, and its extreme delicacy, as a means of detecting its presence.

◆

EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

By C. A. GORDON, M.D., C.B.;

Deputy Inspector-General of Hospitals.

(Continued from page 410.)

FEVERS.

Fevers as a distinct class of diseases, although numerically more prevalent among troops in India than among those in temperate climates, are far less fatal than under the latter circumstances. Thus, taking the statistics of the 10th Foot for a period of thirteen years, during which time the corps saw a good deal of service, and was stationed at various places in that country, the average annual occurrence of all types of fevers was: among soldiers 4·09 per cent., officers 5·32, women 2·64, and children 1·30; the ratios of mortality to cases being 2·88, 1·41, 4·63, and 11·33 of these classes respectively. From these figures we learn that officers manifest the greatest liability of the classes enumerated to become attacked by fever in some of its forms, but that among them mortality is at its minimum. Children, on the other hand, are comparatively seldom attacked, but when they are so are more liable to death by this cause than either of the three other classes.

Their prevalence is materially influenced by season, geographical position, and by local peculiarities of station; thus, periodic fevers prevail in Bengal in July, August, September—that is, during the three rainy months—and are most severe in the early, and again in the latter, portion of that period. During October and November, although their rate of prevalence is still considerable, the alternations of temperature between day and night being apparently a powerful cause of the continuance of attacks of intermittents in those already subjects of that form. Fevers of all kinds still further decrease in frequency, and during January, February, and March are at their minimum. Direct exposure, as during field service, did not appear to produce material increase in the severity of attacks of fever, and under such circumstances the treatment necessary was found to be more simple than in quarters; frequent affusion being the only measure demanded by cases of continued fevers, while in those of intermittents comparatively small doses of quinine were administered.

Intermittent Fevers.—Statistics indicate that fevers of the intermittent type increase in prevalence according to length of service of soldiers in India; that the distinctions are seldom well marked between the different types of these, and that, although mortality is small indeed by uncomplicated ague, the fact of a person manifesting a liability to recurrences of the disease may be taken as an indication of a tendency to organic affection which may destroy life; and that, therefore, removal out of the country for a longer or shorter period is in such cases absolutely necessary. Of the various classes of persons comprising a regiment, soldiers are the most liable to these affections, next to them the officers, then the soldiers' wives, and, least of all, the children. With regard to mortality, however, no death by intermittent fever except among soldiers and children is recorded as having happened in the 10th Foot during thirteen years it served in the country.

Of 1,672 cases of this form of fever which occurred among soldiers, 1,151 were of the quotidian type, and 521 of the tertian; of 48 among officers, the numbers were respectively 22 and 26; of 130 among women, 109 and 21; and of 74 among children, 65 and 9. Thus, the quotidian was the type most prevalent among soldiers, their wives and children; the tertian was slightly the more common among officers.

On two occasions during the service of the 10th Regiment in India intermittents prevailed as epidemics in the corps. On both of these a heavier rainfall than usual had taken place; no perceptible difference in other meteorological conditions was, however, observable between them and others where the disease did not prevail, and it may be said that the physical causes of the disease were inappreciable.

It should be mentioned that one of the occasions when the disease prevailed in this manner was when the corps occupied temporary barracks at Wuzzerabad, in the Punjaub, a low lying sandy site, little elevated above the level of the River Chenab, which flowed past it at a distance of about four miles. The layer of surface sand rested upon a bed of stiff clay, containing calcareous nodules; and notwithstanding that, during a great part of the year, the vicinity presented little vegetation, water was at all times to be found in abundance at a depth of not more than six or eight feet.

There are not a few men and officers who have spent many years in India who suffer at irregular and uncertain intervals from attacks of intermittent fever, in whom such attacks would appear to have become habitual, and whose health seems to be temporarily renovated after each. Among those who manifest this liability, an accession may frequently be induced by slight exposure to the sun, night air, a draught of wind, by irregularity in diet, by mental annoyance, or other circumstances that do not affect the robust.

An explanation of such peculiarity is among the difficulties which beset the medical officer in that country. Perhaps we may assume that the particular influence upon which the phenomena of ague depend being imbibed into the system of an individual, it there undergoes a series of changes, and produces particular trains of symptoms according to the degree of *impressionability* of the individual to it; thus, in one person the vital powers may be such that the system eliminates the poison without becoming itself affected thereby. Such cases, however, are of comparatively rare occurrence; but that they do happen is a fact familiar to all of local experience, persons being known to them who for many years have lived in notoriously malarious and aguish localities without being in any way affected thereby. The very much larger and less fortunate classes include, in the first place, persons who, from temporary exposure to concentrated causes of fever, or to protracted exposure to them in a less concentrated form, become the subjects of that fever called respectively remittent, jungle, or marsh fever; and in such cases, provided the patient has sufficient strength to bear him through the original attack, he is left cachectic, anæmic, and greatly debilitated. In the second, we take the case of a strong healthy young man, a keen sportsman, and a person who has for a certain number of years exposed himself in all manner of ways without injury, and whose boast therefore is that "the sun has no power to hurt him." Suddenly, and, it may be, without adequate cause, he is attacked with ague; he goes through the regular stages of a seizure of this kind, and then returns to his ordinary habits. Soon, however, he is "down" again; and so on, time after time, until he is reduced to a condition in which removal to a cold climate becomes for him a necessity. Shall we suppose that in such a case the morbific influence has gradually accumulated in the system, defying the vital powers to throw it off, and that, by its continuous presence and accumulation, the functions become impaired and weakened in the manner just described?

It by no means necessarily happens in India that a person undergoes an attack of the more dangerous form of fever before he becomes the subject of ague. The latter form may be the first, or indeed the only one with which during his residence he may be affected; while, on the other hand, he may have successive attacks of the continued type without being subject to ague. In this respect there is, I think, a great distinction between the manner in which persons stationed respectively in India and on the West Coast of Africa suffer from these affections. On the Coast of Guinea it is, or rather *was*, in 1847-8, observable, that in the case of a white man arriving there for the first time, it mattered not whether he had previously been subject to intermittent fever, he must first undergo an attack of the ordinary endemic fever of the Coast before the ague becomes re-established. So also in the West Indies, the circumstance of a person being the subject of *fever and ague* was at that time considered as indicating his non-liability to the more severe forms, and in that sense the occurrence of the cold stage of intermittent fever was considered a subject of congratulation. I myself have been thus congratulated at Cape Coast Castle. Probably ague was looked upon as a kind of safety-valve to morbid influences that might otherwise induce more serious results.

This type is most common in the months of July, August, and September, or, in other words, during the rainy season. During October and November it also prevails to a considerable extent, but decreases from that time till March, when its prevalence is at its minimum. It does not always happen, however, that individual obtains benefit by the advent of the cold weather, which serves to restore and "set up" the health of those who, during the long months of intense heat, have been in some measure lowered, but without suffering from actual disease. On the contrary, a temporary increase both in the frequency of the attacks and in their severity often occurs under such circumstances, while some persons who had hitherto remained free from the disease now became attacked.

That attacks of rheumatism often supervene upon fevers in India is well known. In such cases that disease assumes a periodic character; but it has also been observed that a similar tendency occurs in other affections. Various other forms of disease arise as direct effects of exposure to *malaria*, one of the most frequent being enlargement of the spleen, which, as being the most frequent complication of ague, may here be made the subject of a few remarks. Its relative prevalence varies greatly according to the circumstances of particular classes of persons borne upon the rolls of a regiment in India. Thus, I find that among the cases of "fever and ague" in soldiers, already recorded, there were 127 of enlarged spleen, giving a ratio of 7·59 per cent.; among those in officers only one case occurred, or 2·08 per cent.; among all the cases of ague in women there were 7, or 5·39; and among children the spleen was affected in 13, giving the very large proportion of 17·56 per cent.

The very great liability of children to become thus affected is remarked by persons of even moderate experience in India. The little sufferers are immediately recognised by their pallid tumefied face, pale lips, protuberant abdomen, and wasted limbs; those of them whose parents can afford to send them home should be sent to England without delay, and it is to be hoped that with the large extent of accommodation for troops now being prepared in the hills throughout India, ample means will be provided there for their wives and children affected with this disease and with the many other forms which render a removal from the plains necessary for their recovery. Under existing circumstances, mortality from this cause and its attendant cachexy is among the young very considerable.

◆

SUCCESSFUL TREATMENT OF PROLAPSUS ANI BY THE "ECRASEUR."

By **Daniel Donovan**, M.D.,
Physician to Skibbereen Workhouse.

John Mahoney had been for the last five years under my care for protrusion of the anus and mucous membrane of the rectum, occasioned by dysentery and diarrhœa, under which he had for a long period suffered. Finding that the use of astringent injections and other means of treatment were ineffectual in arresting the disease, I determined on submitting him to an operation; and for this purpose had four longitudinal strips cut out nearly the whole length of the protruding prolapsus. Fearing that undue hæmorrhage would result, as the protruding portion appeared very vascular, I determined upon applying the "ecraseur," and tightening it to such a degree as would ensure the destruction of the protruded part by the process of sloughing, without interfering with the passage through the bowels. After the instrument had been applied about an hour, the protrusion became black and livid, and felt cold to the touch, the sloughing appearance increased, and after two days the protruding portion sloughed away. Poultices were then applied, the slits put on a healthy appearance, and in about a fortnight contracted almost entirely, and speedily healed up.

Since then there has been no recurrence of the disease; the patient appears perfectly healthy, and has not at all suffered from protrusion since the date mentioned.

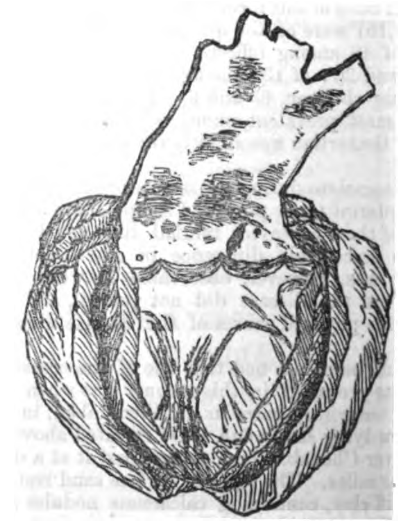
ON THREE CASES OF ANEURISM OF THE AORTA, WITH RUPTURE INTO THE PERICARDIUM, OCCURRING WITHIN A SHORT PERIOD OF EACH OTHER, IN THE GARRISON OF PORTSMOUTH IN 1868.*

By J. **Lamprey**, M.B., Surgeon 67th Regiment.

Whether it is owing to more attention being drawn to the subject of aneurism, and fewer cases of the disease escaping detection, or to a difference in the circumstances affecting the physical condition of the soldier, it is difficult, perhaps, to say; but this formidable disease has apparently become of such frequent occurrence that the army surgeon is obliged to take a special interest in it, as it occasionally requires him to exercise his surgical skill in performing important operations for its cure, or, when beyond the reach of operation, as in the cases of some inter-thoracic and abdominal aneurisms, to record, the physical signs of the disease, during the life of the individual, with the view of the inevitable fatal termination affording the opportunity of verifying diagnosis by post-mortem examination.

It is seldom, perhaps, that three such cases, of which the following is a brief record, come under our notice; the three cases being remarkable for their resemblance to each other, for their occurrence within a short period of each other, and for their fatal termination by rupture into the pericardium.

The first case of this peculiar form of disease occurred in a man of the 35th Regiment, aged thirty, and of nine years' service, who died suddenly while engaged at running drill in barracks on the 8th of June last. The post-mortem examination revealed a small aneurismal pouch at the base of the aorta, just above the semilunar valves, and close to the coronary artery. It was about the size of a marble, and had a small fissure or rent leading into the pericardium, which was filled with blood, the heart being encased in a mass of solid coagulum. There was no valvular disease, nor altered structure of the heart, except that it was somewhat fatty. The coats of the aorta at its base were thickened, and presented a rough puckered appearance around the opening leading to the aneurismal pouch.



Showing the slit-like opening into the aneurismal sac close to posterior attachment of the outer semilunar valve of the aorta, the atheromatous deposit on the valve, and patches of atheroma on the internal surface of aorta.

---

* Read before the Portsmouth Medico-Chirurgical Society.

This heart was exhibited to the Army Medico-Chirurgical Society at Portsmouth by Surgeon Poulton, of the 35th Regiment.

The second case occurred in the 67th Regiment, æt. twenty-seven, service eight years. On the 30th of May, 1868, while marching in heavy marching order across the Curragh of Kildare with his regiment, from the camp to the railway station, was suddenly seized, after marching about a mile and a half, with a very distressing attack of dyspnœa, so that he was obliged to fall out of the ranks and have his knapsack removed from his shoulders. A few moments' rest enabled him, with the assistance of his comrades, to get to the railway station. When admitted into hospital at Portsmouth on the 2nd of June, 1868, it was ascertained that the cause of the dyspnœa was not any abnormal organic condition of the lungs, but was owing to an aneurism of the aorta; at least, the physical signs were indicative of that disease—viz., there was a loud blowing murmur audible over the course of the ascending aorta, more distinctly in the upper part of its course, and in the carotids, and especially loud at the cartilage of the second rib. There was no bulging forward of the sternum, but there was tumultuous action of the heart visible externally. The area of precordial dulness was not enlarged. Both sounds of the heart could be heard most distinctly much below the ordinary position where the valve sounds are best heard; they could be most distinctly heard at a point below the left nipple, and were still audible at three or three and a half inches below it. A bruit close to the commencement of the aorta was heard accompanying the first heart's sounds. Neither sound was defective. The pulse was accelerated, and the inspiration was short and hurried, and when he spoke it was with a hurried abruptness, owing to loss of breath. He also complained of shooting pains extending to the left shoulder-blade and spine. Severe pain was also felt in the cardiac region. Shortly before his death, which occurred on the 21st of July, the severity of the dyspnœa increased to a great degree. There was swelling of the epigastric region of the abdomen, and puffiness of the face and chest, and marked congestion of the veins of the upper part of sternum and the lower part of the neck.

In October, 1866, this man had been carefully examined for heart disease, preparatory to his doing running drill, but there was no indication of it discovered. He stated that he did feel shortness of breath, and was otherwise distressed after running, but did not complain.

The case was diagnosed as one of aneurism of the ascending aorta, displacing the heart downwards.

At the post-mortem examination, the pericardium was found distended with serum, and containing more than eight fluid ounces of recently-coagulated blood. The aorta to the entire length of the ascending portion was dilated to three times its natural capacity, and was, to some extent, but not much, thickened and roughened on its inner side. The semilunar valves were thickened, but not deficient, nor in any other way diseased. Within the left aortic sinus there was a small bulging, into which the tip of the forefinger might be thrust. The volume of blood impinging here at each action of the heart gradually thinned the part, and finally caused it to give way by an aperture large enough to admit a No. 6 catheter, a little below the appendix of the left auricle.

The other valves were normal. There was hypertrophy of the ventricles.

This heart was exhibited to the Army Medico-Chirurgical Society by Assistant-Surgeon Bruen, of the 67th Regiment.

The third case is that of a man of the 33rd Regiment, aged thirty-three; service thirteen years, in China, India, and Abyssinia. Admitted to hospital on the 1st September, 1868, with pains in the abdomen, extending towards the right side of the chest; in a few days this was followed by cough, much distress of breathing, and slight febrile symptoms.

On consultation and percussion, the physical signs of pleuritis were discerned in the right side; but, in addition to this, there was a loud, rough, blowing murmur audible over the cardiac region, loudest at the base, and propagated upwards. The blow accompanied the first sound, and obscured the second.

On the 5th of September he commenced to spit blood of a mahogany colour; and on examination of the gums it was found he was scorbutic. All his symptoms rapidly increased in severity; pains in the right chest became very severe, and there was considerable bulging of this. His respiration became more difficult, and his feet began to swell.

On the 9th of September the cardiac sound was altered in character, being now more like a loud to-and-fro friction sound, indicative of pericarditis. He could not lie down, on account of the difficulty of breathing, and he died at three o'clock, a.m., on the 10th September somewhat suddenly.

At the post-mortem examination, at which I was present, the pericardium was found to be much thickened and inflamed; the cavity contained fluid blood or bloody serum, but no clot. The heart was slightly enlarged: its surface was red, with some layers of lymph deposited on it (pericarditis). There was considerable deposition of atheromatous matter on the free margin of the left sigmoid valve; the other two valves were in their normal condition. Directly above the diseased valve, and to the inside of the orifice of the left coronary artery, there was a large opening in a vertical direction in the corresponding aortic sinus; this led into an aneurismal sac, capable of containing a large-sized filbert. It occupied the space between the aorta, left auricle, and pulmonary artery. The farthest extremity of the sac was very thin, and presented a lacerated appearance, making a large rent. Where the sac was in contact with the auricle, there was a marked thinning of the wall of the auricle, so that it might possibly have burst into it. The walls of the sac consisted of the inner and outer coats of the aorta. The origin of the aneurism would appear to be owing to the giving way of the middle coat, through a friable condition of the fibres comprising the structure of that coat of the aorta by the deposition of atheroma in it. The patches of atheroma throughout the ascending portion of the aorta, and extending to the margin of the opening of the aneurismal opening would favour this view.

I found, on examination of the structure of the arterial coats, in a part where this atheromatous deposit existed, the fibres of the middle coat were very friable and thickened, and when seen under a high power of the microscope, the fibres appeared to be interspersed with nucleated cells of very irregular form. The eliminations on the internal surface of the artery were chiefly owing to thickening of the inner coat; when seen under a high power, this coat was observed to be thickly interspersed with nucleated cells also.

There appeared to be endocarditis as well as pericarditis in this case; and on opening into the pleura on the right side, recent honeycombed lymph was found deposited on the base of the lung, and the pleural cavity contained serous effusion.

With the exception of enlargement of the liver, the abdominal viscera appeared to be healthy.

Judging by the atheromatous condition of the aorta and the rounded margin of the entrance into the aneurismal sac, the aneurism must have existed long prior to the occurrence of the pericarditis or pleuritis, and no doubt the accelerated action of the heart, consequent on the acute inflammation of the pericardium and pleura, aided in the expansion and final rupture of the aneurismal sac.

Surgeon-Major Sinclair kindly allowed me to lay this case before the Army Medico-Chirurgical Society.

In the first case there was no opportunity of observing the symptoms during life.

In the second case, the aneurism was diagnosed during the life of the individual. It was supposed to be confined to the ascending portion of the aorta; and had there not been a rupture leading into the pericardium, the existence of an aneurismal sac close to the valves, the rupture of which was no doubt the immediate cause of death, would have been overlooked. The existence of distinct bruit over the valves accompanying the first sound, would appear to be in connection with the small sac which was found in that position. But the existence of the greater lesion in the aorta above caused more attention to be given to it during the life of the individual.

In the third case there was a loud blowing murmur audible over the cardiac region, loudest at the base,—"the blow accompanied the first sound." In this case it would appear that death did not immediately follow the rupture of the sac into the pericardium.

In the last volume of the Army Medical Report, for 1866, vol. viii., there is an account of a case of aortic aneurism of a similar description to the foregoing cases, and, like them, having a fatal termination by rupture into the pericardium.

The existence of aneurism was diagnosed during the life of the individual, a soldier of the 5th Dragoon Guards, by Surgeon Ovens, who reports the case. The chief sign indicative of the disease was "a well-marked systolic bellows sound, audible along the entire course of the ascending aorta, but which seemed to increase in intensity the nearer the stethoscope was placed to the heart; there was also well-marked evidence of the enlargement of this organ.

In describing the post-mortem appearance, he says: "the source of the blood"—that found in the pericardium—"was found to be from a ruptured aneurismal pouch, so near the root of the aorta as to project within the pericardium." In this case the portions of the sac in reference to the orifices of the aortic sinus is not particularly stated; but in the three cases to which this notice has more especial reference there was a remarkable similarity of position, the aneurismal sacs having occupied the space defined by the pulmonary artery in front, the left auricle posteriorly, and the aorta internally.

It is a matter of no small importance to define the exact position of the sac, or bulging of the coats of the aorta, more especially in relation to the valves, sinus, and orifices of the coronary arteries in all cases of aneurism, in their vicinity as such cases are apt to terminate fatally without any previous warning of the existence of the disease. It shows the necessity of making periodical examinations of the heart's action of each man of a regiment, and recording any abnormal sound or action of the heart that might be detected, however trivial it might appear.

◆

Literature.

BRONCHITIS IN CONNECTION WITH GOUT, EMPHYSEMA, AND HEART DISEASE.*

This volume consists of lectures delivered during the last two years at the Middlesex Hospital, of which the author is the Senior Assistant-Physician. The lectures were delivered apparently at occasional intervals, and therefore there is a certain degree of disconnection and redundant explanation, for which Dr. Greenhow duly apologises in the preface, but which in no wise detracts from their value as clinical lectures.

Taking the subject of gout first, as that is put first in the title, so assured does the author feel of an intimate association between bronchitis and gout, that he makes a sub-division of gouty bronchitis, to which he devotes two most interesting lectures. He traces the co-existence of the two diseases not only in individuals, but in families. He has remarked also habitual alternations of gout and bronchitis in persons subject to both diseases, and also similar relations between psoriasis, eczema, gravel, stone, albuminuria, gout, and bronchitis.

We have for years publicly taught that there are many relations and analogies between diseases which are constantly ignored, and we therefore welcome so able an observer as Dr. Headlam Greenhow among those who see clinically the very things we have believed that we too have detected. Our author treats such cases, when acute, by colchicum, iodide of potassium, &c., combined with squill and henbane; and we can endorse his recommendation. In these days of scepticism as to remedies, it is also refreshing to find the hold that colchicum has upon a careful physician. Dr. Greenhow sees its use in the acute paroxysms of gout, but he does not believe with its enemies that it increases their frequency, nor does he think it really lowers the patient. Moreover, he credits it with the power of lessening the tendency to gout, provided it be given regularly for a considerable time, of course in small quantities. We have met observant men who had equal faith in it.

We have found several other practical points in this book which completely bear out our own experience—an extensive one in these diseases—and we have therefore much pleasure in calling to it the attention of practical men. The relations between bronchitis and heart disease are more generally understood, so that we have confined our observations to "gouty bronchitis." We would not, however, have it thought that we consider the other portions of the volume less carefully worked out. Dr. Greenhow does not claim to have exhausted the subject of chronic bronchitis. That would be impossible to accomplish in a handy little volume of 220 pages; but he certainly has set forth the intimate connections of that disease with certain general and local conditions in so clear and patient a manner as to deserve the commendation due to an industrious contributor of clinical records.

There are in this work no less than forty-six carefully condensed cases, which illustrate and enforce the opinions put forth, and are, in fact, the groundwork of the treatise.

◆

A Feigned Tumour of the Jaw.—Emamun, a Mussulmani, aged fifteen, was brought to me on November 20th by her parents. They stated that upwards of a year before they had observed a small tumour near the angle of the lower jaw on the left side. It continued to increase slowly; native practitioners failed to give relief; and at last, despairing of a cure, they had brought her to have it removed by operation. There was a tumour on the left side of the face, rounded, of the size of a tea-cup. The skin slid easily over it, and its most prominent part was dusky red, and apparently on the point of ulcerating. The tumour was firm, of a bony consistence, and seemed equally connected with both jaws. The lower jaw was fixed, the mouth nearly closed, and the girl complained of great pain. In spite of the suffering she had undergone, she had not lost flesh, and the right cheek was plump and rounded. On separating the lips, to inspect as far as possible the interior of the mouth, I observed the ends of two flat bands of a black colour which hung from the tumour into the mouth. On inspecting these somewhat minutely (which was a matter of some difficulty, as she was perpetually starting back, and complaining of great pain) I noticed certain lines which seemed to me to indicate either that the bands were pieces of cloth inserted into a cavity in the tumour, or that cloth of some sort had been recently placed in contact with them, so as to leave its impression. I asked the parents if any cloth had been introduced into the mouth; but they asserted that such was not the case, and the girl corroborated their statement. I now seized the band with forceps, and, using a little force, succeeded in removing it; the girl shrieking loudly, and endeavouring to seize my hand. The band was simply a piece of cloth. On examining the mouth I saw what was undoubtedly a second piece of cloth, which I also removed, and thus I went on removing piece after piece till every vestige of the tumour disappeared. The girl looked foolish and sulky. The parents seemed stupified, and could not at once realise that their daughter's illness was pure deception. They brought her to me again on the following day. There was not the slightest trace of disease. The teeth were sound, the jaws well formed. The right cheek was, as I have said before, plump and round; the left was thin, and hung flaccid and void of expression. The centre of the cheek, which formed the most prominent part of the tumour was now shrivelled up, like the skin of a withered apple. The tumour was composed of twenty-three pieces of cloth, weighing, when washed and dried, 4 ounces.—Dr. Macleod Cameron in *Indian Medical Gazette*.

---

* On Chronic Bronchitis, especially as Connected with Gout, Emphysema, and Diseases of the Heart. By E. H. Greenhow, M.D., F.R.C.P. London: Longmans.

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price 5d. Stamped 6d.*

By Post to Annual Subscribers, £1 2 6
„ *If paid in advance,* 1 1 8

* Post-Office Orders and Cheques to be drawn in favour of A. A. TINDALL, 20, King William-street, Strand, London, MOFFAT & Co., 6, D'Olier-street, Dublin.
MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.
MESSRS. KELLY and PIET, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 16, 1869.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE coming election of Councillors is exciting a more widespread interest than usual, and as principles of the highest importance to the profession are therein concerned, we have no hesitation in devoting more than an ordinary share of our space to the subject. We cannot undertake to print all the letters we receive endorsing our own views, and have preferred to insert the letters of candidates themselves that have been sent us in reply to our challenge to all to boldly state their principles. Other candidates have sent their manifestoes elsewhere, and others again preserve silence. We once more urge upon every Fellow of the College his duty to himself and his profession, to discard all private feeling in the matter, and vote only for men whose views he can support. The retiring Councillors who offer themselves for re-election appeal naturally to the past as their guarantees for the future. No criterion could be more satisfactory, and we doubt not that the Fellows will judge them impartially.

Mr. Solly's reply to Mr. Morris is firm and dignified, and when we remember that re-election to him virtually means promotion to the Presidency, we cannot withhold our respect for the attitude he assumes. Happily for him he says, "I have always been a reformer," without which assertion he would most certainly have been sacrificed. With it we may heartily wish him success, though we should have been better pleased had he pronounced in favour of the election of a representative in the General Council by the Members and Fellows.

The next letter we have received is by Mr. Henry Lee, of St. George's Hospital, and to this we desire to direct the attention of our readers generally, and particularly to those who have votes. It is a statement of principles of the highest importance, and deserves attentive consideration. Mr. Henry Lee is the Senior Fellow *by examination* amongst the candidates—he is Surgeon to St. George's Hospital, and to the Lock Hospital; he was formerly Surgeon to King's College Hospital—he therefore combines many influences, and has great probability of success. His writings, including his Jacksonian Prize Essay and his Clinical Observations—some of which have adorned our pages during the last two years—place him in the front rank of metropolitan surgeons, and must greatly assist him. Again, as we stated last week, Mr. Lee fully sympathises with the Provincial Fellows, and would gladly assist them in obtaining their fair share of influence in the College. This we might have expected from him as an ex-President of the Association once called Provincial, now styled British. We are further able to state that Mr. Lee will support the extension of the franchise for the election of a representative in the General Medical Council, and in this respect, like all other genuine Liberals, has arrived at the conclusion that the scheme of representation proposed by Dr. Prosser James is the one that ought to be adopted. This one question has now become the touchstone of progress. Those who will not support so simple and just a plan for giving the profession a voice in the Council, will soon find themselves left in the cold shade; and as this applies to every corporation in the three kingdoms, we have no doubt it will soon become the one question put to all candidates for office.

It is very satisfactory to notice further the general willingness exhibited to abolish all unnecessary restrictions, and throw the various offices of the College open to all who may be considered worthy by their co-electors. These reforms, with the reconstruction of the Court of Examiners, the admission of reporters to all the debates, and the right to meet in their own College, are the points which have made great progress, and on which Fellows and Members have quite made up their minds.

We have reserved till last the most important letter on this subject—that of Dr. Hearne, of Southampton, which is, in fact, a reply to a request to become a candidate. This letter has been sent us for publication, although the author is not actually in the field, his supporters intending to bring him forward next year. We print it because it contains a valuable programme, and because, during the next twelve months, the Fellows will have time to think over it; while at such a crisis as the present, its interest will be increased ten-fold. It will be seen at a glance that Dr. Hearne is far more liberal in his views than any of the candidates who have addressed us, and this letter, under the present circumstances, is ample proof of his desire to promote in every way the welfare of the profession. It sets before all future candidates a measure by which they will be judged, and is in itself a point by which to calculate progress.

Those who have not yet taken interest enough in the subject to have become alive to their rights and those of their brethren, would be fulfilling a duty in mastering the contents of Dr. Hearne's letter.

◆

PROCEEDINGS OF THE DUBLIN OBSTETRICAL SOCIETY.

CONTINUATION OF THE DISCUSSION ON PUERPERAL FEVER, JUNE 5TH.

DR. CHARLES FREDERICK MOORE said he would not occupy the society with any remarks on puerperal fever, as the subject had already been treated with so much ability by so many eminent physicians, except in relation to its apparent connexion with the habits of, and conditions of the dwellings, of the community.

He based his deductions on an extended experience of disease, not only in Dublin, but also in London, and in tropical countries.

Differing from Dr. Evory Kennedy, he regarded hospitals for what are called zymotic diseases as effecting an arrest of, and not the dissemination of, those diseases; and in corroboration of his position, he quoted a work published "On the Diseases of Dublin," by Dr. Martin Tuonny sixty years ago. Dr. Moore also quoted the testimony of his colleagues in Dublin, which also proves the rapid spread of infectious diseases if allowed to exist in the unsuitable and ill-ventilated tenements of the masses in our large cities and towns, and gave his experience in relation to the fatality of epidemic cholera in some eastern cities, where the sanitary condition of the people was extremely bad.

He referred to the evidence of Drs. Beatty, Stokes, Barnes, and others, as to the comparatively frequent occurrence of metria in private practice—that is, amongst persons in good circumstances.

Metria exists frequently in rural districts, and in small towns where no lying-in hospitals exist; the absence of such institutions by no means insuring exemption from the disorder, as might be inferred from hearing Dr. Evory Kennedy. The gentleman just named has no grounds for pleading ignorance on the subject of puerperal fever, as he now does, in reference to the knowledge possessed by the profession on the subject, in the seven years of his own Mastership of the Dublin Lying-in Hospital, inasmuch as Dr. Robert Lee's able paper on the subject, in all its relations to hospitals, &c., had been in existence in the "Cyclopædia of Practical Medicine" a year before Dr. Kennedy entered upon his duties.

Dr. Moore argues that it is not in lying-in hospitals the predisposition to the disease is formed, but rather in the laxity of fibre and debility, which tend so greatly to cause hæmorrhage and other severe accidents in labour, and which but too frequently end in puerperal fever, if the epidemic constitution be present at the time; and he believes that this receptivity is originated in the mentally depressed and otherwise unhealthy room-keepers of large towns.

In confirmation of this opinion, he gave some details of cases in his own practice and observation; he also dwelt upon the relationship between scarlatina and puerperal fever, quoting the occurrence of eleven deaths by the latter disease at Maidenhead in October and November, 1865, during which period sixty-six births were recorded in the same locality. Scarlet fever was very prevalent there at the time; these cases seem propagated by certified midwives, and there was no hospital in the vicinity. Dr. Moore mentioned his experience of the injurious effects of scavenger's yards, depôts of manure, pigs, &c., and the anxiety now being evinced by the working classes to have all such removed from town, as being a great cause of disease in Dublin.

He instanced the danger to pregnant women, whose children have been carried away by scarlet fever, and urged the great necessity of separating the early cases of scarlet fever and other contagious diseases, by their removal to hospital, from healthy persons, especially pregnant females; arguing that such means, coupled with the promotion of the health and vigour of all women about to become mothers, whether intending to enter lying-in hospitals or remain at home, constituted the most sure preventative of puerperal fevers or other illness.

He read a letter from Mr. Sandham Symes, an eminent architect, shewing the impractibility of attempting to conduct the duty now performed in the Dublin Lying-in Hospital in detached cottages in the Rotunda Gardens.

In conclusion, he pressed upon the Society the importance of sanitary measures for the diminution of metria, especially if it was true that the disease was increasing of late years. If such was the case, however, it resembled in that respect diarrhœa, dysentery, diphtheria, and allied diseases.

◆

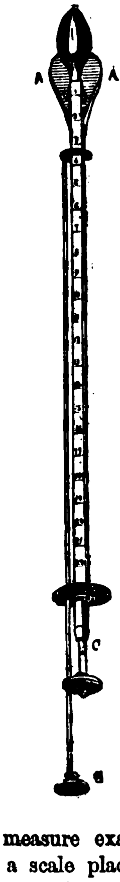
Notes on Current Topics.

A New Rectotome.

At the sitting of the Academy of Medicine of Paris, on the 21st of April, Dr. Tillaux, of the Hôpital St. Antoine, presented a rectotome, constructed, at his suggestion, by Messrs. Robert and Collin. By the aid of the instrument Dr. Tillaux proposes :—

1. To measure exactly the length of the constriction by the help of the slide B., which is moved with a graduated screw nut.

2. To make incisions through the entire length of the constriction without ever touching the healthy parts. The blades A A being blunt at their greatest diameter, like as in Maissoneuve's urethrotome.



3. To graduate and measure exactly the depth of the incisions by means of a scale placed on the screw D to which the blades are attached, and to be able to bring them to bear quickly upon several points of the circumference of the constriction.

New Pharyngo-laryngoscopic Apparatus.

M. Galante has presented to the Paris Academy a new Pharyngo-laryngoscopic apparatus, which he had constructed on the designs of M. Ch. Fauvel.

This instrument is intended to remedy the following objections to the laryngoscopes now in use :—

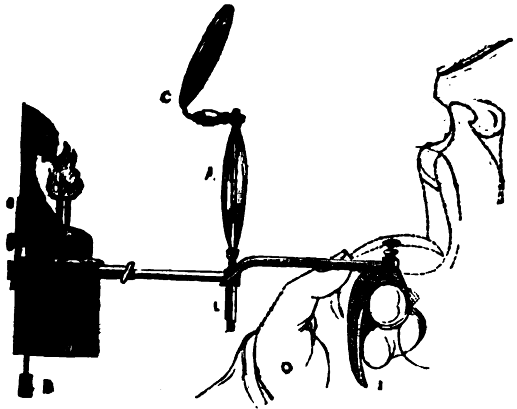
Firstly,—The impossibility of examining the patient when lying down.

Secondly,—The difficulty of procuring a convenient lamp.

Thirdly,—The time lost in adjusting the lamp.

The new laryngoscope is composed—1. Of a tongue clasp, with which the tongue is drawn out and fixed by the thumb of the left hand ; 2. A biconvex lens surmounted with a plain mirror, capable of varying in its angle of inclination ; and 3. A lamp for burning mineral spirit, which in a very small size gives enough light to see in the mirror all the parts of the growths, and, if necessary, to make applications to them.

The left hand of the operator supports the apparatus, and keeps the tongue depressed, while the right applies the laryngeal mirror, which is lightly illuminated by the attached lens. The plain mirror, inclined at a proper angle enables the patient to see the image of his own larynx.



This apparatus has been tried by its designer, and at the Hôpital of Gros Caillou, in the service of Dr. Lieberman.

Royal College of Physicians of London.

The annual conversazione of the London College of Physicians was held on the 9th, with its usual success. Fellows and Members of the College assembled in great force, and the sister College and scientific societies were well represented amongst the distinguished guests. An interesting exhibition of scientific instruments, &c., greatly amused the audience. Some of the most curious were the new direct spectroscopes, of pocket size and moderate price, and the numerous microscopic specimens. Some photographs illustrating recent solar discoveries were ably explained by Mr. Norman Lockyer, who was attended by a numerous audience. We add some other items :—

Expansion of Palladium by the absorption of Hydrogen . Shown by the Master of the Mint.
Sir Wm. Thompson's Bifilar Quadrant Electrometer.
Marey's Cardiograph . . . . Dr. Sibson.
Photographs illustrating recent Solar Discoveries, shown by means of the Electric Lamp. J. N. Lockyer, Esq.
Microscopic Slide, containing 400 classified Diatoms ; Inductorium, containing 24 miles of Secondary Wire, giving 16-inch sparks, and other Experiments ; Table Polariscope, showing the Axis of Crystals ; Pocket Spectroscope. Mr. Ladd.
The Ova of Bitharzia Capensis . Dr. John Harley.
Dr. Guy's Common-place Book. Messrs. De la Rue & Co.
Works of Art from the Private Collection of John Henderson, Esq.
Crimes of Insane Convicts ; Illustrative Diagrams. Dr. Guy.
Two large Nicol Prisms, mounted as a Polariscope. W. Spottiswoode, Esq.
Stetho-sphygmograph . . . Dr. Hawksley.
Saccharometer arranged to show the action of Magnetism on Light . . . Dr. Dupré.
Dr. Richardson's Ether-Spray Apparatus ; Siegle's Steam Spray Inhalers (various) ; Gunker's Anæsthetic Compendium for local and general Anæsthesia ; Couper's Chloroform Inhaler, especially devised for operations on the Eye ; and other objects . Messrs. Krohne & Sesemann.
A new large Electric Lamp and other Instruments. Mr. Browning.
Micro-Insects, with Drawings and Preparations ; Beckley's self-registering Rain Guage, in action ; Delicate Assay Balance, turn at 10,000th of a grain when loaded with 30 grains ; a new Clinical Thermometer, Microscopes, &c. Mr. Baker.
Powerful Medical Coil Machine, with Primary and Secondary Currents, in action, the Optic Axes of Uniaxial and Biaxial Crystals in Polarized Light ; Microscopes showing Argulus foliaceus, Halodactylus, Foraminifera (Atlantic), Palate of Limpet, &c., &c. ; Photographic Transparencies . . . . . Mr. James How.
Microscopes, including the new Tank Microscope, with novelties in Microscopic accessories. Mr. Ross.
Microscopes ; the new Panoramic Stereoscope and others ; Graphoscopes ; the Phosphorescent Butterfly ; Photographic Prints and Enlargements in Carbon, &c., &c. Messrs. Murray & Heath.
Album of Photographic Portraits ; Album of Views of the Camp at Wimbledon ; Ivory Miniatures, &c. . . . . . Messrs. Moira & Haigh.
Table Polariscope ; Specimens illustrating the Auditory Apparatus in Fishes . . Mr. C. Stewart.
The Swiney Prize Cup awarded to Dr. Guy, 1869.
Impressions from the Great Seal of England ; Impressions from the Great Seal of Scotland ; Impressions from the Great Seal of H.R.H. the Prince of Wales as Hereditary Steward of Scotland ; a frame of Medals by the late Benjamin Wyon, chief engraver of Her Majesty's Seals ; a frame of Medals by J. S. and A. B. Wyon, chief engravers of Her Majesty's Seals. Messrs. J. S. & A. B. Wyon.
Microscopes showing Circulation in the Vallisneria, Volvox Globator, Circulation of the Blood in the Branchia of the Newt, &c. Messrs. Powell & Lealand.
Dissections of the House Fly . B. T. Lowne, Esq.
Graduation of Spirit Thermometers, &c. . Mr. Ackland.
Double Wall Ice Water Pitcher, &c. Wenham Lake Ice Company.
Maxwell's Wheel of Life ; Working Model of a Steamer . . . . Elliott Brothers.
Painted Casts of Salmon and Trout ; Series of Whitebait, &c. . . . Frank Buckland.

The Election of the Council of the Royal College of Surgeons in Ireland.

The annual election, which took place last Monday week, was one of the closest and most exciting contests which the College has of late years seen. By the resignation of Mr. Wilmot a vacancy was created, and it was sought for with great ardour by Sir William Wilde, Mr. Edward Hamilton, Dr. Quinan, Mr. Kirkpatrick, and many other candidates whose chances of election ranked second to those of the candidates we have named. A large contingent of the Provincial Fellows came to town for the purpose of supporting one or other candidate, and the assembly of the College was, therefore, the largest which has come together for many years. The result of the election showed that the vigorous efforts of candidates were fully justified by the closeness of the contest. Of the outgoing Council, all the members were re-elected with the exception of Mr. Butcher, who was replaced by Dr. Quinan, Mr. Wilmot's being won by Dr. Hamilton, and Mr. Porter, the outgoing President, taking the Councillorship vacated by Mr. Walsh, who was chosen Vice-President.

One hundred and thirty-seven Fellows voted, and out of that large number only a single vote separated the two highest unsuccessful candidates and the two lowest successful competitors. We append the numbers for these gentlemen as declared by the President to the assembled College :—

Kirkpatrick	65
Wilde	69
Butcher	70

These candidates were unsuccessful.

Labatt and Quinan, a tie	72

Both elected.

The list of Council for the ensuing year stands as follows :—

President.—Rawdon Macnamara.

Vice-President.—Albert Walsh.

Secretary of the College.—William Colles.

Council.

William Hargrave.
Robert Adams.
James Barker.
William Colles.
Hans Irvine.
Hamilton Labatt.
Benjamin McDowel.
Edward Ledwich.
George H. Porter.
William Jameson.
Alexander Carte.
James H. Wharton.
George W. Hatchell.
Edward D. Mapother.
William A. Elliott.
Archibald H. Jacob.
John Morgan.
Edward Hamilton.
Edward J. Quinan.

Medical Qualifications in America.

THE *California Medicial Gazette* enters, in its last number, into a very vigorous protest against the sale of medical diplomas by *soi disant* Colleges and Universities in America, and appends the following list of licensing bodies and the number of persons who graduated in them :—

University of Pennsylvania . . .	130
Jefferson Medical College, Phila. . .	126
Massachusetts Medical College, Boston. .	58
College of Phys. and Sur. N.Y. . .	98
University Medical College, N.Y. . .	82
Bellevue Hosp. Med. College, N.Y. . .	124
Medical College of Ohio . . .	71
Miami Medical College, Cin. . . .	48
Cincinnati College of Medicine . . .	28
Buffalo Medical College . . .	34
Med. College of State of S. Carolina . .	14
Rush Medical College, Chicago . .	108
University of Louisville . . .	70
Med. Dep. Univ., Nashville . . .	17

Proceeding to comment on this list the *California Medical Gazette* says :—

"It would be interesting to the educated people of the United States, to know how many of the above 1,008 *Graduates of Medicine*, are what their title thould imply —educated gentlemen. How many are ignorant of the language in which medicines are written. How many whose knowledge of the English language is far below the requirements of our ordinary artisans. How many, in seeking a location to practice, will endeavour to secure one by such productions as the following, (which we received when about to leave a practice in the East), "Dear Doctor : I have just *herd* that you think of *leving* L——; you should *put* a good medical-man in your place. I would not go there in *opisition* to you, but wish you would introduce me if you *leve*."

So long as our Medical Colleges continue the present system of selling Medical Diplomas by the wholesale, so long will there be *Graduates of Medicine* who will depend upon cunning and knavery instead of professional skill—who will placard their names upon fences and rocks as the originators, discoverers, or authors of one or other potent mixture, one who is at all acquainted with the American system of medical education, knows that the possessor of an American Medical Diploma, *may be a scholar and a gentleman, or may be an ignorant knave.*

Says the *Medical and Surgical Reporter*, Philadelphia :—

> "Let us go into any of our first-class medical schools, the University, or the Jefferson of our own city, for instance. What do we find ? Perhaps more than one-half the young aspirants are ignorant of the language in which medicines are written ; besides many have a very meagre English education.
>
> "How can a profession be what it should, when any one can leave his cobbler's bench, quit his plow, or throw down his pick, because he conceives he can make money easier and faster by attending two courses of lectures in some college, and gull the people in practising the divine art of 'curing.'
>
> "So it appears to-day that there is such a spirit of rivalry in our schools—not so much which will turn out the best, but who will have the most graduates.
>
> "We are less sanguine about the efficacy of the reform in Ohio, when diplomas can be bought in this city for the price of a pair of boots. The apathy of medical faculties, and medical societies, will only be broken when they see year by year the public growing more and more disgusted with the ignorance and petty jealousies that now prevent the usefulness of our art to so great an extent."

The present system of medical education is the mother of Quackery, and those who possess a diploma from the same university, should not mock each other with that old taunt "I'm holier than thou." But under the present system of granting diplomas, medical graduates cannot form a united body.

Cholera in India.

CHOLERA is raging at Baroda ; and all intercourse between the city and the camp has been prohibited. The natives have hung strings of cocoanuts and leaves across the streets, believing that these will prevent the spread of the epidemic.

The disease has also broken out amongst the troops at Kamptree and Mhow.

The East India Railway has supplied every station master on their lines from Calcutta to Delhi, with cholera pills accompanied by short directions for the treatment of the disease. These medicines are intended not only for the benefit of their own servants, but also for passengers or any one who may apply for them. We may also mention that, if any case of cholera should occur among passengers, the carriage in which it has occurred is not again used until it has been thoroughly fumigated and washed or painted.

The Economy of Ventilation.

THE financial gain which may result from an outlay on fresh air, is very forcibly illustrated by a recent communication of General Morin to the Academy of Sciences, Paris.

General Morin communicated some curious facts resulting from the good ventilation of a large cloth factory at Orival near Lisieux. The looms are set up in a large hall measuring 61 metres by 33, but only three metres and a third in height. Each weaver has a space of five square metres and a third allotted to him, and the net capacity of the hall is about 6,000 cubic metres, thus allowing each person only 15. The factory is not warmed in winter. The great number of hands, the necessity of keeping the cloth on the loom in a sufficient state of moisture, the emanations of the gas burners, and want of regular ventilation, rendered the place so pestiferous that the number of hands on the sick list was generally between 30 and 40. Moreover, the work was often interrupted, because of the necessity of allowing the workmen to go out now and then, in order to breathe a little fresh air. They had lost all their appetite, and were consequently weak and slow at their work. The master of the establishment, M. Fournet, at length resolved last year to lay out a sum of 15,000f. for the purpose of introducing a good system of ventilation. The tall chimney of the engine-room was so arranged as to draw off the vitiated air, and orifices for the introduction of new were opened in the ceiling, with contrivances for regulating the quantity. In this way a permanent supply of about 14,000 cubic metres of fresh air per hour was obtained, and the results observed in the course of the ten months the system has been in operation are really astounding. Instead of the ten or twelve men per day obliged to leave off work on account of illness, the sick-list is now reduced to three or four a day, so that there is a gain of nearly 2,400 days a year that were previously lost both to the establishment and the workmen, who, in the aggregate, thereby profit to the amount of about 5,000f. per annum, both in wages and saving in medicines.

Mortality in India.

FROM a comparative statement of the mortality in the North-West Provinces of India, during the month of March 1868 and March 1869, published in the *Government Gazette* N. W. P., we learn that the death-rate was alarmingly high in that month this year as compared with 1868. The total number of deaths in the North-West Provinces in March last year was 23,527, while in the same month this year the death-rate has risen to 35,770, or a percentage of deaths to the population of ·12, as compared with ·7 last year. Of the total deaths, there were 1,572 from small-pox in 1868, and 16,067 this year; from cholera there were 797 deaths in 1868 and 1,283 in March last; from fever, 14,560 in 1868 and 11,892 this year; while from other diseases the numbers were nearly equal, 6,598 in 1868 and 6,528 in March last.

Effect of the Suez Canal on Climate.

IF we are to believe M. Rayet the climate of the Isthmus of Suez will undergo a transformation in consequence of the arrival of the sea in Lake Timsah and in the basin of the Bitter Lakes, and the creation of two immense sheets of water in a region where there existed nothing but marsh land occasionally inundated by the Nile.

This modification of climate has already become observable. According to the evidence of persons, who had resided on the spot as old *employés* of the Suez Company, the rains are much more frequent than they were five or six years since. *Apropos* of this report M. Buys-Ballot has addressed to the Academy of Sciences of Paris the conclusions of a work published some time since, in which he has shown that the drying of the sea at Harleim has modified the climatic condition of the country. The result of numerous investigations is, that since the drying of these 19,000 hectares the temperature has risen half a degree in summer, and has fallen half a degree in winter.

Heart Disease and the Turkish Bath.

ANOTHER death has taken place in the Turkish bath at Cork, and it has again raised the question as to how far it is secure or judicious for cardiac patients to undergo the violent variations of temperature which the bath involves. It appeared from the evidence that for the previous week the deceased's appetite had somewhat fallen away and he was not in strong health, though he did not complain. He went to the bath between seven and eight o'clock, was there about three-quarters of an hour, there being other persons in the same room (the sudatorium, or intermediate apartment) at the time. Deceased was on a couch when it was noticed that he breathed heavily, and that he was in a fainting state. Assistance was called and the deceased was removed at once to the outer or cooling room, and restoratives were applied. Dr. Shinkwin was sent for and came immediately, but the deceased had expired before his arrival. In the doctor's opinion (without having made a *post-mortem* examination) the deceased was a man of weak heart and had died from syncope. In reply to the Coroner, Dr. Shinkwin gave it as his opinion that the Turkish Bath was not fit for a person in deceased's condition—with a weak heart. Dr. Barter gave it as his opinion that the bath was beneficial for persons with weak hearts, and said he had several patients in that condition at his establishment at Blarney who took the bath twice a day with manifest advantage. The jury returned a verdict to the following effect:—"That death was caused, as they believed, by syncope, his illness lasting about an hour; and that every attention was paid to the deceased while at the bath."

It was obviously not the function of the jury to declare whether or not persons suffering from heart disease might safely take the bath, but it is nevertheless a question which must be answered by those who say that they may. Without pledging ourselves to a verdict, we must say that the feeling of the profession is greatly against the use of the bath by such persons, and all our present knowledge on the subject is against subjecting them to the danger.

It is, indeed, a great responsibility for those who advise the use of the bath, and it would be well if they could place before the profession some of the arguments which they consider justify them in giving the advice.

The Dublin Poisoning Case.

THE distrust which is created in the public mind is not the least important result of a misfortune such as the accidental poisoning of Mr. Guinness last week, and the feeling is widely expressed that such an occurrence should be, if not impossible, at least in the highest degree improbable.

We recapitulate the facts. Mr. Guinness had been taking a tonic mixture with carbonate of ammonia, and it appears that he remarked that his medicine had not the usual appearance. He refrained from taking it, and went back to the establishment from whence it had come for the purpose of having it changed. He took the medicine afterwards, and died within twenty minutes from the effects of cyanide of potassium, with which it had been compounded in mistake.

It is hard to suppose that the business of a large establishment, such as Messrs. Hamilton, Oldham, and Long can be transacted from year's end to year's end without a single error, and if the public were satisfied that every precaution against mistake was taken we feel convinced that they would pass no hasty judgment on the general management of the establishment in which the error might occur, but, if the newspaper reports be correct, there were circumstances in the case of Mr. Guinness to call for special note. It was sworn in evidence that the stock bottles of the Grafton street house were sent to Sackville street to be replenished, which was done by the storekeeper, who, it appears, was "apparently a boy of 17 years of age," and who admitted that he had filled the carbonate of ammonia bottles from a jar which had no label. If this be true, without doubt the verdict of censure passed by the jury was justified, for it is utterly reprehensible that duties of such vital importance should be confided to any but a staid, experienced, and careful man.

Cyanide of potassium, though it superficially resembles carbonate of ammonia, is distinguishable from it by the merest glance. The poison is in white opaque slabs, without smell, the tonic is in crystalline lumps, with a powerful ammoniacal odour. It would seem to be difficult to fail to distinguish between them if care were exercised, and until the apparent neglect be explained the verdict of the jury must bear the colour of being a just one.

Female Medical Education.

THE profession will be interested to learn how female medical education has fared since last year, and for their information we quote some of the facts and figures set forth in the annual report presented to the Female Medical Society last week.

"There have been twelve entries of new students. Two more of the senior students have passed the preliminary examination in Arts at Apothecaries' Hall. The total number of ladies who have entered as students during the five years is eighty-one; of these forty-three were single, twenty-two married and sixteen widowed. Some of these ladies have attended the lectures merely as a means of intellectual culture. Several were relatives of clergymen, seventeen were relatives of medical men, ten were midwives previously in practice, two were hospital matrons, three were superior nurses, one an artist, four wives, widows, or daughters of chemists, one was prepared to act as medical missionary to India in connection with the Society for the Propagation of the Gospel; a considerable number were or would have been governesses, and some had been previously of no occupation.

"The receipts for students' fees during the last session have not quite equalled the disbursement in lecturers' fees."

Our readers have from time to time been put *au courant* with the progress of the courtship of the Female Medical Society, and the British Lying in Hospital, and with the circumstances under which Dr Eastlake was extruded from the physiciancy of the latter institution, and the pugilistic encounter which formed the last scene of the drama.

The committee put their version of the proceedings in the following terms, which of course our readers will accept *quantum valeat*.

In the last report the committee announced that a co-operative alliance had been effected between the British Lying-in Hospital and the Female Medical Society, on the basis, that the Society's friends would help in the support of management of the Hospital, while its instructed students would attend to its patients gratuitously within the Hospital and half a mile radius therefrom; on the other hand, the Hospital arrangements for teaching practical midwifery were to be raised to a level with the theoretical and scientific teaching at the College. This arrangement was in operation for twelve months.

In consequence of a series of proceedings amounting to a conspiracy which no parliamentary language would describe, and in the course of which the most malignant calumnies were invented and circulated against Dr. Edmunds and other supporters of the Female Medical Society, the Committee was obliged to terminate the alliance abruptly on April 22, 1869, by passing the following resolution—

"That the Committee of the Female Medical Society, in view of the various false statements which were made in reference to the College at the late meeting held in the Freemason's Tavern, feel it right in the interests of their students, at once to terminate the alliance between the Institution, and request their Honorary Secretary to notify this resolution to the Board of Management of the British Lying-in Hospital."

St. George's Hospital.

THIS great charity will no doubt be much aided by the late public meeting and the powerful advocacy of the *Times*. None is more deserving. We are happy to see the first fruits of this appeal, in a donation of one thousand shillings, which the donor promises to convert into guineas by sending £1,000, provided £45,000 are raised by the 15th of July. Surely, within a radius of a mile, there are more than forty-five persons who can well afford out of their abundance to be equally generous. It will be a standing reproach to the wealth of the West end of the Metropolis, if the challenge thus made is not responded to.

Mr. Morant Baker takes the Lectureship on Physiology at St. Bartholomew's Hospital.

Liebig is to have the Albert Medal of the Society of Arts.

Mr. Nunneley is to preside at the College of Surgeon's dinner.

The annual dinner of the Metropolitan Free Hospital takes place to-morrow.

H.R.H. **Prince Arthur** will be present at University College Hospital dinner, 23rd June.

The German Hospital Bazaar produced more than £3,000.

A **committee** is about to assemble for the purpose of inquiring into the causes and effects of the sickness at present prevailing in Bangalore, where cases of small-pox, diphtheria and typhoid fever are rife.

It has been ascertained by experiments that the Cinchona plant may be as successfully cultivated on the hill slopes of British Burmah as at Darjeeling and on the Neilgherries.

Professor Pietro Cipriani, of Italian celebrity, who has been dangerously ill with an enormous anthrax on the back of his neck, is, we learn with pleasure, much better, and has retired to the country to recruit his health.

The Cattle Plague is making dreadful ravages in Austria. The herds in Gallicia are decimated by the disease, which has been introduced by animals imported from Russia. The plague has been unfortunately extending its limits far and wide, and has reached Hungary, where the rearing and fattening of stock is carried on on a great scale.

Her Majesty's Consul at Jeddah has reported that, though the concourse of pilgrims at Mecca this year has greatly exceeded last year's numbers, their health has been in all respects good, and the proceedings have terminated satisfactorily.

We regret to learn from the *Pioneer* that cholera has re-appeared in H.M.'s 58th Regiment, at Allahabad, both in the wing occupying the Chatham Lines, and in that which lately returned to the New Barracks. The *Englishman* remarks that "the matter deserves the more attention as there is no epidemic in the city, and the men employed in the railway works are healthy."

"**We** only a short time back," writes the *Lucknow Times*, "announced the appearance of cholera in H.M.'s 1-11th Regiment, at Fyzabad, and now we regret to have to record its presence in the ranks of the Rifles at Seetapore, and in such a serious type as to have caused great alarm to the military authorities. We sincerely trust every exertion will be made to check the spreading of this dreadful disease."

By the will of the late Mr. T. Brown, of the firm of Longmans and Co., the well-known medical and scientific publishers, whose personalty was proved under £140,000, Christ's Hospital becomes possessed of £10,000. St. George's Hospital, Royal Free, St. Bartholomew's, St. Mary's and the Cancer Hospitals, each £500, free of legacy duty.

The crew of her Majesty's screw sloop Camelon are said to be suffering from epidemic small-pox. The men have been landed at Panama, whence they have proceed to Morro Island during the disinfection of their ship.

With the sanction of the Secretary of State for India, it has been notified that leave to the extent of eighteen months taken in consequence of wounds received in action, or of sickness contracted on field service, shall be allowed to count as service towards pension in the case of officers of the British Army who entered the Indian Staff Corps on or soon after their first formation, though such leave may have been taken before their admission to the Staff Corps, but subsequent to the publication of G. G. O. No. 1,113 of 1st September, 1857. The leave will be allowed to count as service in the same way and on the same conditions only as it is allowed to reckon in the case of officers of the Indian Army.

◆

SCOTLAND.

DEATH OF BRUCE BARCLAY, M.D.

Our fellow-citizens of all grades and shades of opinion will, we feel assured, cordially unite with us in tendering the venerable Principal of the University our sincerest sympathy in the heavy affliction he has just sustained in the loss of his eldest son. On Tuesday forenoon, after an illness of only a few weeks, resulting from a cold caught, it is stated, in New York, Dr. Bruce Barclay died in his father's residence within the College. He had been for several years professionally engaged in the Chinese Seas, but his health giving way to some extent he returned home. Preferring sea life to settlement on shore, he engaged with Messrs. Handyside and Henderson to act as medical officer on board of one of their Transatlantic Line, and in this capacity has been for several years usefully employed. Our readers will remember that he was one of the saved in the boat of Capt. Munro when the Hibernia was lost; and on the appointment of Mr. Munro to the command of the new steam-ship India, Dr. Barclay accompanied his friend as surgeon in the two first voyages of that steamer to New York. Dr. Barclay was a gentleman of varied accomplishments—of frank and agreeable manners, and was held in great regard by all with whom, professionally or otherwise, he came in contact. —*Citizen*.

THE SCOTTISH REGISTRAR-GENERAL'S MONTHLY RETURN.

The monthly return of the births, deaths, and marriages registered in the eight principal towns of Scotland, with the causes of death at four periods of life, for May 1869, was issued last week:—

During the month of May 1869, there were registered in Scotland the births of 3,297 children, of whom 1,685 were males and 1,612 females. Of these, 2,999 were legitimate and 298 illegitimate; being in the proportion of one illegitimate in every eleven births, or nine per cent. of the births illegitimate.

In Leith, 2·2 per cent. of the births were illegitimate; in Greenock, 3·2.; in Paisley, 3·3; in Glasgow, 8·8; in Perth, 9·3; in Edinburgh, 9·5; in Aberdeen, 10·5; and in Dundee, 14·3 per cent. During the month 456 marriages were registered in the eight towns. Increase of population being allowed for, this number is twelve in excess of the May average of the previous ten years. The deaths of 2,662 persons were registered in the eight towns during May, of whom 1,334 were males and 1,328 females. This is the greatest number registered in any month of May since the Act came into operation; and allowance being made for increase of population, it is 329 deaths above the average of the month for the last ten years. Of the 2,662 deaths registered, 1,224, or 46 per cent. were of children under five years of age. In Perth, 19 per cent. of the persons who died were under five years of age; in Aberdeen, 26; in Dundee, 41; in Edinburgh, 43; in Paisley, 47; in Greenock, 48; in Glasgow, 49; and in Leith, 58 per cent. The zymotic (epidemic and contagious) class of diseases proved fatal to 653 persons, thus constituting 24 per cent. of the mortality in the eight towns. The rate was slightly exceeded in Glasgow from the prevalence of measles and fever, and greatly in Leith from that of measles. Fevers caused 164 deaths, constituting 6·1 per cent. of the mortality. Of these 164 deaths, 127 were attributed to typhus, 32 to enteric, 1 to relapsing, 2 to simple continued, and 2 to infantile remittent fever. The next most fatal of the epidemics was measles, which caused 138 deaths, or 5·2 per cent, of the mortality. In Leith, 18·3 per cent. of the deaths were from that cause. Hooping-Cough caused 122 deaths, scarlatina 108, diarrhœa 36, croup 29, diphtheria 13, small-pox 6, metria 4, dysentery 8, and cholera 2. To apoplexy were ascribed 52 deaths, to paralysis 48, to diseases of the heart 80, to hydrocephalus 77, and to premature birth debility 119. The deaths from inflammatory affections of the respiratory organs (not including consumption, hooping-cough, or croup) amounted to 535, or 20 per cent. of the whole mortality. Those from consumption alone numbered 391, or 15 per cent. of the mortality of the eight towns. 56 deaths were from violent causes, 3 of which were suicides, and 2 murders. A boy, 5 years of age, was poisoned by eating a decayed turnip. 4 deaths were caused by intemperance, and 3 by delirium tremens. 3 males and 5 females had passed their 90th year, the eldest being a widow of a currier, and aged 96 years.

Mr. Symes' health is said to be improving, and the *Lancet* of last Saturday contained a communication from him, dated June 1st.

The Edinburgh Infirmary Bill will not be proceeded with this year.

On leaving Ayr to enter into practice at Glasgow, Dr. Burns was entertained at a dinner, and presented with a handsome tea and coffee service.

◆

Correspondence.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

MR. EDWIN HEARNE ON THE COMING ELECTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the name of the Provincial Fellows and Members of the Royal College of Surgeons of England, I most heartily thank you for your spirited, almost single-handed, defence of their hitherto much neglected interests; and I have an additional pleasure in doing so, because, in suggesting the instrumentality for accomplishing an important object—that of protecting the rights of the hard worked surgeons of England and Wales—you have in no degree infringed the legitimate claims of any other class.

Taking as a basis the population of London and their surgical requirements, the representation of general practitioners in the College of Surgeons should be in about the proportion of one London Councillor to six provincial; whilst the actual representation is one provincial to eight London surgeons. Now, provided that the character of our surgical legislation were in any degree satisfactory, I would refrain from inquiring whether our legislators resided in the provinces or in the metropolis; but unfortunately our legislation can only be regarded by unprejudiced thinkers as unsatisfactory in the extreme, for although confessions of faith have been plentiful enough since the now distant period when many of us took an active part, and made considerable sacrifices, in aiding to break down routine by securing the return to the Council of the College of Sir Wm. Fergusson, where has been the actual gain? Next to *nil*. Therefore, I contend with you that our system requires a complete revision. It is at present little other than deception from beginning to end.

Unnecessary difficulties—formalities, obstructions, and expenses—have to be contended with even in barely nominating a member of the Council, and, what is worse, a strictly honest candidate can scarcely subject himself to rigid criticism in reference to the declaration required of him in order to obtain a Councillor's seat; for instance, the candidate is required to make the statement "that he is in the *bonâ fide practice* of a surgeon." Now, a considerable proportion of the practice done by Liston, Sir B. Brodie, and Sir A. Cooper, was other than surgical; and it is well known by the profession that even less than at the periods referred to do our well educated surgeons confine their attention, and actual engagements, to the "*bonâ fide* practice of surgery!"

Too many of our so-called heads of the profession have been ever ready to swallow everything required of them in order to secure posts of trust and honour, but they have generally enumerated their broad principles so *indefinitely* that when afterwards taunted with tergiversation and apostasy, they have been able to excuse themselves with the plea that we, their constituents, ever misunderstood their intentions. Such men now occupy, temporarily, seats at the Council Board to the enormous detriment of our best interests. Mistakes having been thus unfortunately made, let us hope that the Fellows are prepared to guard against like disasters in the future by requiring from every member of our profession, who aspires to the honour of filling a seat in the Council of the Royal College of Surgeons of England, such a well-defined confession of the minimum of reforms he is prepared to advocate with all the energy he can command, that there shall be never more a misunderstanding on that question. But it may be well to summarise briefly what, in the opinion of many independent Fellows of the College, should be *the smallest measure of reform* expected of all candidates for our suffrages.

We believe that the thorough efficiency of examinations is essential to the welfare both of the public and the profession, and that every proposition calculated to secure that object should be strenuously supported.

Election by seniority, election of the examiners by the Council from the Council itself, the assignment of several different subjects to the same examiners, indefensible in argument and injurious in practice, are most serious obstacles to the improvement of examinations; therefore, all examinerships should be thrown open to competition, separate examiners should be appointed for each subject, examiners should hold office for a limited period, and Councillors should be disqualified for acting as examiners so long as they continue in office.

Vested expectations could be satisfied by allowing the present members of the Council to be elected to examinerships on the condition that their election should be followed by immediate retirement from the Council.

The fellows of the English College of Surgeons have less control over the executive than those of any other medical corporation; and regarding this as a hindrance to progress, the number of retiring Councillors (annually) might be fairly increased from *three* to *six*.

The right of voting for the representation of the College in the Medical Council should be conferred at once on all *members* and *fellows of the College*.

The clause in the Charter which requires that *fellows* of the College should have a standing of *fourteen*, and *members* of *twenty*, years before they become eligible for a seat in the Council, should be repealed with the least possible delay.

The fellows and members should not only be admitted, but in every possible way encouraged, to attend the debates of the Council, and thus obtain the opportunity of informing themselves how each Councillor had voted and fulfilled his trust.

The provincial fellows of the College are virtually fined for the exercise of their voting privileges. Regarding this as unfair, and as destructive of an interest in the affairs of the College which ought to be encouraged rather than repressed, the use of voting papers at all elections should be permitted, just as they are used at the Universities in the election of their representatives in Parliament.

The retrospective legislation of 1843 should be so modified as to place on an equality all the members of the College, who were legally equal prior to the granting of that obnoxious Charter; for it is never too late to remedy an unquestionable injustice.

In regard to subjects of a more general character: the establishment of a simple qualification in all the departments of professional practice in place of the numerous qualifications, varying in value and extent, which now exist in the United Kingdom, is a question of paramount importance; but to attain this object two things are at least necessary—first, to arm the Medical Council with absolute authority over the medical examinations; and secondly, to make the Council thoroughly representative of all classes of interests in the medical profession.

In conclusion, permit me to add that I shall continue ever ready, at every available opportunity, to aid the cause of progress, in whatever aspect presented, to the extent of my limited power.

Believe me, dear Sir,

Yours faithfully,

EDWIN HEARNE, M.B. Lond., F.R.C.S. Eng.

Southampton, June 5, 1869.

MR. SOLLY'S CANDIDATURE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you do me the favour to publish the enclosed correspondence.

I am sir,

Yours obediently,

SAMUEL SOLLY.

6 Savile row, June 7th, 1869.

DEAR SIR,—Is it your intention, as a returning member of the Council of the Royal College of Surgeons, to seek re-election in July next, and if so, are you prepared to support the following reforms in the College, viz:—

1st.—The right of reporters to be at the meetings of the Council.

2nd.—The removal of the remaining objectionable restrictions which prevent fellows being members of the Council.

3rd.—The power for fellows to summon by requisition a meeting of fellows and members at the College, for the purpose of discussing matters of public policy in connection with the institution.

4th.—The election of a representative in the "General Council" by the fellows and members.

5th.—The selection of Members of the Court of Examiners from amongst the fellows and members generally, and not exclusively from the Council.

Your reply, which is awaited with a considerable degree of anxiety, will be made public for the information of the fellows and members generally.

I remain,

Dear Sir,

Yours respectfully,

(Signed) EDWIN MORRIS.

Spalding, May 26th, 1869.

DEAR SIR,—In reply to yours of yesterday, I must at once decline pledging myself, if re-elected on the Council of the College of Surgeons to support any particular measures, however much I may agree with the spirit of them.

If my general conduct as a surgeon, if what I have done for the advancement of anatomy, physiology, and the practice of surgery, coupled with the fact that I have always been a reformer will not secure my re-election, I must submit to the blow.

Nevertheless, I do feel very confident that the great body of fellows will act justly, and that I must only ask every fellow who thinks that I am deserving of the honour of re-election, to attend the meeting on the 1st of July.

Believe me to remain,

Yours truly,

SAMUEL SOLLY.

Vice-President of the College.

6 Savile row, May 27th, 1869.

MR. ERICHSEN'S CANDIDATURE.

Mr. Pollock presents his compliments to the Editor of the MEDICAL PRESS AND CIRCULAR, and will feel obliged by the publication of the enclosed correspondence.

DEAR SIR,—Mr. Erichsen will stand for election into the Council of the College of Surgeons on 1st July, his friends are anxious both on public grounds and from personal regard, that he should be elected.

His seniority among the Fellows, and professional position, would give him a just expectation of being elected were not exertions being made to secure the election of other candidates, and Mr. Erichsen may thus be passed by if his friends do not support him.

With regard to his political opinions, I am sure I need not inform you that Mr. Erichsen is anxious to open the management of the College to all the Fellows, to remodel the Court of Examiners, and to introduce voting by proxy.

Mr. Erichsen will put a full statement of his views into the Medical Journals.* I shall be very glad if you can be present at the election on 1st July at two p.m.

Very faithfully yours,

(Signed) BERKELEY HILL.

To Geo. D. Pollock, Esq.

14, Weymouth street, London, W., June, 1869.

DEAR SIR,—I beg to acknowledge the receipt of your letter, in which you ask me to be present at the College of Surgeons on the 1st July, that I may support Mr. Erichsen, one of the candidates of the Council.

Though personally unacquainted with you, your letter is of so much importance, that I think it right in the interests of the Council and of the Profession to reply to it. And I trust you will consider all I say in reference to its contents as arising simply from a sincere wish to uphold our professional status.

I greatly deplore the step you have taken; that you consider it requisite and right to canvass the Fellows of the College on behalf of Mr. Erichsen.

Mr. Erichsen is well known to the profession. If his character and position are not of sufficient worth to insure his election, without the aid of canvassers seeking to seat him there, he should not sit in the Council. If his character and position are not as I take them to be, the steps you have had recourse to are derogatory to his cause. He surely wants not your certificate of character to place him there. Then, it were better your letter had been left unwritten.

I look upon it as lamentable that any surgeon of his position should be compelled to submit to a condition, such as your letter would indicate it necessary to insure his election to the Council. The sooner it is put an end to the better; and it is with some hope that canvassing may be for ever denounced and stopped, that I have taken advantage of your letter to put forward my views on the subject—views, which I am satisfied are highly entertained by the leading surgeons of the day. I think the whole proceeding wrong, unprofessional and degrading.

---

* We had not received this statement at the time of going to press, —ED. M. P. and C.

Besides, I may observe, that in your writing to ask for my vote, you have entirely overlooked the fact that I am quite as able to judge as yourself, whether Mr. Erichsen is the right man to take his seat in the Council. I have known him professionally longer than you can have done; and I cannot help thinking that you are quite wrong in supposing one of Mr. Erischen's position in the profession requires the aid of your public solicitation of votes to secure his election.

I beg in conclusion to say that it is my intention to send the correspondence to the Medical Journals for publication.

I am, dear sir,
Yours faithfully,
To Berkeley Hill, Esq. GEORGE POLLOCK.
36, Grosvenor street, W., 7th June, 1869.

MR. HENRY LEE'S CANDIDATURE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In olden times, when two distinct companies of surgeons existed, one company called the Barbers of London, and the other the Surgeons of London, it was very fit and proper that his Majesty should will, ordain, constitute and declare, give and grant certain privileges to particular individual members of those companies.

It was at that time His Majesty's further will and pleasure that the individuals whom he had named should elect, choose, and appoint twenty-one persons to be the Court of *Assistants* of the same College. Of these Assistants, ten were to be appointed Examiners. His Majesty further willed that the Masters, Governors and Assistants should in July of each year choose out of the Examiners one person to be Principal Master, and should choose the requisite number out of their own body to be Examiners of the said College; and also choose out of the members of the College certain persons to supply any deficiency there might be in the Court of Assistants.

The Examiners soon became the controllers of the College, and instead of being Assistants they became the real Governors. It was they who determined who should be admitted into the Council, and they naturally took care to admit those only who would conform to their principles. Nothing could work in a more vicious circle than things then did. The Examiners elected the Council, the Council elected the Examiners; a Councillor might then, and may now, give the casting vote in his own favour as an Examiner. The Council, practically under the control of the Board of Examiners, now had the exclusive appropriation of large sums of money. These sums were derived almost entirely from junior members of the profession, and yet they were allowed no voice either in the appropriation of these funds, or in the management of the College.

Circumstances having so far changed from the time when our charters of incorporation were granted, a change was called for in the government of the College.

Whenever any society or corporation shows that it has the elements of self-government no length of time can elapse before it attains its freedom. The College of Surgeons has shown that it has that power and has obtained the right to exercise it. Much has been accomplished but more remains to be done. We are in a transition state. By far the greater number of our body as yet have no voice in the management of its affairs. if they prove themselves (as I doubt not for a moment that they will) capable of discussing and voting upon principle, independent of personal or private interests, they must ere long have their share in the management of the affairs of our College. I should be glad even now to see every subject of interest submitted, at periodical meetings, to the discussion of the Fellows and Members of the College; and whenever such a subject could be placed in a definite form, I think that the country Fellows should be allowed to vote upon it by proxy.

The privilege of voting has also its responsibilities; any abuse of these presents a direct hindrance to self-government. This subject has been brought vividly before my mind in the mode of election of Councillors of the College.

It appears to me evident that a gentleman who seeks the honour of a seat in the Council, and those who support him should have the interests of the Profession alone in view. If either directly or indirectly they add to the burdens, already great, of that profession, they so far do an injury to their professional brethren. Now, those who have instituted the practice of canvassing at election for the Council have evidently done this. They have instituted a very troublesome and distasteful ordeal, which they call upon all future candidates for a seat in the Council to go through. I wish, as far as I am able, to put it to the profession whether this shall be continued.

In former years, we have seen active young Fellows freely discussing the characters of their seniors; and canvassing within the walls of the College itself for some particular person, in opposition to others, quite independent of any principle; and now we have a junior Fellow openly requesting, even those who do not know him, to vote for one of his colleagues in preference to another. It would be idle to think that any Fellow of the College must not see that what he does for one may be against another. Such services must be paid either in malt or in meal, or through some more refined medium. They can have nothing to do with the interests of the profession. Indeed, any one who has time to spend either upon a personal canvass, or upon repaying in kind, those who canvass for him has, necessarily, less time to spend upon his own legitimate work or upon the affairs of the College.

It may be said that canvassing is allowed in other constituencies, and, therefore, it is proper in ours. The cases are not parallel; other candidates came before people with different views and interests. We are a scientific society and have common objects in view. The interest of our profession is, or ought to be, one. Any person who breaks up that interest, or who unnecessarily excites divisions, is doing a real injury to the profession. Any one who might seek to obtain an office in the College of Physicians by canvassing, would, by that act, be disqualified from holding the office; and it hardly becomes the Fellows of the College of Surgeons to assume a less dignified position.

Practically, the evil results of the system of canvassing are but too apparent. We have seen members of the Council, rather than engage in what they considered an unprofessional and a degrading contest, resign their seats; some of the most distinguished Fellows of the College have declined to be placed in nomination under the present system; and some, after they have been put in nomination, have declined to canvass, or to allow others to canvass for them; and if all the members of the Council had been true to the dignified position which they hold, canvassing, with its many vexations, heartburnings, and consequent and subsequent bitter reminiscences, would have been discountenanced long ago. There are men who do not seek a seat in the Council for any private advantage of their own; who would, if need be, forego, and who have foregone, that honour, rather than purchase it at the expense of what they might think any unfair advantage; and there are now in the ranks of our profession, according to the words of the old song, Fellows "forty good as they."

The future of the College is now fairly in the hands of the Fellows. The increase of the franchise will naturally depend upon the way in which it is used. If Fellows vote in accordance with some principle independent of any private consideration, they lay the foundation of a good government for themselves and their successors. If, on the contrary, each one were to vote in accordance with some private end, it would be evident that we have not within ourselves the elements of good government. It would, under such circumstances, only increase the confusion of an election, to extend the power of voting to greater numbers.

Something similar may be said with regard to candidates. A candidate should represent certain principles, but, if a candidate depend for support upon the private solicitation of his friends, he can represent no principle. He will be called upon, by each class of his supporters, to vote in a different way; and these supporters themselves may, probably, after a few years, when they find themselves placed in different circumstances, alter their opinions.

I trust that the Fellows will show in future that they have within themselves the power of self-government, and that they will exercise that power for the good of the profession.

This will be the surest, most legitimate, and most powerful mode of enfranchising their professional brethren.

I am, &c.,
9 Savile Row, June 7, 1869. HENRY LEE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It has long been a puzzle to medical investigators to discover of what peculiar changes the blood is the subject in the numerous diseases, of which some alteration in the vital fluid is admittedly the cause. That the blood does undergo some very profound change in such a disease as small-pox or scarlatina, or any of the other exanthems, is granted, I believe, by all who have given any attention to the subject, because, on no other supposition can a satisfactory, or nearly satisfactory explanation of the various phenomena attendant on these diseases be given.

In speaking of *changes* in the blood, I must not be understood as referring to those grosser changes, such as differences in the relative amount of red and white globules, in the proportions of globules to serum, of serum to salts, &c., which occurring as they do in so many diseases, have been ably investigated, and with very important results, by a host of modern scientific physicians. The changes to which I allude are of a more subtle character, and should, I believe, be designated as "molecular;" changes which have hitherto eluded the researches of the ablest microscopists and chemists, changes which have never been *directly* observed, but which, from the observation of symptoms to which they are supposed to give origin, are admitted to have taken place. To make my meaning clear, take the case of syphilis. Here is a disease contracted by infection, and at first of a limited and simply local character, after a time, however, the blood, as we presume, becomes vitiated by absorption from the local disease, and this deterioration of the quality of the blood may be manifested by characteristic disease of many of the tissues of the body. Now theorists will tell us that the disease, which at first was a local one, became general by reason of a kind of fermentation set up in the blood, by which the specific virus of the disease was multiplied, and that to such a degree, as to poison the whole current of the circulation, in fact, they say that, just as the presence of a minute quantity of a *ferment*, under certain conditions, in a solution of a ternary compound of feeble stability is sufficient to induce the decomposition, and alter the character of the whole solution, so the small quantity of virus absorbed from the local disease affects the entire blood. But, let us see how far we can investigate the changes in the two cases. In the former we can determine exactly the changes produced, and almost step by step, we can measure, for instance, in the case of a solution of sugar into which has been introduced a little yeast, how much carbon dioxide has been given off, and how much alcohol, water, and yeast remain, but inoculate a man with syphilis, and when the "fermentation" has probably reached the stage of completion, draw an ounce or so of blood from a vein, examine it microscopically, and by reagents, and what changes in its composition will you observe? In the case of an otherwise healthy man, probably none whatever the blood is apparently as healthy as any blood could be. Nevertheless, we consider it, and probably with justice, diseased. In like manner, examine by any, or all of the *usual* modes of investigation, the blood of a person who has had small-pox. Do you observe any change? None. Yet it is generally agreed that the blood has undergone a profound change, of such a character, that the recurrence of the disease in after-life is prohibited.

Now, the foregoing observations are intended to demonstrate, the undoubted necessity that exists for the employment of a more refined method of analysis than any which has hitherto been in use by medical observers.

The very extraordinary and beautiful results arrived at by Kirchhoff, Bunsen, Mr. Crookes, and other eminent chemists, suggest to my mind the feasibility of employing spectrum analysis, as a means of determining the nature of those molecular changes which the blood probably undergoes in several disease processes, or at least of demonstrating that some such alterations do occur. The analysis might be more a relative than an absolute one, that is to say, the spectrum of the blood of an average healthy man being determined, we might compare with it the spectra of specimens of blood taken from the subjects of disease and mayhap discover some constant peculiarities in the latter which might furnish an unerring basis for diagnosis.

If such a suggestion has not been previously put forward, I hope the forgoing remarks may be the means of inducing some intelligent medical observer, who really loves his profession, and has time and resources at his command, to prosecute those enquiries and perhaps to illumine with a flood of (dispersed) light those minute changes hitherto veiled in impenetrable obscurity. For the present, I will leave the subject, but, were it not that it would be trespassing too freely on your columns, it would be easy to indicate the immense benefit which would accrue to various branches of medical science, by even a limited success of such an enquiry.

J. R. McMAHON MURPHY, A.B.,
M.B. T.C.D., &c., &c.

Thurles, May 11th, 1869.

◆

THE DEBATE AT THE DUBLIN OBSTETRICAL SOCIETY.

WE are requested to publish the following letters:—

1 Upper Merrion street, June 11, 1868.

DEAR DR. KIDD,—Three weeks have elapsed, and no proof of the adjourned debates on my paper on Zymotic Disease has reached me since Dr. Denham's.

I am therefore left unsupplied with the strictures that have been made at the last three meetings, upon which I am to frame my reply.

Pray, what is the reason of this?

In order to prevent the professional public, interested in this discussion, ascribing the further delay, that must now necessarily occur, to any hesitation on my part in preparing and furnishing my rejoinder, I think it due to them, as well as to myself, to send a copy of this note to the MEDICAL PRESS AND CIRCULAR for insertion,

And remain,
Yours very faithfully,
EVORY KENNEDY.

17 Merrion square East, June 11, 1869.

MY DEAR SIR,—In reply to your letter of this date, in which you ask why you have not yet been furnished with the reports of the latter portions of the debate at the Obstetrical Society on your paper on Zymotic Diseases, I beg to say that, as quickly as the reports reached me, I placed them in the printer's hands, and directed him to use all possible expedition in getting them printed, but the only one that has yet reached me is Dr. Beatty's, a copy of which I send you herewith.

I also got the first proofs of Dr. Sawyer's and Dr. H. Kennedy's papers yesterday, and have sent them to the authors for correction; these I shall send to you the moment they are ready.

At the last meeting of the Society it was resolved to allow you to name the next night of meeting, and when I send you the reports I shall ask you to let me know for what evening I shall call a meeting to hear your reply.

I am, yours truly,
GEORGE H. KIDD.

To E. Kennedy, Esq., M.D.

◆

Medical Gleanings.

PENETRATING WOUND OF ABDOMEN.—HERNIA OF A PORTION OF THE SPLEEN.—RECOVERY.

IN connection with some remarks upon the functions of the spleen, Dr. G. Bouteiller communicates to the *Mouvement Medical* (No. 24, 1868) the following case: On July 13, 1867, he was called at three o'clock in the morning, to render professional service to a young man who had ripped open his belly with a knife. He had eaten nothing since twelve o'clock the previous morning, but had indulged in copious libations during the day. At eleven o'clock at night he repaired in a state of insanity, to the house of a lady, in whose company he found her brother. He then, in a fit of jealousy, cut himself with the knife. (The instrument is not described.) His relatives, shortly after informed of the accident, took him home in a carriage, and sent for Dr. Bouteiller. The surgeon found a transverse wound, a centimetre and a half in length, situated 2½ cent. to the left of the median line of the trunk, and 3 cent. below a horizontal line passing across the navel. In the morning, Dr. Picard was called in consultation, and they diagnosed a hernia of the inferior extremity of the spleen, about 4 cent. in length, strangulated in the centre of the wound. A ligature was passed around the protuded portion of spleen, and cold emollient applications were made to the abdomen. Vomiting had taken place, but contained no traces of blood. Retention of urine supervened, requiring the use of the catheter. July 14 and 15.—Some pains in the belly, especially in the vicinity of the wound; complete repose. Fomentations all day. Soup. July 17.—The ligature came away. Simple dressing. The patient was well by the 23rd. During these ten days, there was scarcely any fever, except perhaps during the first two days. The patient was examined May 1st, 1868. There was a linear cicatrix of a little over 1 cent. in length. The health is perfect, and the patient attends to his affairs as well as before the accident. He has not a very great appetite, and is conscious of rumblings in the region of the stomach after indulging in a hearty meal. What is remarkable in this wound, remarks Dr. B., is the hernia of the spleen, through a narrow wound, situated near to the middle line. Besides, this young man had not eaten since morning, and the accident occurred at 11 o'clock at night. It is not probable, therefore, that his stomach was distended. But it must be remembered that the wound was made by the right hand, and consequently directed obliquely toward the left side; and in addition the motion of the carriage tended to increase any disposition to protrusion,

ALCOHOL IN LARGE DOSES IN POISONING BY MUSHROOMS.

M. **Poulet**, in a communication to the Académie des Sciences, affirms that alcohol in large doses is a veritable antidote to the poisonous mushrooms of the genus *amanite*; and he believes it equally valuable in the poisoning by other species of mushroom. The author adds that ebullition in water impregnated with salt or vinegar, is insufficient to render the poisonous varieties inoffensive, and that the *agaric bulbeux* in particular always retains a great portion of its toxic principal.—*Gaz. Hebd.*, 1864, No 41.

THE INTRODUCTION OF THE CLAMP IN OVARIOTOMY.

Mr. T. **Spencer Wells**, writes as follows to the editor of the *Boston Med. and Surg. Journ.*, in reply to a letter from Dr. Parks, inquiring who was entitled to the honour of having inventing the clamp used in his operations in ovariotomy:—"The credit of the introduction is due to Mr. Hutchinson, Surgeon to the London Hospital. He first used one in 1858. It was simply the common calliper of carpenters, which he used and left applied, handles and all. Then the handles were made moveable, so that they could be taken off as soon as the clamp was fixed. Then I made the blades parallel, and did without handles. But I afterwards returned towards the original form of clamp, altering the joint and the form of the opposing surface of the clamp until I arrived at that which I now use. You may see it figured in Druitt's Vade Mecum, ninth edition, 1865, page 541. I have now (Jan. 25, 1869), completed three hundred cases. Of the

1st	100	cases,	64	recovered	and	34	died.
2nd	100	„	72	„	„	28	„
3nd	100	„	77	„	„	23	„
Total	300	“	213	“	“	85	“

A general mortality of 28 per cent., but it is very encouraging to note that the mortality has been steadily diminishing with increasing experience." Since October last he has completed the operation of ovariotomy in 36 cases. Of the 36 women, 31 recovered and five died; and it is a remarkable fact that in *every case* in which the pedicle was long enough for him to use the clamp the patient recovered.

OSSEOUS REGENERATION OF STERNUM.

Dr. **Enrico Bottini** communicates to the *Annali Universali di Medicina* the particulars of the case of a soldier, æt. 30, wounded in the superior region of the sternum during the Italian campaign of 1866. The ball lodged, producing caries, necessitating an operation for its removal, which exposed the pleural sac, the osseous walls of the sternum having been gradually absorbed, and a prompt recovery ensued, and new osseous tissue was formed analogous, in resistance to the touch, to the rest of the sternum.

ADULTERATION OF MILK.

Edwin M. Snow, M.D., of Providence, Rhode Island, states, in a "Communication on the Adulteration of Milk," that the average specific gravity of milk from any dairy should not be lower than 10·30. In Providence the milk-dealers impoverish thin milk by removing the cream and adding water. Most of the samples examined by him gave an excessively alkaline reaction, while pure, fresh milk should be slightly alkaline. This can be easily accounted for from the fact that bicarbonate of soda is frequently added to raise the specific gravity. He believes it were better, both for the producer and the consumer, if a small quantity of the bicarbonate, say a teaspoonful to the gallon were added immediately after cooling. This would neutralize a small quantity of acid first formed and prevent the rapid souring of the whole mass.

CASE OF APHASIA. BY G. W. H. KEMPER, M.D. MUNCIE, IND.

On January 3rd, I was called to see, in consultation with Drs. Jump and Kerr, Mr. Thomas Stanford, residing near New Burlington, in this county. Mr. S., at the time of his death, was seventy-four years old. His life had been characterized by extreme vigour of body and mind. For several years he was a member of our State legislature, and at various times has held minor county offices. During the latter part of last December, he noticed that he had some trouble about taking the proper length of steps in walking. Some times he would, contrary to his will, step too far, and at other times not far enough. He noticed this irregularity and spoke of it to his family, but nothing serious was anticipated, until Tuesday, December 29th, when he sat down to breakfast and commenced saying grace, but kept repeating the same word for some little time. Finally, his wife spoke to him and asked what was the matter. He replied, nothing, and exclaimed "how singular," and then proceeded to eat. During all this day, his memory of words would fail him, and he found much difficulty in making known his wants. Desiring a younger son to start to school, he said, "Go to—to—to—," and seemed puzzled that he could not finish the sentence. Some one said, "To school, father?" and he replied yes. On Wednesday morning, having some business to transact with a neighbour, he attempted to write a note, but kept writing the same word. He tried for half an hour, but was compelled to give it up, although an excellent penman. At this period, Dr Jump was called to see him, and found his condition as follows:—No pain in any locality, pulse 100, full and regular, tongue furred, pupils unchanged, temperature normal, appetite good as usual, no paralysis or even numbness. Dr. Jump prescribed a mercurial cathartic, to be followed with oil or a saline cathartic in four hours, if the bowels were not moved, a warm pediluvium with mustard, restricted diet, and potass. iod. in five grain doses three times a day. Dr. Kerr, a son-in-law, who lived some distance, came on Friday and remained with him until his death. We saw him, in consultation, at twelve A.M., on Sunday, January 3rd. His condition was similar to what it had been since Wednesday. He seemed cheerful and lively, and desirous of conversing, but forgot so many words that it was impossible, frequently, to understand him. He would smile at his inability to call words, and seemed much perplexed. Pointing to Dr. Kerr, I asked him if he knew him. He replied yes. What is his name? He smiled confusedly, and said "It's—oh—it's—oh—." I named over several fictitious names, but he would reply no. I then said Kerr. He replied, "That is right." I was shown some of his writing, in which he attempted his own name as follows: "Thos. Thom. Stans." He remained in about the same condition until January 4th, at ten A.M., when he was seized with a convulsive fit, lasting about a minute and a half, and immediately expired. No *post-mortem* was made.—*Western Journ. of Med.*

POISONING BY CHLORODYNE.

It has been remarked that the cases in which Belladonna has been used as a remedy in Opium poisoning have generally been very far from conclusive. The same may perhaps be said of the following, but it is not without interest, especially since observations of the kind are not very numerous. It occured in my practice about two years ago, and the notes were taken at the time. An old woman, upwards of eighty years of age, swallowed a quantity of Chlorodyne, equal to about three fluid drachms. The exact time was not known, but when seen at 4 p.m. she was sick and vomited. She continued quite conscious till about 5 p.m., and after that time she lay in a state of stupor, snoring very loudly at first

I saw her a little after 8 p.m. She was then quite unconscious; limbs quite flaccid; jaw dropped; skin warm and perspiring; pulse full and slow; breathing very slow and interrupted—three or four gasps and then a complete stoppage, sometimes for as long as two minutes. The symptoms were markedly those of Morphia poisoning, the pupils being contracted to the size of a small pin-head. I injected one-twelfth of a grain of Atropine in solution subcutaneously. About a pint of water was introduced into the stomach, and drawn off again by means of the stomach pump. The fluid had a faint smell of Chloroform, and was slightly brown in colour. About half a pint of strong tea was then poured down through the tube and left in. Hot bottles were applied to the feet, between the thighs, and to the region of the heart. Friction to the legs was used, and an enema with Turpentine given, which was retained. In about twenty minutes after the Atropine was given the pupils began to dilate, and she showed the first sign of consciousness by closing her teeth on the tube of the stomach pump. Her appearance on the whole improved, the colour of the face becoming more natural, and the intervals between the respirations shorter. The pulse varied a good deal, but was generally about 80 or 85. I remained till about eleven o'clock, and on leaving gave orders to continue the rubbing aud the warm applications. I saw her again at 1 a.m. Her breathing was then almost natural. She moved her lower jaw, and when a few drops of wine were poured into her mouth she made an effort to swallow, and even moved her shoulders a little. The pulse, however, was weaker, and the extremities beginning to be cold. She gradually sank, and died about 1.40 p.m. The Chlorodyne was made according to the ordinary published formula, containing four grains of Muriate of Morphia to the ounce, so that she probably took about a grain and a half. How much may have been vomited I have no means of knowing. The improvement in her condition must be ascribed to the Atropine, as it was quite noticeable before the tea was introduced into the stomach. The pupils dilated rapidly, and after two hours contracted a little again. I am inclined to think that recovery would have taken place if the patient had been younger, or if she had been seen and treated sooner. The improvement, even in such desperate circumstances would encourage me to make use of the same remedy in another similar case. In order to test the effects of Morphia and Atropine, when given simultaneously, I tried an experiment on my own person by injecting subcutaneously a solution containing one quarter of a grain of the Morphia and one twenty-fourth of a grain of Atropine. At the time of making the experiment I was in good health, pulse 60. In fifteen minutes the pulse rose to 76, in twenty minutes to 88, and in half an hour to 104. The pupils at that time were very slightly dilated, and there was considerable dryness of the throat and mouth. I felt slightly giddy, but with a slight effort could walk steadily. On the whole, the sensations were not unpleasant. About an hour after the injection I went to sleep, but could not have slept very profoundly, as I awoke about four hours after, when a slight knock was made on the door. When I rose I had a good deal of difficulty in walking steadily especially when turning a corner. Mouth and throat were dry, speech somewhat indistinct; and vision slightly impaired. At that time, however, I felt neither sickness nor headache. These came on two or three hours after, though not very severely, and I did not during the day feel so much languor as on a previous occasion, when I used Morphia alone. Perhaps the dose of Atropine was large in proportion to that of the Morphia but certainly the symptoms occasioned by it were most marked. The narcotic influence of the Morphia certainly was not heightened. As regards the amount of Atropine that may with safety be injected hypodermically, there is a considerable difference of opinion. Dr. Garrod says the dose should be from one two-hundred and fiftieth of a grain upwards. Trousseau, in his Clinical Lectures, speaks of one-tenth, or even one-fifth, of a grain not being excessive; and again, Dr. Nussbaum, of Munich, in the section on Anæsthetics in Pitha and Billroth's "Handbuch der Chirurgie," now in course of publication, gives it as his experience that one-eighth of a grain may produce dangerous symptoms; but that he has often given one-sixteenth without any bad effects. I once injected one-sixteenth of grain in a case of neuralgia but the symptoms, though not alarming, were so disagreeable, that I would scarcely use the same amount again until I saw the effects produced by a smaller dose.

INVERSION OF THE UTERUS.

James Blake, M.D., Professor of Obstetrics and Diseases of Women and Children, Toland Medical College, reports a case of inversion of the uterus, in the *Pacific Medical Journal.* He says the child was born two hours before the arrival of the physician, the woman going on comfortably but the placenta had not been delivered. In attempting to deliver the placenta, the uterus was inverted. The placenta which was adhering to the inverted uterus was removed. It was followed by a great deal of flooding. Unsuccessful attempts were made to reduce the uterus. After five or six hours another physician was called in, and an attempt was again made at reduction, but owing to the prostration of the patient, had to be discontinued, as manipulation of the uterus increased the hæmorrhage. After twenty-four hours, the patient having partially rallied, a persistent attempt to replace the uterus was made under the influence of chloroform but failed. On the 29th of September (two days after the child was delivered), Dr. Blake was sent for, but could not be found, and another physician returned with the messenger. Kept the woman three hours under the influence of chloroform but failed to reduce the inverted uterus. Dr. Blake having been sent for, advised the friends, as the patient was comfortable, and no hæmorrhage, to wait until the third week after labour, when the process of involution is the most rapid. He accordingly visited the patient on the 22nd of Oct., gave her chloroform, and in thirty minutes, by Dr. Emmet's method, reduced the uterus. Dr Blake thinks that from the facility with which he reduced the uterus, that his course of treatment, viz.: in waiting until three weeks after labor, was the proper course to pursue in such cases.

Dr. A. K. Reynolds, St. Louis, reports a case of inversion of the uterus, in the *Humboldt Med. Archives.* which he reduced after four and a half years' duration:—"On the 28th of May, in the presence of Dr. DeFoe (in charge) and Dr. G. G. Lyon, of Alton, by request of the former, I attempted the reduction of the inversion, but after a patient and careful manipulation for one hour, a greater length of time than generally deemed advisable, it was found necessary to abandon the attempt for that day, the rigidity of the cervix being too great to admit of reduction without injury to the parts. Upon consultation, it was then decided to introduce an elastic air-bag, for the purpose of supporting the tumour, distending the vagina, and relaxing the rigid contraction of the cervix. The bag was inflated by means of a large syringe, and was allowed to remain twenty-four hours at a time, the parts being washed out, and the secretions removed each morning, before its re-introduction, by injections of warm water. Morphiæ acetas was ordered to allay irritability, and although the effort at reduction was, as stated continued for an hour, it was followed by neither pain, fever, or inflammatory action. On May 31st, Drs. DeFoe and Lyons again present, it was found that the air-bag had been of great benefit, both in supporting the tumour and distending and relaxing the parts, the extreme rigidity of the os and cervix having in a great measure disappeared. By request, as before, I made a second attempt at reduction, which, in thirty minutes was completely successful. After reducing the fundus almost within the cervix by manipulation the operation was completed by means of an instrument made as follows. A piece of wood was turned like a small top, with the larger end concave. To the smaller end of this was screwed an iron wire, three-sixteenths of an inch in diameter, having a suitable wooden handle, and the larger end was covered with a thickness of cotton batting, and this again with oiled silk. When finished the instrument was of a suitable size to pass easily through the os and cervix, and receiving the fundus in its cup shaped cavity or depression, could follow it up, where the hand could no longer be used to advantage. August 15.—The patient is now in perfect health; says she never felt better in her life. There has been no return of the displacement, and the cervix is normal in appearance. The cure is perfect, and seemingly, there is now nothing to prevent her bearing children again. The only medication to which she was subjected was the use of morphia, as already stated, and subsequently, being anæmic from previous loss of blood, tinct. ferri. chlor. gr. 30, ter die, was prescribed by Dr. DeFoe, and continued for some time.

THE PONS VAROLLI THE NERVOUS CENTRE OF GENERAL CONVULSIONS.

H. Nothnagel (*Virchow's Archives*) arrives at the following conclusions with regard to the *nervous centre of general convulsions*, which are derived from actual experiments. The centre of general convulsions is situated in the substance of the pons. Its lower boundary is corresponding to a section at the height of the inferior border of the pons. The faculty to perform the function of a centre of spasms is to be denied to the substance of the medulla oblongata. Finally, he endeavours to prove that the spasms are produced by way of reflex. In some instances the section of the medulla oblongata had been made below the pons, the animals remaining absolutely quiet. Again; the convulsions occurred if the section had left a portion of the pons connected with the medulla oblongata, showing the centre of action to be situated outside of the medulla. At last the anatomical condition of the region of spasms is confirmatory to the view of reflex action. The region nearly corresponds to the situation of the grey nuclei and root-fibres of the sensitive cranial nerves. While the nuclei and roots of the motor cranial nerves are near the raphe, those of the sensitive nerves are more lateral. The root fibres of the portio major trigemini, in particular, descend, according to Schroeder van der Kolk, through the whole length of the medulla. This anatomical condition, it must be conceded, is no direct proof of a reflex action, but it renders it admissable and plausible. From all this it seems that the convulsions following the injury of a defined region on the floor of the fourth ventricle are to be explained as spasms induced by reflex action.

ECTROPIUM INTESTINORUM.

A MOTHER, twenty-one years of age, was delivered of a male child, in which the following state of things existed:—From an opening two inches in length at the umbilical region, ¼ inch to the right of the umbilicus, and parallel to the linea alba, bulged out the greater portion of the intestines. Their coats were hypertrophied, and the abdominal walls were to such an extent contracted as to allow only the admission of the small finger on both sides of the orifice. The rigidity of the abdominal wall did not allow of any stretching. It was an eight-months child, passed its natural secretions, fæces and urine. In the morning it vomited bile, and in the afternoon nursed at its mother's breast; its pulse was regular, as was also its respiration. The portions out were made up by the duodenum, jejunum, and ileum of the small intestines, and the colon and a portion of the rectum of the large intestines. The child died the day after its birth having lived exactly twenty-one and a half hours.—Geo. Fredigke, in *Chicago Medical Examiner*.

DILATATION OF THE OS-UTERI AND PERINEUM DURING LABOUR.

DR. G. KILNER (*Chicago Med. Journ.*), in a communication upon this subject, recommends, when other medicaments have failed the use of lobelin. He praises its efficacy, and recommends that a suppository be made of lobelin, gr. v., to cacao butter, ʒ j., and introduced into the rectum immediately upon the subsidence of a pain, and also anointing the os with the same. He states that fifteen or twenty minutes' retention of the suppository is generally sufficient to produce complete restoration of the os and perineum.

GOITRE CRETINISM.

M. GARRIGON, consulting physician to the Mineral Springs, of Aix, asserts these endemics are due to the existence of magnesia, and more especially to the silicate of that earth, in the soil, which modifies all organisms, both vegetable and animal. His doctrine is based upon extensive observations made in the districts of the Pyrenees where these maladies are endemic, and are coincident with such geological constitution.

HYPODERMIC INJECTIONS OF MORPHIA IN LABOUR.

Dr. E. KORMAN, Leipzig (*Am. Journ. Obstetrics*), considers hypodermic injections of the sulphate of morphia superior to any anæsthetic during labour. He injects very slowly one-eighth to three-fifths of a grain in the thigh. The indication for the injection are: Primiparæ, narrow pelvis, spasmodic contractions, and painful complications generally.

MOVEABLE BODIES IN THE BLOOD.

DR. K. BETTELHEIM found in the blood of a patient suffering from hæmorrhagic variola, a rather large quantity of small bodies, punctiform, partly rodlike, bustling about like vibrions partly between the money-rolls, like arranged blood-corpuscles. The same bodies were found in two cases of typhus exanthematicus, one of echinococcus hepatis, one of intermittens, one of chlorosis, hysteria, syphilis, scarlatina, pneumonia, etc. They were also found, but in not so great a number, in the blood of a considerable number of healthy persons, who had been examined with the greatest caution; altogether, Dr. Bettelheim finds blood, in which these bodies are missing, more often than when they are present. He therefore thinks that their pathological importance should not be over valued.

He observed the following three kinds:

1. Such bodies, which magnified 630 times, steadily appear as punctiform dark bodies, moving about rather briskly in to and fro waving excursions.

2. Very small bodies, just perceptible when magnified 1,400 to 1,500 times, moving about vigorously.

3. Larger, distinct redlike structures, of the size of half the diameter of a blood-corpuscle or a little smaller; they have a tumescence at the end, which appears as if it were separated from the rest of the little rods by being unstringed. Their motion is plain but slower. It seems, that besides their motion in toto, a wave-like motion goes on in themselves.

FISH AS AN ARTICLE OF FOOD.

PROFESSOR Agassiz, in his address before the Committee of the Legislature of Massachusetts, on the propagation and preservation of fishes, says, as reported in the *Boston Journal*: The fish enters largely into the requisitions of the human system. It is a kind of food which refreshes the system, especially after intellectual fatigue. There is no other article of food that supplies the waste of the head so thoroughly as fish diet: and the evidence of it is in the fact, that all the inhabitants of the sea-shores the world over are the brighter population of the country. Fish contains phosphorus to a large extent, a chemical element which the brain requires for growth and health. He would not say that an exclusive use of fish would make a blockhead a wise man, but that the brain should not be wanting in one of its essential elements."

TONKA BEAN IN PERTUSSIS.

IT having been suggested that the tonka bean would be useful in pertussis, as it contained a large percentage of coumarin, the active principle of clover-tops, trifolium melilotis, recommended for that disease, to test its qualities it was given to a child three years old, with encouraging results. Subsequently it was given in four other cases, two of which were of a grave type. The oldest—a girl five years old—was a great sufferer, the paroxysms being frequent and exceeding severe, and disturbing her sleep frequently during the night. She began with five drops of the fluid extract every three hours, increased to eight after the third dose. Relief was soon felt, and the paroxysms gradually subsiding she soon slept all night, and her cough now seems more like that of an ordinary cold. In the tonka bean I think we have a means of saving many lives, besides giving relief to all who suffer from the disease.—JOHN COOPER, M.D., *in the Med. and Surg. Reporter*.

ON THE ANTAGONISM OF YELLOW FEVER AND CATARRH.

WM. H. FORD, M.D. (*N. O. Journal of Medicine*), in an article upon this subject, gives the following as the conclusions at which he has arrived: 1st. That epidemics of yellow fever and of catarrh *never* co-exist. 2nd. That break-bone fever may occur in a summer, neither generally catarrhal or generally miasmatic, and that the disease affects principally the origin and decline of the yellow fever, when it occurs in a miasmatic season, and the *acme* of the season when it qualifies a catarrhal epidemic. 3rd. That when catarrh occurs during the prevalence of yellow fever, the catarrh is "sporadic," and that catarrh is mostly absent during yellow fever seasons. 4th. That when yellow fever occurs during the prevalence of catarrh, the yellow fever is "sporadic," and that yellow fever is mostly absent during catarrhal seasons. 5th. That catarrh prevails almost exclusively during the origin and decline of yellow fever. 6th. That the yellow fever, when it appears during a catarrhal season, affects the most miasmatic part of the season, viz., the end of September and the beginning of October. 7th. That from the recorded history of the only visitation of Asiatic cholera to our city (New Orleans), as an epidemic, this disease undeniably shows a miasmatic origin, by exhibiting relations to catarrh precisely similar to those which obtain between yellow fever and catarrh. We therefore conclude generally that from a consideration of forty-two years, yellow fever is directly antagonistic to catarrhal diseases.

HYPODERMIC MEDICATION.

S. F. STARLEY, M.D., in closing a paper upon this subject, gives the following important testimony to the efficiency of this treatment: "I have used quinine hypodermically some hundreds of times, and with the exception of two or three cases of abscess which gave little trouble, and the case of sloughing of a small portion of integument, have seen no ill result follow its use. But on the other hand, its effects, when administered in this way, have been so prompt and so permanent, that several persons to whom I have given it, now refuse to take the remedy by the mouth at all, and when quinine is prescribed, they insist upon having it injected under the skin."

IDIOPATHIC PRIAPISM.

J. R. Smith, M.D., has reported it the *N. O. Journal of Medicine*, a case of persistent priapism, occurring in a patient about twenty-five years old. He had had gonorrhœa seven years before, but was not left with stricture, and had not had connection for nearly two weeks previous to the priapism. In spite of most active treatment applied most assiduously, the priapism continued for about ten days. At the end of this time he was sent to a different part of the country, and the "disease gradually, and almost imperceptibly gave way."

DEATHS BY POISON.

In the five years 1863-67, the number of persons who met with violent deaths by poison in England and Wales was 2,097. In 1,620 cases the description of poison is recorded thus:—By arsenic, 83; mercury, 58; opium, 114; morphia, 32; laudanum and syrup of poppies, 426; strychnia, 41; prussic acid and cyanide of potassium, 151; essential oil of almonds, 31; oxalic acid, 66; sulphuric acid, 58; nitric acid, 16; muriatic acid, 5; carbolic acid, 5; salts of lead, 242; improper medicine, 17; overdose of medicine, 52; Godfrey's cordial, 56; improper food, 33; aconite, 6; belladonna, 6; alcohol, 35; ammonia, 8; hartshorn, 3; chlorodyne, 4; vermin killer, 20; turpentine, 3; phosphorus, 15; sulphate of copper, 3; colchicum, 3; disinfecting fluid, 3; nitrate of potash, 3; chloride of zinc, 8; spirits of salt, 8; cantharides, 2; fungi, 6; mussels, 8.

◆

THE DUBLIN HOSPITALS.

We understand that the subject of the grants and modes of election in the Dublin Hospital, will be under discussion in the Statistical Society of Ireland on Tuesday evening next, and that members of the committees and of the medical staff of these institutions, will be freely admissible, and will be allowed to take part in the proceedings.

◆

NOTICES TO CORRESPONDENTS.

If all cases when proofs are sent, it is of the utmost importance for them to be immediately returned.

Enquirer.—Reply next week.

Dr. Martin's letter shall appear shortly.

Dr. McDowell.—As soon as possible.

Mr. Donovan.—The letter is in hand.

Mr. Macalister's paper was duly received.

A Country Practitioner.—On Herpes in our next number.

Dr. Thos. Dervis's Case of Extra-Uterine Fœtation shall be published.

Dr. Waring-Curran is thanked. The paper on Hydrocephalus will appear shortly.

The file of the *Indian Medical Gazette* is received with thanks, and our journal will be sent from this date.

The remaining portions of Dr. Palfrey's fifth Lecture "On Fibrous Tumours of the Uterus," is unavoidably held over till our next.

Dr. Ewing Whittle, Liverpool.—Your letter headed "A Daniel come to Judgment," in reply to Dr. Drysdale's published in our last, is unavoidably held over for want of space.

Dr. J. Woods Beck.—Your note upon "Silver an unoxidizable Metal," has been handed to our Analysts. We are always open to correction, and shall be happy in our next to give space *to*, or notice *of*, your letter, dissenting from the statement made on this subject in our Analytical Reports.

Our Analytical Department. Cocoas.—Through press of other matter, we are compelled to hold over our final Report and Summary until our next. We regret being obliged at the last moment, to postpone this Summary, which has now been in type several days, but, for the above reason, we are reluctantly forced to do so, notwithstanding the interest which has been generally created by the analyses of the past weeks.

Mr. H. Eschwege.—Your letter, with reply thereto, shall appear with the final Report on Cocoa in our next. *Ad Interim*, Van Houten's Cocoa, for which you are the sole agent in Great Britain, will be again submitted to analytical and microscopical tests. Should we find our first Reports—which were very carefully done—incorrect in any particular, we shall be but too happy to give you our verdict for the superiority you claim. The fact of Dr. Hassall having given you such a *flaming testimonial*, will not weigh one *iota* for, or against you in these Reports.

NAPOLEON I.—A SANITARIAN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It is to be hoped that the *dicta* of the *Lancet* on strictly professional subjects are more reliable than its utterances on matters of general interest. To judge by the remarkable instance of the latter, which appeared in its columns on Saturday last, under the heading of "Napoleon I., A Sanitarian," it would seem that certain superannuated opinions of the age of Fox and Holland, when Napoleon's good fortune and success were yet unbroken, still linger among the traditions of the *Lancet* proprietary staff.

Without supposing the existence of such traditions, it would be impossible to account for the profound admiration with which the editor of that journal has been seized, on discovering, in the "correspondence of the Emperor Napoleon," into which it would appear he has been dipping, a document ordering that the system of sewage conservancy which, at that time, was universal in France, as it previously was, and has since remained, should be put in force in some new town that he was projecting in Elba. From this slender and most common-place *datum*, we are told not only to infer that the first Napoleon was a "sanatarian," but, with all we now know of his pusilanimity and dastardly meanness in adversity, to believe that the "force of character and genius of this great soldier and monarch sustained him under difficulties and misfortunes unparallelled."

There is something truly humiliating in this wonderful display of ignorance, which the average schoolboy of any modern European country (pupils of the *Lycées impériaux* excepted), would at once detect; for it proves how deep is the impression that can be made on the minds of men by unprincipled egotism, unscrupulous rapacity, and unblushing mendacity.

The editor of the *Lancet*, in my humble opinion, might, with great advantage to himself and his readers, substitute for the recreation of his leisure hours, a recent work which has made some noise in the world, and is entitled *Histoire de Napoléon I., par* P. Laufrey, for the sophisticated correspondence issued by the present Imperial Governor of France.

Yours obediently,
A Non-Medical Outsider.

London, June 9th, 1869.

◆

APPOINTMENTS.

Baker, H. F., L.S.A., Midwifery Assistant at St. Bartholomew's Hospital.

Batt, C. D., M.B., House-Surgeon to the General Infirmary, Sheffield, vice C. J. H. Smith, M.R.C.S.E., resigned.

Bell, J. A., M.R.C.S., late House-Surgeon, Resident Accoucheur to St. Thomas's Hospital.

Caton, R., M.B., Assistant-Physician to the Liverpool Children's Infirmary.

Douglass, G., M.D., Medical Officer to the Gateshead Dispensary, vice Wm., Jollie, M.D., deceased.

Hardyman, C.E., M.R.C.S., L.S.A., House-Surgeon to St. Thomas's Hospital.

Jukes, A. M.R.C.S.E., House-Physician at St. Bartholomew's Hospital, vice P. J. Hensley, M.B.

Lowther, R, M.B., C.M., M.R.C.S.E., Resident House-Surgeon to the Infirmary, Lancaster, vice Wm. Armistead, M.B., resigned.

Macnamara, R., L.K.Q.C.P.I., President of the Royal College of Surgeons, Ireland, in succession to G. H. Porter, M.D.

Pollard, F., L.R.C.P., M.R.C.S., House-Surgeon to St. Thomas's Hospital.

Roberts, F. T., M.B., B.Sc., Demonstrator of Anatomy at University College, London.

Ross, J. A., L.R.C.S.I., Resident Medical Officer to the North Staffordshire Infirmary, Stoke-upon-Trent.

Smallman, R. S., M.B., House-Surgeon and Secretary to the Hartlepool Hospital, vice J. Rawlings, M.R.C.S.E., resigned.

Squarey, C. E., M.B., M.R.C.P.L., Resident Medical Officer to University College Hospital, Assistant-Physician to the Hospital for Women, Soho square.

◆

VACANCIES.

Trim Union.—Medical Officer. Salary £100, with vaccination and other fees. See advertisement.

King and Queen's College of Physicians in Ireland.—King's Professorship of Medicine. Election, 18th October. See advertisement.

Westminster Hospital.—Resident House-Physician. No Salary. Board and residence free. Election, July 6th.

University College.—Professorship of Medical Jurisprudence. Election, June 26th.

Kingston Union.—Medical Officer. Salary £80, with fees. Election, July 2nd.

Dover Hospital.—Resident Medical Officer. Salary £80, with furnished apartments, &c. See advertisement.

Birmingham Eye Hospital.—House-Surgeon. Salary £80, with board and residence.

Sheffield General Infirmary.—House-Surgeon. Salary £65, with board and residence.

◆

Deaths.

Greville.—On the 4th inst., R. Greville, M.R.C.S.E., of Clevedon, Somersetshire,, aged 80.

Hill.—On the 7th inst., N. Hill, M.D., of Leven House, Renfrewshire.

Hounsell.—On the 25th ult., J. Hounsell, M.R.C.S.E., of Bridport, Dorsetshire, aged 76.

Inman.—On the 2nd inst., Wm. B. Inman, M.R.C.S.E., of Northwich, Cheshire, aged 56.

Key.—On the 7th inst., David Key, M.R.C.S.E., of the Oval, Brixton, aged 72.

Nolan.—On the 28th ult., J. Nolan, M.D., of Athboy, Co. Meath, aged 63.

Ogden.—On the 1st inst., at Ardwick Villa, Ardwick, Manchester, James Ogden, M.D., M.R.C.P., in his 76th year.

Advertisements.

PRIVATE RETREAT
FOR
THE UPPER AND MIDDLE CLASSE
OF BOTH SEXES,
MENTALLY AFFLICTED,
TUE BROOK VILLA,
NEAR LIVERPOOL.

Further information may be obtained on application to Dr. H. OWEN.
Vide page 1075, "Medical Directory," 1869.

FRAGRANT SOAP.

Field's "United Service" Soap Tablets, 4d. and 6d. each. Lasting fragrance guaranteed; order of your Chemist, Grocer, or Oilman, and see that J. C. & J. FIELD is on each Tablet.

WHOLESALE—UPPER MARSH, LAMBETH, S.

FIELD'S PURE "SPERMACETI" SOAP

8d. and 1s. per tablet, most delicately perfumed. This beautiful article is a combination of the purest Soap with Spermaceti, the soothing and emollient action of which is well-known, and it is especially recommended for children and invalids.

See name on each tablet and label.

Wholesale—36 UPPER MARSH, LAMBETH, S.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

FIRST or PRIMARY PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination will commence on Tuesday, July 6th. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.

SECOND or PASS EXAMINATION for the LICENCE.—The next Examination will commence on Tuesday, July 13th. Gentlemen who have completed four years of Professional Study according to the College Regulations are eligible for admission to this Examination.

Registered Medical Practitioners, qualified before January, 1861, are admitted to Examination under Special Bye-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-laws are to be left at the same time.

Pall Mall East, 1869. H. A. PITMAN, M.D., Registrar.

DOVER HOSPITAL AND DISPENSARY.

WANTED, A RESIDENT MEDICAL OFFICER to this Institution. He must be registered with Surgical and Medical qualifications. He will be restricted from private practice, and expected to enter upon his duties on the 8th day of July next. His salary at the commencement of his engagement will be £80 a-year, with furnished apartments, coals, candles, and attendance.

Duties and further particulars may be known on application to the Secretary, Mr. E. Elwin, jun., No. 27 Castle street, Dover, to whom testimonials must be sent on or before Tuesday, the 30th day of June, instant.

During the last current year there were in the Hospital 115 patients, and 1,644 out-patients, besides casualties.

EDWARD ELWIN, Jun., Secretary.
Dover Hospital, June 9th, 1869.

DENMAN'S GREEK WINES, 20 PICCADILLY.

Pamphlet Priced List Free on application. Cases of 6 Red and 6 White Wines, £1 11s. 6d.

THE UNIVERSITY CLARET, 12s. per dozen (bottles included),

AS SUPPLIED TO EIGHT OF THE PRINCIPAL LONDON CLUBS,
MEMBERS OF THE MEDICAL PROFESSION, &c., &c.

E. GALLAIS and CO., Old Wine Growers.

VICHY WATER COMPANY, 27 Margaret street, Regent street, and 61 Quadrant, Regent street, W.

BY ROYAL LETTERS PATENT.

Dr. HASSALL'S FLOUR OF MEAT.

Universally Approved by the Medical Faculty,

FOR THE IMMEDIATE PREPARATION OF BEEF TEA,

CONTAINS THE WHOLE OF THE CONSTITUENTS OF THE MEAT,

Including Fibrin, Albumen, and Gelatine; is more nourishing than many times its weight of Raw Meat; requires no mastication, and is easy of digestion.

INVALUABLE for use in the Army, Navy, and Merchant Service, to Travellers, Tourists, and Sportsmen, and it is of vital importance to all Hospitals and Asylums in which the Sick are congregated, and to Invalids generally, especially those suffering from Dyspepsia and Debility arising from Defective Assimilation and Nutrition. The BEEF TEA made with the FLOUR OF BEEF IS FULLY EIGHT TIMES STRONGER AND MORE NOURISHING THAN BEEF TEA MADE IN THE ORDINARY MANNER, and far more nutritious than the Beef Tea (so called) prepared with LIEBIG'S EXTRACT, which does NOT contain Fibrin, Albumen, Gelatine, or Fat—the very principles which give the body its size, weight, and strength.

"Impossible to over-estimate the importance of the Concentrated Flour of Meat."—*The Lancet.*

"The Committee has every reason to believe that this is a preparation of considerable value."—*Society of Arts.*

FLOUR OF BEEF FOR BEEF TEA, packages, 2s. and 4s.

John Bell and Co., Oxford street; Savory, Moore, and Co., Bond street: Fortnum, Mason, and Co, Piccadilly; and all Druggists and Italian Warehousemen; and Wholesale of

CROSSE & BLACKWELL, SOHO SQUARE, LONDON.

*** *This will be found a most delicious relish as a Sandwich, or spread on Toast or Biscuit. Mix a portion with the Butter before spreading.*

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 23, 1869.

CONTENTS.

PAGE

LECTURE.

On Fibrous Tumours of the Uterus. By Jas. Palfrey, M.D., M.R.C.P., Assistant Physician, Accoucheur to, and Lecturer on Diseases of Women at, the London Hospital; formerly Obstetric Physician to the Farringdon Lying-in Charity, and to the Metropolitan Free Hospital, and to the Surrey Dispensary, &c., &c...... 515

ORIGINAL COMMUNICATIONS.

Gleanings in Toxicology.—No. VI. By Chas. Meymott Tidy, M.B., M.S., Joint Lecturer on Chemistry at the London Hospital.............................. 518

Cases in Country Practice.—Excision of Chronically Enlarged Tonsils. By Thos. Hayes, M.D. Edin., M.R.C.S. Eng. 519

The Influence of Constitution in Syphilitic Disease. By B. Kelly, M.D., L.K.Q.C.P.I......................... 520

OUR ANALYTICAL DEPARTMENT.

Cocoa. Report on the Quality at present supplied to the British Market 523

Letter from H. Eschwege on Cocoa 524

PAGE

"Is Silver an Oxidisable Metal?" Letter from John Woods Beck, M.D............ 524

LEADING ARTICLES.

The "Lancet" and Dr. Fuller 525

NOTES ON CURRENT TOPICS.

Embalming 527
Sudden Blanching of the Hair 527
The Hospital Staff Remuneration Question 527
The Dublin Hospitals 528
The Health of Dublin.................... 528
Scientific Evidence 528
Medical Excommunication 528

Successful Ovariotomy in a Child, twelve and a half years of age 529
Creosote in the treatment of Typhoid Fever 529
Poisoning by Petroleum 529
Poisoning by Camphor 530

FOREIGN MEDICAL LITERATURE.

A Case of Aneurism of the Arch of the Aorta Cured by Acetate of Lead. Communicated by S. Hoegh, District Physician. Translated by William Daniel Moore, M.D. Dub. et Cantab., M.R.I.A., L.K.Q.C.P.I., Honorary Fellow of the Norwegian Medical Society............ 530

PAGE

CORRESPONDENCE.

Ewing Whittle on a Daniel come to Judgment! Yea, a Daniel! 532

A Traveller on Mr. Lister's Carbolic Treatment 532

Henry J. Smith on Mr. Stapleton's Method for Treating Fractures of the Femur not Novel—viz., by Weight and Pulley 533

Edwin Lee on Porto Maurizio as a Health Station on the Riviera 533

Inventions.—A New Truss 534

Superannuation of Irish Poor-law Medical Officers.—Deputation to the Chief Secretary for Ireland 534

MEDICAL NEWS.

Royal College of Surgeons of England 534
Accident to Professor Bunsen, of Heidelberg 534
Odontological Society of Great Britain .. 534
University of Cambridge 534
Information Relating to Non-Collegiate Students in the University of Cambridge 534

Notices to Correspondents, Appointments, &c. 535

Lecture.

ON FIBROUS TUMOURS OF THE UTERUS.

By James Palfrey, M.D., M.R.C.P.,

Assistant Obstetric Physician to, and Lecturer on Clinical Obstetricy at the London Hospital; formerly Obstetric Physician to the Farringdon Lying-in Charity, and to the Metropolitan Free Hospital, and to the Surrey Dispensary, &c., &c.

LECTURE V.—Part II.

In this way you will be able to conduct your patient for a very considerable period until the increase in the size of the growth, or the peculiarity of its position become the cause of constant pain of a wearing character, which pain, as I have shown you, may be constant or paroxysmal in its appearance. At this time you must begin to employ sedatives for the relief of this suffering, or your patient will get worn out and exhausted. At first a quarter of a grain of acetate of morphia combined with a couple of grains of ext. of henbane or conium, administered at bedtime, will be sufficient to ensure a sound and refreshing sleep, and very often enable your patient to get tolerably well through the day; or, if she complain of pain then you may, at intervals after food, give a dose (♏vj to ♏xx.) of the tincture of Indian hemp, always adopting the precaution of combining this preparation of the drug with some form of mucilage, to prevent the precipitation of the resin of the hemp. Sooner or later, however, you will be compelled to increase the quantity as also the frequency with which each dose of the sedative is administered. I cannot tell you definitely as to the quantity you are to give. You must be guided solely by the condition of each case and by the amount of pain present in each individual example of the disease. Some of these cases of fibroid will get on for years with but a moderate quantity of morphia; on the other hand, you have seen among our patients women who have gradually arrived at six, eight, or ten grains of morphia every night, and large doses of Battley's Solution in the daytime. Again, it is true that hæmorrhage is not a very frequent symptom of interstitial growths, yet now and again you will meet with exceptions to this rule, and the same remark applies to leucorrhœa; but as I shall be obliged to speak at some length of the treatment of these troublesome conditions further on, I will leave all I have to say until that occasion. The only other point, then, that occurs to me to touch upon concerning these interstitial fibroids is the painful vaginal and rectal tenesmus which often causes so much distress to the patients. You will find the former invariably relieved by a warm bath, which, in the absence of any hæmorrhage, is always a valuable aid to treatment; this bath to be succeeded by rest for several hours in the recumbent position, and follow this by the use of the elastic belt I have already spoken of. For the rectal congestion and tenesmus I know of no more certain remedy than a free *saline purge*; and in my own practice, as you know, I employ the mist. mag. cum mag. sulph. I will simply on this point add a word of caution: be exceedingly careful to avoid the use of drastic aperients in these cases. I have more than once seen a smart attack of bleeding follow rapidly on a dose of colocynth and aloes; hence never prescribe these drugs in cases of fibrous growths.

We come now to speak to you of the treatment of submucous, or the third variety of fibrous tumours. You will remember that in describing them I told you that this form of tumour is developed immediately beneath the mucous membrane lining the cavity of the uterus; that they project into that cavity; and that, as their name implies, their covering is simply an extension of the lining membrane of the organ. Now I remind you of these points because you will presently see that they are surgically of great practical importance. I am able to assure you that the form of disease, the treatment of which we are now entering upon, is capable of the most decided, and, with ordinary care, the most effectually radical treatment. At starting, however, I find myself called upon to speak of some operative procedures that have in this and other countries been adopted only to enlist from you their complete condemnation. In the year 1840, M. Velpeau, and, a little time afterwards, M. Ammusat, suggested that these hard sub-mucous tumours of the womb should be removed by an operation, which is termed enucleation; their example has been followed by several operators in this country. It consists first of an opening being made into and through the os uteri internum, sometimes by incision, at other times (as in the case related by Sir James Simpson) by the potassa fusa, or, as in Dr. C. West's case, by the removal of one or other uterine lip; the hand is then partially or wholly introduced into the cavity of the womb, and the tumour is "shelled out" from its uterine envelope. You will, even from this brief description, readily understand, I feel sure, that the operation is one attended with great danger, that it is long in its performance and the statistics of all the operations for the removal of these growths by enucleation go to prove that the chances of the patient who undergoes the operation escaping destruction, either immediately by shock, or a few days later by uterine inflammation, or later still by pyæmia, are very small indeed. Twice I have operated in this way in cases that appeared peculiarly favourable for its performance. The first case occurred to me in 1859, in the person of a widow, æt. thirty-six, who had for years been suffering from the hæmorrhage and other symptoms caused by the presence of a sub-mucous fibroid, the size of an orange, in the posterior wall of the uterus. This woman was exceedingly anxious, before a second time entering into the married state, to be rid of her tumour. From the moment I began to introduce three fingers into the os uteri, previously dilated by sponge tents, until I brought out two-thirds of the growth, one hour and sixteen minutes elapsed. The patient died, to all appearances, of pure shock, two hours and ten minutes after being removed to bed. I operated on the second case in February 1861. The patient was forty years of age; the growth was much larger than in the former case. I had previously opened up the cervix to a large extent, and I succeeded in getting away, partly by shelling, partly by the scissors, more than a third of this large tumour. I was compelled somewhat abruptly to finish the operation, in consequence of the gentleman who was administering chloroform assuring me that the patient was getting exhausted. Being placed in bed, she rallied under the free use of brandy and other diffusible stimulants; but she died four days subsequently, with all the symptoms of active uterine and pelvic inflammation. The impression made upon my mind by the disastrous termination of the two cases quoted above, together with the results of the recorded cases of others, have induced me to refrain from ever again attempting this (to my mind) dangerous and hazardous proceeding. Should you wish to become more intimately acquainted with the steps of the operation, I can refer you to the works of Sir J. Simpson, "Obstetric Memoirs," vol. i. p. 118; Dr. West, "Diseases of Women," 3rd edition, p. 305; and to a very able article on the "Surgical Treatment of Fibrous Tumours of the Uterus," by my colleague, Mr. Jonathan Hutchinson, in the fourth vol. of Holmes' System of Surgery.. I can only for myself say that I know of no circumstance that should induce me again to attempt to perform this, almost certainly, fatal operation, and the more so, seeing that I shall immediately have to describe to you a surgical proceeding very far less dangerous in its performance, and in my own experience infinitely more satisfactory to the physician and beneficial to the patient in its results.

Dismissing, then, this operation of enucleation, we come to the symptoms of sub-mucous growths, and, following the plan adopted in our second lecture, we must speak first of the treatment of hæmorrhage, for you will find that symptom, as a rule, to be the earliest, and very often for a long time, constitutes the only, indication afforded us of the presence of a tumour of this kind. At first it appears in the form of a prolonged and profuse menstrual period, the discharge being mixed with clots of greater or less size, the bleeding in each case being ushered in with severe cramp-like pains. After the lapse of time, which varies, as I have before pointed out to you, according to the age of the patient, the size, position, and character of the growth, hæmorrhage between the periods appears. Now, whatever may be the cause of this dangerous symptom later on in the progress of these cases, the impression on my mind is very clear and distinct that in the earlier stages of the development of these sub-mucous growths the hæmorrhage is caused in this way. As soon as the growth has attained the size of a pigeon's egg, the parenchyma of the uterus, as well as the lining membrane, undergo extensive changes, the blood vessels enlarge, first within the uterine wall, subsequently those of the mucous membrane, which soon becomes tumefied and hyperæmic, in fact a true congestion of the uterus results. Now, add to this the displacement, more or less complete, which we so constantly find resulting from the presence of these tumours, and you have, to my mind, a satisfactory explanation of this early hæmorrhage; and if you will examine carefully for yourselves, you will soon, I believe, be satisfied that the cause is the one I have just stated. Now, to go a step further, if you believe this, how very simple the management of this form of hæmorrhage becomes! Recall to your minds the treatment you see us so constantly suggest in the numerous cases of bleeding arising from uterine congestion that come before us. It consists first in absolute rest. Have I not shown you that in the most active form of this bleeding it is frequently sufficient to put the patient to bed, to cover her lightly, and in a few hours the hæmorrhage of itself ceases? and this plan is still more likely to be of advantage, if you, some twenty or thirty hours before the menstrual period is due, freely purge your patient with a saline aperient. As the growth increases in size, however, the hæmorrhage becomes more troublesome, and then you will be called upon, in addition to the rest, to employ some other means; and I repeat that I know of no method more successful than the application of leeches to the vaginal portion of the uterus; four or six, is the number I usually suggest, and if you find the bleeding continue profuse and the patient getting exhausted, I advise you at once to employ the leeches; do not allow the bleeding to wear itself out, it will cease, I assure you, within a very short time, usually an hour or two, of the dilated and engorged bloodvessels of the uterus being relieved of some of their contents, and this leeching you may safely repeat from time to time as long as any tenderness continues to be present. Here let me ask you to make yourselves acquainted with the very simple steps that form the procedure of leeching the neck of the uterus. I shall not detain you now by describing it. It is constantly done in the obstetric ward, and with equal frequency among the out-patients. Those of you who will practise in the country will especially find it desirable to be acquainted with these apparently small details, for you will be unable there to command the services of our nurses, who so admirably assist us in this respect in London. Returning, then, to this subject of hæmorrhage, I must tell you that very often you will not be called to these cases of sub-mucous fibroids until the patients are already seriously reduced and exhausted by repeated and persistent bleedings. You must in these cases abstain from local depletion. Still you have at your command a means of staying the bleeding, which you will find in the highest degree serviceable. 'I mean the cervical plug; the method of its employment is simply this, expose the os uteri with a Sim's speculum, steady the cervix with the small hook so familiar to you all, upon the point of a long steel rod carry up to the os a narrow strip of lint, six or seven inches long, the end of which has been previously dipped in a saturated solution of the perchloride of iron, very gently and slowly, little by little insert this into the cervical canal. To me it has proved invaluable in those cases in which the local abstraction of blood has been inadmissible. You may leave the plug in its position in the cervix for thirty hours, or even longer, and upon its removal, which is effected by withdrawing the vulval end of the lint (absolute rest, I hardly need remind you being at the same time maintained), I have been accustomed to order the tepid vaginal douche, previously adding ʒj. or ʒiss. of tannin to the water to be used. I have never seen any ill effects result from the use of the plug, such as distension of the cavity and fallopian tubes, or peritonitis, accidents mentioned by Dr. Barnes and M. Bernutz as likely to occur.

Now, I must say a few words upon the class of remedies which are known by the name of uterine hæmostatics; and it is in the form of hæmorrhage I have just mentioned that these drugs will be found of most service, although they are in my opinion of but little use in checking or staying a bleeding from the uterus so long as the patient maintains the horizontal position. In fact, I must tell you that all your efforts to be of service to these patients will be fruitless, unless you can command their entire confidence, and your success in every case will be exactly proportionate to the extent to which your patient is willing to suit her own wishes, tastes, opinions, and desires, to your conscientious efforts to cure her of her malady, or alleviate her sufferings. Many drugs have obtained the reputation of being uterine styptics. Some deservedly so when administered under favourable conditions, others are in my judgment valueless, Among the former class I may name ergot of rye, gallic acid, matico, digitalis, turpentine, cinnamon, Indian hemp, opium, perchloride of mercury, &c. In the second class those that I have invariably found to be powerless to restrain bleeding from the womb, I place acetate of lead, oxide of silver, arsenic (and all forms of iron when administered during a bleeding), sulphuric acid, alum. The most useful of these, and the combination I believe most effective, is, ergot, gallic acid, and opium. The formula I order in most cases is as follows:

℞ Acidi gallici gr. x.
Aquæ ferventis ʒiv. ♏ fiat.
Solutio et postea adde—
Extracti ergotæ: Liq. ℥j.
Liquoris opii, sedativ. Battleyii ♏ x.
Syr. aurantii ʒss.
Aquæ cinnamomi ad ʒj. ♏ fiat haustus.

This I continue to administer at intervals of two, three, or four hours, until the bleeding has entirely ceased; at times the ergot disagrees, causes vomiting or severe headache, in those cases I have tried, not unfrequently with marked benefit, the iced water enemata, and at other times, when the growth has been of considerable size, a bladder of ice kept for several hours in the supra pubic region. Again I carried out in several of these cases the plan advocated by Drs. Savage and Routh, of injecting the tincture of iodine into the uterine cavity, having previously dilated the cervix by sponge tents; the effect in each case was decided but transitory, the bleeding returning in a couple of months or less. Lastly, here I must tell you, that in well-selected cases the perchloride of mercury has appeared to have a remarkable power of checking the bleeding caused by these sub-mucous growths. These varied and various plans of treating the hæmorrhage will each in turn assist you, but, without doubt, sooner or later the hæmorrhage will return. Metorrhagia will be added to the prolonged menstruation, or they will at last run one into the other, and then the question will force itself upon you, Is there nothing left but to abandon these cases to their fate? I am glad to tell you the answer is at once clear, and I believe conclusive. You can not only arrest the bleeding, but you can, by interfering with and destroying the nutrition and integrity of these sub-mucous fibroids, produce a slow destruction of their substance. The history of the operation I am about to describe, and very earnestly to urge upon your adoption, is singular. Quite independently of each other, Mr. Baker Brown, Dr. McClintock, and M. Nélaton of Paris, after repeated trials, came to the conclusion that a bold and free incision of the os uteri is very generally followed by a marked decrease in the hæmorrhage that attends these growths. Mr. Brown added another step to his procedure, he removed by cutting or gouging a part of the growth, this latter portion of the operation being performed at an interval of twenty-one or thirty days after the incision of the cervix. Still more recently this gentleman has abandoned any interference with the growth in those cases where the tumour is of small or moderate size; in this, however, I cannot agree with him, for, in every instance in which I left these cases with a simple incision of the neck, the bleeding has returned at an interval varying from sixteen months to two and a quarter years. I do not, however, attempt now, as I did in my earlier operations, to remove any portion of the growth, but I make a jagged and ragged opening in it, in a way presently to be described; subsequently keeping this opening patent by strips of lint applied from day to day. If you desire simply to arrest the violence of the hæmorrhage doubtless for a considerable time, the bilateral incision of the os uteri will effect this; but I believe after a time, *as the growth increases*, the cause of the hæmorrhage again returns, and your patient is much in the same condition as before. Various explanations having been given to account for the success of these operations, more especially upon the rationale of the incision of the cervix, which, as I have stated, is sufficient of itself to arrest the bleeding, in these cases, at any rate for some time, I should occupy a very considerable portion of your time if I were to attempt to place before you even an outline of the views of the various obstetricians who have endeavoured to explain the *modus operandi* of this proceeding. I shall in this case, as before, content myself by referring you to the several works of the authors I have referred to. You will remember, when speaking of hæmorrhage as a symptom, I said that my own opinion as to its precise cause was still unsettled, and that I could not definitely lay down to you the cause of the great bleeding that takes place in these cases. The same remark will apply to the point we are now considering, although I have a strong impression that in the cases of the larger growths the bleeding arises from two sources: 1st, from the engorged blood-vessels of the investing membrane of the tumour; and, 2ndly, from the dilated blood-vessels of the turgid and congested cervix, which, being subject to constant and considerable pressure by the tumour from above, the circulation through that portion of the organ is retarded and impeded, intense venous engorgement results, and from time to time an attempt is made to relieve this state by the pouring out of large quantities of blood from the mucous surface of the cervical canal. Whatever the real explanation may be, the fact remains, that the free incision of the os and cervix is followed in nearly every instance by a cessation of the profuse bleeding. I need hardly tell you that, like every new proceeding introduced for the cure of a malady hitherto supposed to be beyond the reach of medicine or surgery, this operation has met in the obstetric world with many warm supporters, and with not a few equally sincere opponents. There have been operators who have resorted to the incision and gouging in nearly every case of fibrous disease, without regard to its position, size, or relations to the uterus; they have, in fact, regarded the operation as the *omnium curum* of fibroids. These attempts have not unnaturally been followed by severe disappointment to the operators, and injury—and in some instances even death—to the patients; while, on the other hand, there are still living teachers of the obstetric art in this town who perseveringly maintain that an occasional saline rhubarb powder, the daily administration of some few doses of hyoscyamus and sumbul, combined with the use of an elaborate abdominal support, embrace the whole resources at our command for the cure of these formidable cases. Gentlemen, as is always the case, the path of safety lies in the middle of these extremes. A careful selection of the cases, mostly of the sub-mucous form of the disease, and those cases again which are uncomplicated with any organic disease of other organs, the careful preparation of the patient previous to the performance of the operation, the removal as far as possible of congestion of the uterus by rest, leeching and the other means I have mentioned, a regulation of the digestive organs and the intestinal canal by suitable medicines, constitute the precautions which, if observed, render this operation in my opinion and in my experience one of the most valuable, most effective, and most successful in the whole range of obstetric surgery. In my sixth and last lecture I propose to conclude this subject by describing the operation to you as I now usually perform it, and then say something on the subject of polypi.

◆

Original Communications.

GLEANINGS IN TOXICOLOGY.

No. VI.

By Charles Meymott Tidy, M.B., M.S.,
Joint Lecturer on Chemistry at the London Hospital.

There is no test for strychnia so remarkably delicate, so absolutely certain, and so little liable to mistake, as its physiological effects on frogs. A solution where the colour tests may fail to give us satisfactory, or indeed any results, will produce, when injected under the skin of a frog, characteristic symptoms which are perfectly unmistakable. Dr. Marshall Hall, to whom we are indebted in the first instance for the test, recommends that the solution be merely applied to the skin; but there can be no question, I think, that the injection of the solution under the skin of the back, or into the abdominal cavity, will yield more marked effects in a far shorter time. Dr. Harley even asserts that on injecting 1-18,000th of a grain of the alkaloid into the lungs of a very small frog, tetanic convulsions occurred in nine and a half minutes, and death in two hours.

The following may be regarded as the ordinary course of symptoms. The frog, first of all after administration, remains for a short time perfectly quiet, and then succeeds a slight difficulty of breathing; which, after a varying time, dependent partly on the dose, considerably increases, the animal gasping as if for life; a slight tremor then becomes visible over the entire body, and this is particularly marked in the hinder legs. The animal will sometimes remain at perfect rest for a short interval, at other times it will give several energetic and convulsive leaps; and now follows the characteristic tetanic convulsions. Occasionally on their first appearance the animal will make a strange shriek, as if of pain, at the same time turning over and over from side to side. But this shriek, described by some as always occurring, may certainly be wanting; the spasms are not continuous, but may instantly be produced by touching the frog, or, indeed, by merely knocking the table with the finger. The pupils dilate during the spasms, but contract during the intervals. Very frequently the action assumes the form of "emprosthotonos," which, according to Dr. Harley, is more common in the frog than "opisthotonos," the reverse of this being the case in man.

The following are the details of some experiments on frogs, which I copy word for word from my note-book.

1. Injected 1-2,000th of a grain of strychnia under the skin of the back of a small frog. In thirty-six minutes it was slightly convulsed. In forty-eight minutes convulsions were very strong; could not walk. Recovered.

2. The same effects noted when injecting the same quantity into peritoneum; convulsions occurred in about twenty-five minutes. Recovered.

3. Injected 1-4,000th of a grain under the skin of the back; convulsed on touch in about forty-eight minutes.

4. The same effect and in about the same time, when injected into the peritoneum.

5. Put a frog and a toad into 500 grains of water, containing 1-2000th of a grain of strychnia. No effect.

6. Put into the mouth of the frog (a large one) a drop of a solution containing 1-2,000th of a grain. No effect.

7. After twenty-four minutes, put 1-500th of a grain into his mouth; went off into a strong convulsion twenty-two and a half minutes afterwards, turned over on his back, and was convulsed for some hours. Recovered.

8. Gave toad by mouth 1-1,000th of a grain in two drops of water. It had a fit produced by touch in one hour and twenty-six minutes. Recovered.

9. Gave a toad 1-400th of a grain by mouth; convulsions came on after 34 minutes. Recovered.

10. Gave a very large frog 1-300th of a grain by mouth; was convulsed on touching him about four minutes after it had taken it; danced on top of its toes, then laid on its side panting. Went off again and again upon repeating the touch. Recovered.

11. Gave 1-2,000th of a grain to a very small frog by mouth. Had convulsions on touch thirty-six minutes afterwards.

12. Gave a very large toad 1-2000th of a grain by peritoneal opening; convulsions occurred in thirty minutes.

13. After three hours injected another 1-2000th of a grain into peritoneum. Died in forty-eight hours.

14. Gave 1-2,000th of a grain to a toad by mouth. Spasm in three hours.

15. Gave 1-1,000th to toad by injection under skin of back; convulsions in two and a half minutes.

16. Gave 1-2,000th to frog by injection under skin of back; convulsions in forty-five minutes.

17. Carefully injected 1-5,000th of a grain under skin of back of a very small frog. Convulsions in thirty-eight minutes.

18. Repeated experiment in another very small frog with 1-8,000th of a grain; a decided convulsive tremor occurred in about forty minutes.

And now a few words upon the action of strychnia on the body. Although a poison which seemingly acts so energetically on nerves, its direct application to a nerve will produce no effect on that nerve, nor can a nerve convey the poison into the system; for no poison can destroy life until it has, in some way or another, entered the blood, nor have the lymphatics even any power to carry the poison. And, moreover, it is not the nerves which are the actual seat of the disease. It is the spinal cord, and that only; the nerves merely acting as the telegraph wires to convey the effects of the disease from the spinal cord to the extreme limits of the body. All these facts are capable of direct proof by actual experiment. And thus, to sum it all up in Dr. Harley's words, to whom we are indebted for many valuable experiments on this subject, "the vessels convey the poison to the spinal cord, the spinal column becomes supercharged like a Leyden jar, and the nerves are the wires which distribute the shocks."

The exact mode in which strychnia destroys life may be regarded as yet as an unproved problem. It may be, as some have supposed, by *suffocation*, from the action of the respiratory muscles being interfered with from spasmodic action; or from a closure of the glottis from the same cause, inducing *asphyxia;* or, lastly, purely from *exhaustion*. To discuss these points, however, would lead me beyond the limit I have proposed to myself in these gleanings.

One other question suggests itself. How long after death is it possible to detect strychnia? A most important question, as those who follow the evidence given in toxicological cases will bear witness, and a question, moreover, which has received very different answers. My own firm conviction is that strychnia is not decomposed by contact with putrefying or decomposing animal or vegetable matter, or with substances in a state of active fermentation. Indeed, of so permanent a nature is it, that the blood, the secretion from the skin, and the urine, will all more or less yield traces of the poison in patients who are taking it in merely medicinal doses.

And now for an experiment which I believe will place beyond a doubt this point to which I am referring. At the time of the memorable trial of Palmer for poisoning Cook (1856), Dr. Letheby put half a grain of strychnia in a bottle with a dog's stomach and what appears to be pieces of human liver. This bottle had been entirely forgotten until one day when clearing out some old bottles I happened to come across it. With some difficulty we made out the label. On that Dr. Letheby referred to his notes, and found a memorandum as follows:—

"May 4th, 1856, put 0·5 gr. of strychnia in wide-mouth bottle with dog's stomach, &c."

Clearly, then, this bottle had stood by above twelve years. I at once made an analysis, to see whether I could detect the strychnia; and although I only operated on a quarter of the contents of the bottle, and which contained consequently not much more than 1-10th of a grain of strychnia, I had no difficulty, following the process proposed by Mr. Rodgers, in making out its presence by the characteristic colour tests. And this after it had stood for this long period in contact with decomposing animal tissues. Indeed, it seems (providentially, I think) that it is an organic compound that resists most means of decomposition; and, to use Mr. Rodgers's own words, "Putrefaction, so far from interfering with the separation of the strychnine, greatly facilitates it." Mr. Rodgers has found it twelve months after interment. If, then, there is the slightest reliance to be placed in experiment, this truth is certain, that strychnine in contact with dead or living matters is left untouched—undecomposed; and not merely so, but after having been mixed for months with strong mineral acids, it is left with all its properties as they originally existed. And if we fail in detecting it, if a considerable time has elapsed between death and its administration, it is not that it has been decomposed, but simply that it has been completely eliminated from the system. It is this absolute certainty that renders chemical science such a mighty aid to legal investigations, and so invaluable as a means not merely of convicting the guilty but of clearing the innocent; for if strychnia causes death, only provided that sufficient time has not elapsed for it to be entirely eliminated, it is in the body, and the toxicologist should find it, no matter whether the examination is made immediately after death, or whether years have elapsed between the fatal result and the analysis.

And here these gleanings must close, to be resumed, if possible, at some future time.

◆

CASES IN COUNTRY PRACTICE.

EXCISION OF CHRONICALLY ENLARGED TONSILS.

By Thomas Hayes, M.D. Edin., M.R.C.S. Eng.

When I was a student excision of the tonsils was so seriously dwelt on by my instructors, and so anxiously talked about by my fellow-students, that, I believe, the effect was to produce a profound impression on every medical tyro that it would be better for the reputation of the majority of practitioners to allow the tonsils to remain for ever enlarged, rather than have recourse to the knife or guillotine for their extirpation. I believe their removal by excision is still looked upon by many country surgeons as a complete *bête noir*, and, having the fear of the internal carotid or ascending pharyngeal arteries before their eyes, few venture beyond caustic, tincture of iodine, and constitutional treatment, which, from the small effects produced and the annoyance of repeated applications, will be often pronounced "almost as bad as the disease." I must also admit that my personal experience as a pupil was far from convincing me that removal of the tonsils by excision was quite a simple procedure. I have seen both knife and guillotine wielded by highly skilled hands, and such struggling, such choking, such apparent agony of a patient held by five or six students; and the result—a few bits of torn tonsil—neither satisfactory nor encouraging.

In publishing a few cases out of many, some of which I trust are not devoid of interest, I have no desire to claim originality in the mode of procedure. My principal object is to inspire more confidence in my country brethren, and to show them that excision of the tonsils is safe and easy in practice, and that it will give more speedy and permanent relief to the patient than all the remedies in the Pharmacopœia.

Enlarged or hypertrophied tonsils, besides being in themselves a morbid growth, give rise to local and sympathetic irritation, a constant tickling of, and inclination to clear, the throat, irritation of the larynx, pain in the head and ears, and also to grave constitutional effects by interfering with the arterialisation of the blood, by obstructing respiration by their increased size, or by vitiating the current of air on its passage to the lungs (and persons so affected generally breathe through the mouth). Enlarged tonsils also interfere with deglutition and the digestive functions, add to these some physical defects in hearing and articulation, and we have a short summary of the different causes which demand, in addition to the anxiety and urgent entreaties of the patient, a speedy, safe, effectual, and, as far as may be attempted, complete removal of the tonsils.

I have, during the past ten years, removed the tonsils from several patients in the most simple manner, a long artery forceps supplying the place of the volsellum. I find that with the artery forceps you can take hold quite gently of the tonsil and bring it sufficiently forward to slip it off without producing any sense of choking or causing the patient to struggle. I scarcely ever require an assistant to hold the patient. I depress the tongue with the finger only while seizing the tonsil; I do not as a rule have the patient held, and have found no reason to do so; if very young I direct a person to keep a steady watch on the hands and head to prevent a sudden starting. I find that "self-reliance," and the fact that the patients feel themselves "free and unfettered," is a grand point gained in preventing spasm and struggling.

I first seize the tonsil very lightly with the forceps, not including much of its substance; then cut with a probe-pointed bistoury, generally from below upwards, but sometimes—as when the tonsils are more enlarged near the tongue than towards the soft palate—from above downwards, directing the edge of the knife when completing the operation towards the mesial line, to avoid injuring the tongue or soft palate, removing rather an oval portion than a section or plane, so that in the contraction which follows the isthmus would regain its natural shape. I endeavour to educate my patients to be calm, steady, and to avoid catching at me; and I find they are more frightened at the prospect of the operation than with the thing itself. I never cover a part of the blade with lint; I do not think it necessary, but I keep the point of the knife quite close to the back of the tonsil, so that, if necessary, it might be withdrawn as rapidly as possible. When removing the right tonsil I place the patient on a low chair or on the floor; then, standing to the right and a little behind, I throw back the patient's head, and pass my left hand over the left side of the face, seize the tonsil and remove it, using the knife with the right hand.

This last position of the patient and operator is similar to that usually adopted in extracting the posterior molars of the upper jaw. I find it much more easy and less awkward to proceed in this manner than to cross the hands, especially where any clumsiness or want of steadiness might mar the operation.

Mrs. L., æt. twenty, married, of very healthy appearance, consulted me for "lumps in the throat" of some duration, from which she felt a great deal of uneasiness, soreness, pain on swallowing, and a constant "hawking" or wish to clear the throat of some thick mucus. She expressed a special wish that the "lumps" should, if possible, be removed by operation, rather than have recourse to medical treatment. I found the tonsils enlarged, conical, hard, and prominent, somewhat larger than a horse-chestnut at the base. I had neither volsellum nor guillotine at hand. I thought I could take hold of them with a long artery forceps, which I found on trial admirably realised my expectations. I took hold of the tonsil with the forceps, pulled gently towards the middle line, and slipped it off with the bistoury on a level with the arches of the palate; there was no struggling, no hæmorrhage—a slight oozing only. I deferred removing the second until I ascertained the result. I did not lose sight of the risks, dangers, and gloomy consequences that might ensue. All went on well, there was no inflammation, the part healed rapidly, and the patient was highly pleased. My experience being thus far satisfactory, I removed the second a week after without the least hesitation. No after consequences ensued; no after treatment was found necessary. It is now eight years since the operation was performed. She enjoyed uninterrupted good health during the time until three months ago, when she consulted me for an attack of articular rheumatism. She has had three children since I removed the tonsils. I mention this in compliance with a wish expressed by that gifted professor, Dr. Mapother (I believe at a meeting of the Surgical Society), for information regarding the antaphrodisiac effect which was said to result from removal or disintegration of the tonsils. I have no doubt the distinguished physiologist does not require to be convinced by statistics that this old opinion is anything more than a silly exploded medical superstition.

Miss O'R., æt. thirty, unmarried, has been suffering from "sore throat" for a few years; is very subject to catch colds; has some pain and difficulty or rather uneasiness in swallowing. Tonsils in a state of chronic enlargement; removed them with artery forceps and bistoury at one sitting. Parts healed rapidly without further treatment; eight years since operation; no uneasiness of throat nor further enlargement since operation; is now married, and has one child.

Annie McC., æt. seven, a beautifully fair, plump, and healthy looking little girl, was brought to me to the dispensary by her mother, who stated that she had a "horrid choking in the throat at night when she went to sleep," and that the mother was quite afraid her little girl would not live till morning; that this troublesome state had continued for some time, but was growing much worse lately; and that she was also subject to starting in her sleep. On looking into the throat I found both tonsils enormously enlarged in every direction, filling up the whole isthmus, and feeling pretty hard. There was no difficulty of breathing, no cough; nothing, in fact, appeared to be wrong until the throat was examined. The tumours had all the appearance of slow growth, there was no vascularity, no softness, no acute sensibility in them. I intended treating them locally and constitutionally with nit. argent. tinct. iodine externally, and the administration of cod-liver oil, hg. c. cret., and syrup of iodide of iron; and was giving directions accordingly, when the mother beggingly entreated me to do something for her immediately, "for God's sake," or that she would not stay in the house with her child at night. I was very reluctant to interfere with the knife in so young a child, but the entreaties of the mother compelled me to do something. I found no difficulty in seizing the tonsils, for, notwithstanding the youth of the patient, she was very manageable, and only required to have the head gently held. I could not venture to remove the whole tonsils (I mean on level with the arches of the palate); I contented myself with removing a portion of both; made a gap in the blocked up isthmus. There was no bleeding, no subsequent swelling or inflammation. I removed another portion of each a week later, repeating the process at regular intervals until both were cut on a level with the arches of the palate. This little patient has continued healthy since a period of three years.

Bridget McM., æt. eight, a thin, rather pale, freckled, sandy-haired little girl, was brought to my dispensary by her mother, who stated that for some time she was growing very delicate, and that she complained of her throat being sore; but what alarmed her most was the disagreeable and troublesome way in which she breathed when she went to sleep, and the "choking" noise she made. I found the tonsils enlarged in every direction, being clearly perceptible externally at the angles of the jaws; the isthmus fauceum was nearly filled up; the surface of the tonsils was broad and somewhat lobulated. I removed a portion of each then, and repeated the operation a few times until they were reduced to a small size, and ceased to be troublesome. No after consequences of any kind ensued. I then gave remedies to improve the general health. It is now more than three years since I operated, and she has enjoyed complete immunity from the tonsils, and her general health has continued good.

Master B., æt. fifteen, is delicately formed, though enjoying pretty good health from his infancy; has enlarged tonsils for a long time; has some thickness and indistinctness of speech, and slight dulness of hearing. I attended him in scarlatina about six months before removing the tonsils; being previously hypertrophied, they increased so much in size during the scarlatinal illness that the throat was entirely blocked up. Although there was very little ulceration, they pressed closely against each other, so softly, however, that I could pass a mop, charged with solution of nitrate of silver; he became comatose during the attack, which I attributed to the effect the tonsils exercised on the respiration in his then state. In a family of ten attacked with scarlatina at the same time, he was the only one who showed comatose symptoms, and he had no other complications than those stated to account for it. He made a good recovery, with tonsils, however, much more enlarged than previously. After a little time I removed them, to his great relief.

Miss O'S., æt. twenty, a strong, healthy young girl, came some distance to have "lumps in the throat" cut out, as she suffered much annoyance from them. I found both tonsils chronically enlarged, and removed them at one sitting, without having her held or causing her to resist or struggle in the slightest degree. The parts healed rapidly; no inflammation; no subsequent inconvenience from the tonsils.

I may here remark that I have seen very little loss of blood after removing the tonsils, and that little ceases soon after operation. The blood vessels, if not obliterated or compressed by the growing mass, at least do not seem to increase and multiply in the same ratio as the hypertrophied glands.

I could add many more cases, successfully and satisfactorily treated in the same simple manner, without any untoward circumstance occurring, but I believe those given will be found quite sufficient to demonstrate the success of the means employed. I believe there is no remedy for tonsils so sharp, short, and decisive as the knife, and none more likely to produce results so pleasing to the patient and the surgeon.

◆

THE INFLUENCE OF CONSTITUTION IN SYPHILITIC DISEASE.

By B. Kelly, M.D., L.K.Q.C.P.I.

Since the syphilitic virus, when applied to an abraded surface, is followed by effects very different in appearance and gravity, some being well marked in their specific character, while some are entirely negative, in other words, giving rise to no local or general phenomena whatever, we may reasonably infer that the fault lies not so much in the quality and nature of the poison as in the physical condition or diathesis of the individual subjected to its action. We have no hesitation or fear, as far as tainting the system in general is concerned, to inoculate with matter taken from a Hunterian or other chancre a person who has already been the victim, or is yet suffering under the influence of constitutional syphilis. All we need apprehend in either case is the gravity of the local lesion, which is sometimes very serious, giving rise, as it occasionally does, to phagedenic, serpigenous, and gangrenous ulcers. This remarkable disparity in effects naturally suggests the question: "Is the syphilitic virus in all primary sores one and the same?" I believe it is; but I would add this qualification to my article of faith, that it is always identical only in the very early stage, before it has become adulterated, and its specific quality vitiated and changed by being mixed with the products of the local inflammation, which accompanies its development.

The matter of a Hunterian chancre, previous to the induration, is perfectly similar to that of the soft phagedenic and serpigenous varieties, if examined, or experimented with in its recent state; but if tried at an advanced period, we find it as inert upon the living tissue as the pus of an ordinary furuncle. The reason of this is obvious. In the indurated infecting sore the virus is soon absorbed into the system; and the matter which appears, when the induration is fully established, results from the inflammatory process which necessarily attends every breach of continuity, however minute. We see, on the contrary, that the matter of the other forms mentioned maintains indefinitely its specific character, the virus, instead of undergoing general absorption, remaining stationary, and acting as a corrosive irritant upon the tissue in contact with it, and imparting to the *detritus* which ensues most, if not all, its poisonous properties.

A grave error, I think, is sometimes made by calling chronic syphilitic ulcers of a tertiary or quaternary kind with hardened edges, "indurated sores," as such a nomenclature is liable to lead to a confusion of ideas in many minds, the term "induration" naturally conveying the notion of a primary Hunterian chancre. The mere fact of their sometimes affecting the genitals and neighbouring parts should not make us lose sight of their true constitutional character. Another important reason why we should have a correct appreciation of the nature of such sores is, that the treatment best adapted to one form is either inadequate or injurious to the other, and *vice versâ*. The autoinoculation with the matter of these chronic ulcers, I may add, will always give negative results, and hence another source of fallacy into which we are so liable to fall.

The matter of a suppurating bubo, it is well known, is not always the same as regards its specificity and virulence; the bubo depending upon the direct absorption of syphilitic matter from a primary sore; a soft chancre, for instance, always yields a liquid highly infectious; whereas the adenitis produced by a Hunterian or infecting sore, whenever it suppurates (which very rarely happens), gives rise to a purulent discharge entirely analogous to that of an ordinary abscess, being absolutely devoid of all specific and virulent properties. The difference in both cases consists in this, that suppuration in the first example is inevitable and essential, the virus being conducted from the primary sore along the interior of the lymphatic vessels leading to the inguinal glands, which thus become effectually inoculated; whereas it is purely accidental in the other, the glands being sympathetically affected, take on suppuration through the agency of external causes. This is proved from the fact that constitutional or specific adenitis located in other regions of the body little exposed to irritation—those of the neck, for instance—rarely or never suppurates.

These peculiar phenomena, readily accounted for and perfectly simple in other respects, lose much of their historic, if not pathological, interest when we turn to another stage of the disease, and note as well the variety of the constitutional symptoms, as the order in which they make their appearance.

We see, for instance, that rupia, acne, roseola, ecthyma, lepra, psoriasis, &c., follow an infecting chancre, when left to the resources of nature; but very rarely (as far, at least, as I have observed) do any two of them present themselves simultaneously in the same subject, unless we except the *maculæ* which are not unfrequently their concomitants. Here again the question recurs: "Does this difference in the external characters of the secondary symptoms depend upon some subtle and mysterious quality of the infecting virus?" I think there cannot be the slightest reasonable doubt that each variety is the evidence of a modification which the poison has undergone during its period of incubation in the system, which modification is itself the result of the peculiarity of individual constitutions. We find almost invariably, that rupia, impetigo, and ecthyma appear in persons of strumous and cachectic habits; that lichen, acne, and roseola single out the healthy and robust; while the squamous syphilides usually show their partiality for individuals of an intermediate class. We might, indeed, *à priori*, and independently of observation, infer that such should be the case. This view, moreover, would seem more probable than that which attributes the diversity of the eruptions to an organic and fundamental difference in the virus from which they severally spring. Do we not see, for instance, that the vaccine lymph, when taken from the same vesicle and applied to children of different constitutions, is followed by different effects? In the healthy it usually runs its course without any serious local or constitutional symptoms; while in scrofulous and delicate subjects, we not unfrequently find that abscesses, diphtheritic inflammation, eczema, and glandular enlargements supervene upon its successful insertion. Mothers invariably attribute all these untoward accidents to the operation of bad matter; and designing practitioners and knavish charlatans are not slow in turning the foolish prejudice to their own account. It would be quite as reasonable, and certainly more honest, to refer rupia and ecthyma, for instance, to *bad syphilitic virus*, rather than to any modifying action impressed upon it while pervading the systems of persons presenting these eruptions.

Inoculation of variola, as well as vaccination, fails in producing its ordinary effects in certain constitutions, and owing to certain diatheses, malignant pustule and anthrax, as observed by Ricord, frequently remain local affections for similar reasons, and are capable of being cured by topical applications. Are we, then, to be surprised that syphilis frequently and necessarily fails to reduce the general system under the sway of its ruthless dominion, and is forced, so to speak, to exhaust its malignity upon circumscribed and barren ground?

Other facts of a kindred order to those mentioned would seem to justify the opinion that the syphilitic virus is identical in its original essence, and that whatever anomalies it presents to the contrary depend upon extrinsic circumstances.

It is noticed that in the monkey, for instance, notwithstanding the facility with which he is inoculated with matter taken from a chancre during the stage of specific progress, the animal seems to enjoy an entire immunity from the common consequences of constitutional infection, secondary or tertiary symptoms never having been known to follow the operation. This, doubtless, is due to the greater plasticity of the blood in the inferior animals, and the habit they have of licking their sores. In the monkey we also see that the artificial chancre invariably tends to cicatrize by a healthy and rapid granulation, thereby ensuring the complete expulsion of every molecule of virus, until the animal is at length entirely freed from the unnatural infection. In man the susceptibility of falling a prey to its virulent power is infinitely greater, modified, however, as I have intimated, by individual constitution and idiosyncrasy.

A good example of this peculiar modification is shown by the manner in which a simple chancre is aggravated by the depraved habits of the debauchee and confirmed drunkard. Ricord has called such sores *œnophagedenic*. The same author asserts that the pultaceous, the serpigenous, the diphtheritic, and other varieties of the corroding chancre are the result of hygienic circumstances, and that they depend, in a great measure, for their virulence and obstinacy upon the diathesis of the patient, be it scrofulous, scorbutic, or cancerous. It is thus we find that the matter taken from the same pustule, the same impure fountain, will produce, when transferred by inoculation, a soft non-infecting sore in one subject, a Hunterian chancre in another, whereas it may fail to develope anything more serious than an insignificant chancroid vesicle in a third.

The different effects shown in these instances cannot certainly be attributed to a difference in the nature of the infecting virus, since it is furnished from the same source.

A strange peculiarity of the manifestation of syphilis in the human subject is occasionally shown by the manner in which the secondary and tertiary symptoms appear as regards priority.

When the disease is abandoned to nature, secondaries generally follow the Hunterian sore, and are regularly succeeded by tertiary accidents. This may be appropriately styled the stereotyped order of their apparition. In exceptional cases, however, this order is reversed, and then we have tertiaries preceding the secondaries, which may appear, or may not, according as the disease is actively treated, or simply left to the resources of nature. This anomaly is fraught with considerable perplexity to the practitioner, and inconvenience, if not danger, to the patient, as the former may not always be able to decide whether tertiaries or secondaries, as the case may be, had already existed, and the latter may be subjected to inadequate, or improper medication, and be dismissed as cured before the system is fully cleared of the infection and guaranteed against a subsequent relapse. According to Ricord, this anomaly is due to treatment. "More powerful," he says, "against secondary than tertiary accidents," mercury sometimes prevents the manifestation of the first, and permits that of the others. Thus, after a chancre has been treated by mercury, the first constitutional manifestation may consist of an exostosis, and appear to certain persons, who cannot count except upon their fingers, a secondary accident of a tertiary form, as though it were merely this character which decided its nature. In the same manner, and under the same influences of treatment, secondary accidents may be manifested after the tertiary. . . . . But all this, he continues, "so far from being disorder, is only an effect of art, and demonstrates its power."

It is to be regretted that the caustic sarcasm of the great specialist is not well supported by logical reasoning. For, if all this, as he would have us believe, were merely an effect of art, it would be infinitely more common, as an accident, than it really is. How much more probable is the hypothesis that the reversal of the usual order of symptoms depends rather upon idiosyncrasy, or individual constitution; and that the mercurial treatment, far from being a determining cause, is merely a coincidence? This view, indeed, of the subject seems to be corroborated by observations upon the effects of mercury in the treatment of primary syphilis. The great majority of cases do well under the judicious employment of the medicine, both secondaries and tertiaries being prevented by its use. In a few exceptional instances, however, it fails to check the development of either, and even aggravates their character.

I remember distinctly a case in point, the history of which may serve as a good illustration, and throw some light upon this obscure subject.

A patient presented herself some three years ago with well-marked tertiary symptoms, in the form of periostitis, ulcerated throat, and ozæna. She was immediately put under a course of iodide of potassium, and improved very perceptibly up to a certain period, when suddenly, and without my being able to account for the extraordinary change, all her symptoms became greatly aggravated. I changed the treatment by substituting mercury. This only made matters entirely worse. I then prescribed the chlorate of potash, which more than satisfied my most sanguine expectations. The ulceration of the throat and nares rapidly healed; and the patient was dismissed under the impression that no further trouble was to be apprehended. She returned, however, after an interval of a few weeks, presenting as well-marked an eruption of syphilitic roseola as ever came under my notice. This form of the disease was treated by the bichloride of mercury, and with the most satisfactory results, the patient being quickly relieved of her nocturnal pains, and (what she deemed of far greater importance) her obnoxious eruption. This case is, I consider, of much interest in a double point of view; as showing the curious anomaly of secondaries succeeding tertiary symptoms after their complete disappearance, and (as it was with good reason supposed) their radical cure; and again as demonstrating the utter failure of mercury and iodide of potassium in the treatment of the tertiary symptoms, as they manifested themselves in this particular instance; whereas the subsequent secondaries yielded readily (as indeed they generally do) to small doses of the former agent. The patient, I may add, was of a very robust constitution, and strongly disposed to obesity.

The order in which the secondary symptoms usually appear is remarkable, both as showing the influence of constitution in determining the form of the eruptions, and also as fixing the different, yet definite, epochs of their manifestation. On first thought, one would be inclined to suppose that the more cachectic the constitution, the more precocious would be the development of the secondary symptoms. This, however, unfortunately for the hypothesis, is not the case. There is, perhaps, but one single exception to the truth of this fact, and that is furnished by the mucous papule, which is generally formed towards the end of the second week following an impure intercourse, either upon the site of the primitive sore, or in other regions of the body. The subjects in whom this accident occurs are usually persons of a lax, lymphatic constitution; and hence we find that roseola and erythema, acne and lichen, are among the foremost fruits of the syphilitic infection; while ecthyma and rupia tardily follow in the distance—the latter scarcely ever making its appearance before the second or third year. The squamous and vesicular eruptions, as lepra, psoriasis, ptyriasis, eczema, &c., occupy an intermediate place in a chronological point of view. It would seem, indeed, to possess all the force and truth of an axiom, that the more depraved and altered the constitution, the more protracted will be the first manifestation of the secondary symptoms. Hence their total absence in individuals who have already been the victims of the syphilitic taint, and their great rarity in the immediate descendants of syphilized parents.

Another fact of some importance to mention is, that ulceration of the skin does not take place in the exanthematous and squamous syphilides, while it is not at all uncommon in the pustular and tubercular varieties.

Although secondaries of the exanthematous and papular types are the earliest to make their appearance, they are by no means the most frequent, the squamous and vesicular forms far exceeding them in this respect. This may be due to the circumstance, that inasmuch as mediocre constitutions out-number the very good and the very bad, the eruptions which generally affect those of the former class must necessarily predominate; and hence the comparatively great rarity of erythema and roseola, ecthyma and rupia, as seen in persons ranked in the two extremes of health.

◆

At Southwark Police Court, James Dalton, 40, described as a labourer, was charged (last Wednesday) before Mr Partridge, sitting Magistrate, with the wilful murder of Henry Johnson, thirty-two years of age, at No. 1, Henry street, Kent street, by beatin him on the head with a poker. Mr. Richard Clement Lucas, assistant house surgeon at Guy's Hospital, was examined, and explained that the reason why the deceased had not been admitted to the hospital as an in-patient was that his injuries were not considered serious enough to make it necessary to do so. He had made a *post-mortem* examination, and believed the cause of death to be blood poisoning, brought on by advanced disease of the kidneys. Mr. Partridge asked if the injuries were not the immediate cause of death. Mr. Lucas, after some hesitation, said they might, but he should not like to be positive about that. The diseased state of his kidneys was sufficient to account for the blood poisoning, from which disease he died. Dr. Hart said he had been a medical practitioner for fifteen years, and he had heard all the evidence. He had heard deceased had a disease in his kidneys in an advanced state, which produced blood poisoning, and that generally terminated fatally. He thought that the injuries inflicted were likely to have accelerated his death. The prisoner was committed to Newgate for trial.

Our Analytical Department.

COCOA.

REPORT ON THE QUALITY AT PRESENT SUPPLIED TO THE BRITISH MARKET.

(Continued from page 475.)

TABULAR SYNOPSIS OF THE MOST IMPORTANT COCOAS, &c., AS SUPPLIED TO THE CONSUMER.

No. of Sample.	Name.	Maker.	Price to Consumer.	Ash.	Fatty Matter.	Starch, other than Cocoa Starch.	Sugar.	Cocoa.
			Per pound.	Per cent.	Per cent.	Per cent.	Per cent.	Per cent.
			s d					
2	"Finest Roasted Cocoa Nibs"	Messrs. J. and S. Fry, London	1 6	3	49	None	None	All cocoa
4	"Cadbury's Cocoa Essence"	Messrs. Cadbury Brothers, Birmingham	2 8	6	26	None	None	All cocoa
6	"Epps' Prepared Cocoa"	Messrs. James Epps and Co., London	1 8	1·25	28	10½	33½	56
7	"Cadbury's Chocolate du Mexique"	Messrs. Cadbury Brothers, Birmingham	2 0			None	50	50
8	"Van Houten's Pure Soluble Cocoa"	H. Eschwege, London (Consignee)	3 6	9	30	None	None	All cocoa
9	"Cacao en Poudre"	M. Menier, Paris	2 6	5	48·5	None	None	All cocoa
10	"Dunn and Hewett's Iceland Moss Cocoa"	Messrs. Dunn and Hewett, London	1 4	2	23·5	20	32	48
14	"Caraccatina"	" " "	2 0	3	40	None	None	All cocoa
15	"Pure Granulated Cocoa"	Messrs. Handford and Davies, London	1 2	5	42	None	None	All cocoa
16	"Barry and Co.'s Prepared Cocoa"	Finsbury Steam Mills, London	1 0	3	25	13	35	52
17	"Collier and Sons' Original Patent Commercial Cocoa"	Messrs. Collier and Son, London	0 8	8	17	42	24	24
18	"Maizena Cocoa"	Messrs. Dunn and Hewett, London	1 0	2	17	33	33	34
19	"Maravilla Cocoa"	Messrs. Taylor Brothers, London	1 6	2·25	27	12	34	54
20	"National Cocoa"	Messrs. J. and S. Fry and Sons, London	1 0	2	20	22	38	40
21	"Improved Pearl Cocoa"	Messrs. Taylor Brothers, London	1 6	2	17	24½	42½	34
23	"Improved Homœopathic Cocoa"	Messrs. J. and S. Fry and Sons, London	1 4	2	25	25	25	50
24	"Caraccas Cocoa"	" " " "	1 4	2	27	14	32	54
25	"Fry's Iceland Moss"	" " " "	1 4	3·25	23	20	34	46
26	"Chocolat-Menier"	M. Menier, Noisiel, Paris	1 8	1	20	None	60	40
27	"Chocolatine" (*Coloured Wrapper*)	Messrs. A. Loewenthal, Breslau and London	5 0	6	30	None	None	All cocoa
28	"Chocolatine" (*White Wrapper*)	" " "	5 0	5	31	None	None	All cocoa
29	"Gatti's Chocolate"			2	20	10	50	40
30	"Vanilla Chocolate"	Messrs. J. and S. Fry and Sons, London				None	50	50

In the above calculation, we have allowed the manufacturer double the percentage of cocoa as being present for the cocoa butter found. The prices in the cases of Samples 4, 8, 20, 27, and 28 are taken from the cover of the packet, Messrs. Dunn and Hewett's and Messrs. J. and S. Fry and Sons' preparations from their published lists; the remainder were prices paid for them at respectable shops.

Before concluding, we think it necessary to take a retrospective view of the present supply of cocoa, presuming that the analyses include samples from all the manufacturers of importance.

Certain of these manufacturers claim, with a little show of reasoning, that the addition of starch and sugar is not an adulteration, if not put in in undue proportions. This point has already been partially considered. We maintain that, in spite of the custom of the trade, this is an adulteration unless specified on the cover of the package, as in Sample 18; and that, under any circumstance, it is a great mistake. A large amount of cocoa is now consumed medicinally—that is to say, because the consumers are *recommended to take it* by their medical attendant, they therefore persevere in its use irrespective of taste, on the same principle as they would take cod-liver oil.

The increase in the consumption would be quadrupled if, instead of a "soup," as Mr. Johnson appropriately terms it,* they could get a thin and refreshing infusion of the cocoa bean. The fact that the insoluble part of the bean is always suspended through the beverage is a point that will always militate more or less against cocoa with the public; but when we supplement this by a thick decoction of starch, we have evidently made a false move. Some years since the ground or made-up cocoas were almost entirely used. The consumption of the nibs is at present greatly on the increase. The addition of sugar to cocoa is simply absurd, except, of course, when made in the form of confections for eating, and was originally introduced to make a large profit, and is now evidently maintained by respectable houses, so as to enable them to compete with other manufacturers. We maintain that every respectable house should label such mixtures definitely as regards their contents, and should make a leading article which should be simply pure cocoa, with the amount of fat reduced. Such a cocoa will, with skimmed milk, make an excellent nutritious beverage, and the consumer can add *sugar to suit his own taste* at the rate of 4d. to 6d. per pound, without paying at the rate of 1s. to 1s. 6d. In concluding, we will say a few words upon the general quality. On looking at the reports of the outrageous adulterations that were carried on some years since in this trade, we see that the manufacture of this article must have wonderfully improved. The presence of brick-dust, ochre, Spanish brown, suet, and inferior or rotten cocoa are (with some few exceptions) things of the past; but most of the cocoas sold are extensively mixed with starch and sugar. Indeed, the great objection to the cocoas now sold is the exorbitant price that the consumer is called upon to pay, the finest Trinidad cocoa being priced on the wholesale lists at 1s. 1½d. per pound. In the whole thirty-two samples examined, only one was found to be mixed with mineral matter—*i.e.*, Collier's original patent commercial cocoa.

Of the thirty-two samples, nineteen may be said to be quite pure. Of these, nine are cocoas—viz., Messrs. A. Loewenthal's two specimens, "Cadbury's Cocoa Essence," "Van Houten's Pure Soluble Cocoa," Dunn and Hewett's

---

* Chemistry of Common Life, Vol. I., p. 219.

"Caraccatina," Dunn and Hewett's Maizena Cocoa, Cacao Fabrique de Chocolat-Menier, Handford and Davies' Pure Granulated Cocoa, Messrs. Fry and Sons' Cocoa Nibs.

The five first are concentrated cocoas, or cocoas in which the fat has been reduced—a most desirable form; but Messrs. A. Loewenthal's cocoas are too expensive to become popular with the general public. Messrs. Handford and Davies' preparation is granulated to a most desirable size, and is moreover moderate in price. Of the chocolates, those examined from the houses of Messrs. J. and S. Fry, London and Bristol, M. Menier, Paris, and Messrs. Cadbury Brothers, Birmingham, are pure*—that is to say, consist only of sugar and cocoa. It must be remembered, however, that many of these manufacturers send out an immense number of articles made up in different forms, and it is for this reason that we have been so particular about the name or heading of each article examined.

◆

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your answer to my letter of the 5th instant, in yesterday's publication, admits that Van Houten's cocoa is comparatively cheaper than the *adulterated* cocoas, but leaves the controversy exactly where it was relative to other *pure* cocoas at present in the market.

I have to say, however, that your reading of the advertisement is perfectly correct, for not only do I claim that Van Houten's is the *best*, but that it is the *cheapest*, cocoa in the market; and as you seem, at any rate as regards its cheapness, to have formed a different opinion, and one which you have published, I believe I am fully justified in insisting on seeing your adverse remark either corrected or conclusively proved to be right.

I am, Sir, yours faithfully,
H. ESCHWEGE.

6 and 7, Coleman street, London:
June 10, 1869.

⁂ A relative comparison of similar cocoas with Van Houten's did not in our opinion warrant the rather wholesale statement that was put forward by Mr. Eschwege, of its being the cheapest in the market; a statement that would be impossible to substantiate, without a perfect knowledge of every cocoa in the market. We have since examined Van Houten's cocoa against the first similar one in our list, Messrs. Cadbury Brothers' Cocoa-Essence. Both examinations were from fresh samples procured for the purpose.

VAN HOUTEN'S SOLUBLE COCOA.

Fat present	30·5 per cent.
Moisture	3·5 „
Insoluble matter in cold water (including cocoa-starch) . .	45·25 „

CADBURY'S COCOA-ESSENCE.

Fat present	29·5 per cent.
Moisture	0·5 „
Insoluble matter in cold water .	44·0 „

Price per pound in 4oz. packages, 4s.; price per pound in 3oz. packages, 2s. 8d.; price per pound in 1oz. packages, 3s. 6d.

The above speaks for itself, and requires hardly any comment on our part. Taking into consideration the extra amount of moisture present in Cadbury's Cocoa, these preparations may be considered as almost identical in composition. Mr. Eschwege has informed us, in a letter dated June 14th, 1869, that he supplies charities and public institutions at 2s. 3d. per pound; but had we taken this price into consideration, there would have been some foundation for Mr. Eschwege's claim. All our calculations were based upon the published prices.

Again, although the concentrated cocoas may be more desirable preparations, there are some authorities who would prefer cocoa in its integrity; compared to such preparations, an extra manufacturing process for the extraction of the fat must entail extra cost; and it becomes evident that, *cœteris paribus*, such cocoas cannot be the cheapest in the market. If it were not out of respect for the excellent quality of Van Houten's preparation, we should have declined to enter into this controversy.

◆

"IS SILVER AN OXIDIZABLE METAL?"

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I see under the head of "Our Analytical Department," at page 455 of your issue of 2nd June inst., the following: "Now, if we take any moderately oxidizable metal, such as lead, *silver*, &c., and rub its surface with a little cotton-wool and oil, we shall find that the wool is covered with a black substance, simply because the metal is covered with an extremely minute film of *oxide*, which is mechanically rubbed off by the wool. Platinum, or gold, or unoxidizable metals do not give this result." Now, sir, *silver* is an *unoxidizable metal* under any temperature, and yet it does give "this result" when rubbed with greasy cotton-wool, particularly after exposure to the air of one of the manufacturing districts of England. What is this "*black substance*" rubbed off silver under these circumstances? Not a "minute film of oxide," but sometimes (as anyone like myself, having a weakness for silver-headed sticks, knows very well) a pretty thick film of "sulphuret," or "sulphide," as it is now called, of silver. Silver has been kept fused, in a glass-house furnace, constantly for weeks, without a particle of oxide being found, although freely exposed to the air all that time. The *Chemistry* of your "*Analytical Department*" should be above suspicion.

I remain, Sir, yours truly,
JOHN WOODS BECK, M.D.

⁂ DR. J. BECK's objections amount simply to a quibble outside the merits or objects of the report, in which "oxidizable" is used in the sense of atmospheric tarnishing, and "oxidized silver" has become a conventional term used by art workers in this very metal to specify tarnished silver. No one who has seen the action of nitric acid upon silver would object to the expression "moderately oxidizable metal" applied to that substance from a chemical point of view. J. W. Beck is right in attributing the tarnishing of silver in towns *mainly* to sulphur, but is wrong in the remainder of his statements. There is not the slightest analogy between "silver fused in a glass-house furnace" and silver subjected at ordinary temperatures to the influence of a moist atmosphere.

Again, sulphide of silver, at the temperature of a glass-house furnace, would be slowly but perfectly decomposed (rapidly in the presence of hydrogen), and, on the other side, it is said on good authority that silver loses from oxide being found in the process of cupellation.

Again, silver reduced from the chloride, and cleaned by boiling with cyanide of potassium, will in a few days give the black stains on rubbing with cotton-wool and oil; although kept under a vessel containing air chemically free from sulphur, alloyed silver gives this reaction more decidedly.

---

* The sugar in the interior of Messrs. Cadbury's chocolate creams is glucose, or fruit sugar; it is not the ordinary cane sugar.

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price* 5d. *Stamped* 6d.

By Post to Annual Subscribers, £1 2 6
" *If paid in advance,* 1 1 8

*** Post Office Orders and Cheques to be drawn in favour of
A. A. TINDALL, 20, King William-street, Strand, London,
MOFFAT & Co., 6, D'Olier-street, Dublin.
MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.
MESSRS. KELLY and PIET, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 23, 1869.

THE trade instincts of the *Lancet* have once more induced it to overstep the limits of ordinary decency, and exhibit to the outer world the completeness with which its power is prostituted. Touch some men's pockets, and you find the only souls they have, and so it seems to be with the presiding genus at Bedford street. The last little conspiracy was so patent that we thought it well to let it pass, but again and again our purblind contemporary returns to the charge until silence must once more be broken. Time after time has the *Lancet* issued threats against medical authors who dared to advertise their works in the *Times.* Many honest men and true have long felt that a certain kind of publicity is not only unnecessary for medical works, but that it appeals to the public as distinguished from the profession, and we have, as individuals, refused to advertise our own books in the *Times* on this account. We have not, however, attempted to impose on others our views; still less have we attacked individuals for any practice we follow, as the *Lancet* has lately done. That journal has so long addicted itself to libel those who differ from it, that no wonder, even in this instance, it has maligned by name a gentleman far superior in social and professional position to any of its weekly scribes.

In its Number of May 29, it signalled out Dr. Fuller, of St. George's Hospital, as one who had disregarded its warnings; and in its last number (June 19) impudently assumes that he is now terrified into submission. "We are happy to note," says the writer, "that our last extreme measure has produced the desired effect."

Now, on this point we wish to put a question which we defy our contemporary to answer. Was not its editor told in the public streets a few days before the appearance of the attack on Dr. Fuller, that his order for advertising was on the point of expiring? If so, it were indeed easy to make believe in the efficacy of its rebuke. But there is a much more serious side to this question; and, as our contemporary will not let it rest, we shall not shrink from examining it. Is not the whole agitation a mere trade trick? The *Lancet* prates of professional honour, and drags it in the dust. Conscious of its waning influence, it vents its spite on all who do not help to fill its coffers. It sees men advertise in the *Times,* and it longs for the money to be spent in its own columns. Advertise in the *Lancet* and all is well, though your book may not sell; try the *Times,* and it is unprofessional; and the *Lancet,* in its jealousy for its profits, will pillory you. Nor is this the worst feature of the conspiracy. The *Lancet* has laid itself open to the simple retort, *tu quoque.* While assuming a pharisaical purity, it is guilty of all it imputes to those customers who have left it for an opposition shop. Well might Dr. Fuller and the other offenders exclaim, "First cast the beam out of thine own eye;" well may any one thus attacked say to the assailant, "First wash your own hands, for, see, there's dirt upon them." This we proceed to show for the benefit of all who despise hypocrisy. On the very same day on which the *Lancet* denounced Dr. Fuller for advertising his book in the *Times,* there appeared in the miscellaneous column of that newspaper the following announcements :—

MR. BRODHURST on DISTORTIONS of the TRUNK and NECK.—See the LANCET of this day (Saturday), May 29. Price 7d.; stamped 8d.

MR. BICKERSTETH on the ANTISEPTIC TREATMENT of WOUNDS.—See the LANCET of this day (Saturday), May 29. Price 7d.; stamped 8d.

DR. PAYNE on DRUG ACTION.—See the LANCET of this day (Saturday), May 29. Price 7d.; stamped 8d.

THE DISTRICT PAUPER SCHOOL at HANWELL. See the LANCET of this day (Saturday), May 29. Price 7d.; stamped 8d.

VACCINATION direct from the HEIFER.—See the LANCET of this day (Saturday), May 29. Price 7d.; stamped 8d.

THE METROPOLITAN CATTLE-MARKET.—See the LANCET of this day (Saturday), May 29. Price 7d.; stamped 8d.

ON the PRODUCTION of FALSETTO NOTES—Influence of Weather on Health—Soldiers' Night Duty—Gratitude—A Contemptuous Judge—Wealthy Hospital Patients, &c.—See the LANCET of this day (Saturday), May 29. Price 7d.; stamped 8d.

THE LANCET of this day (Saturday), May 29, contains:—Original Articles, a Mirror of the Practice of Medicine and Surgery in the London Hospitals, Reports of the Meetings of the Medical Societies, Reviews, Leading Articles, Annotations and Correspondence on Current Medical Topics. Price 7d.; stamped 8d. Office, 423, Strand; and of all booksellers and news agents.

We felt strongly at the time that such conduct as this ought to be exposed, and hoped some other hand than ours would vindicate justice. Yet, as no one else will do so, and as the *Lancet* has again returned to the charge, we will no longer withhold our protest; and we call upon all who love justice, as well as upon all who have expressed their condemnation in so many recent professional assemblies, to repudiate a morality which attempts to injure a medical man for doing what the *Lancet* has done week after week for so many years. No grosser attempt to force cash into its own till has ever been made by any paper. Look at the last number, and what do we find? The would-be regulator of medical advertisements heaps upon authors fresh scandalous charges, the foundations for which we challenge it to produce, and then proceeds to lay down four rules, as to advertising medical works in non-medical journals. Unfortunately, these rules have never been observed by those who thus lay them down.

We extract them for the edification of those who would like to know the drift of them :—

> "1st. No work should be advertised with the author's name and titles placed before the title of the book itself.
>
> "2nd. No review or opinion of the value of the work or the treatment recommended should be appended to the advertisement.
>
> "3rd. The work should be advertised by the publisher with his other works, and never in the column devoted to quackery.
>
> "4th. The frequency of the advertisement should be strictly limited to such publicity as a medical publisher would afford a medical work which was his *own* property for the purposes of *bona-fide* sale."

Now, no one can for a moment pretend that these rules have been observed in the weekly advertisements of the *Lancet*. Take the *eight* separate ones we have quoted above. The names of three authors are, in violation of the rule, placed before the titles of their works ; but then this is for the benefit of the next phrase, "see the *Lancet*," or are we to presume the authors pay ? or is this advertisement in the *Times* the meal or malt with which the *Lancet* pays its contributors ? Again, the *Lancet's* advertisements constantly break the rule as to the column in which they appear. We do not blame our contemporary for the position in which its announcements are placed, for the *Times* will not be dictated to as to its own business. Indeed, the sole reason of many for giving a large publisher all their advertising is, that thus they do not appear in equivocal company ; but then how few publishers can afford to take a whole column of the *Times* at once, and how few authors can afford or wish to pay for that luxury ! But, after all, an indifferent medical book is perhaps as good company as the *London Journal*, with which our wrathful medical contemporary is so often in juxtaposition. Once more, as to the last rule. Can anyone say that the above *eight* advertisements in one column are the measure of necessity for disposing of the copies of the *Lancet* ? Do they appeal to the profession or the public ? If all this parade is right for the *Lancet*, why attack Dr. Fuller, whose announcements are innocence itself compared to these ? There is no more barefaced effrontery than the constant advertisements of the *Lancet* in the very medium in which it forbids medical authors to advertise.

It is not now and then that these repetitions of "*see Lancet*" appear. Every week the same method is adopted, and has been for years. Here is a confession of faith put forth by the *Lancet* in a former article, and repeated again last Saturday :—

> "The object of advertising is to attract the especial attention of the general public. The means of attraction consist in putting forth statements which lead those who read them to believe that the advertiser [journal advertised ?] is in some way or other superior to his fellows [its contemporaries ?], and therefore a person [journal ?] to be especially patronised. Where trumpeting is in vogue, the loudest trumpeter has the best chance of being heard [eight advertisements are therefore necessary for one number of the *Lancet*]. When everybody is saying something to recommend himself, it is necessary to say very startling things to invite notice [*e.g.*, *see Lancet* over and over again]. An advertisement affords no test of a man's ability, of his truthfulness, or of his honour [or a journal's ?]. It levels rogues, fools, and sages" [to the level of the *Lancet* ?].

Our readers will see that we attempt to place no unfair meaning on the words we have quoted. So palpably do they condemn the practice that has been adopted in spite of the rules, that perhaps our contemporary will now be able to see the force of its own observations, and, in token of penitence, will tell us how many years it has carried on this "unprofessional advertising." That it has gone on after denouncing others we have shown, and may add proof to proof. Here is its own announcements in the *Times* of last Saturday week :—

DR. CLIFFORD ALLBUTT on PARACENTESIS PERICARDII.—See the LANCET of this day (Saturday), June 12th. Price 7d. ; stamped 8d.

PROFESSOR SYME on the REFORM of MEDICAL EDUCATION.—See the LANCET of this day (Saturday), June 12th. Price 7d. ; stamped 8d.

DR. ELAM on MEDICINE, DISEASE, and DEATH.—See the LANCET of this day (Saturday), June 12th. Price 7d. ; stamped 8d.

MR. BICKERSTETH on the ANTISEPTIC TREATMENT of WOUNDS.—See the LANCET of this day (Saturday), June 12th. Price 7d. ; stamped 8d.

DR. ROBINSON on ACUTE RHEUMATISM.—See the LANCET of this day (Saturday), June 12th. Price 7d. ; stamped 8d.

MR. BLANCHARD JERROLD on the SICK POOR of PARIS.—See the LANCET of this day (Saturday), June 12th. Price 7d. ; stamped 8d.

TYPHOID FEVER at the ORPHAN ASYLUM at BEDDINGTON.—See the LANCET of this day (Saturday), June 12th. Price 7d. ; stamped 8d.

THE ELECTION of COUNCILLORS at the COLLEGE of SURGEONS.—See the LANCET of this day (Saturday), June 12th. Price 7d. ; stamped 8d.

THE LANCET of this day (Saturday), June 12th, contains :—A Mirror of the Practice of Medicine and Surgery in the London Hospitals—Reports of the Meetings of the Medical Societies—Reviews—Leading Articles—Annotations—Special Articles and Correspondence on Current Medical Topics. Price 7d. ; stamped 8d. Office, 423, Strand ; and of all booksellers and news agents.

It will be seen from the above that six gentlemen's names are placed before their works in order to puff the paper that is so shocked at an individual doing the same, and no less than nine distinct advertisements in a non-medical paper are the measure of the publicity necessary to get off the copies of a professedly medical journal.

Surely the object of such advertising as this is, in the *Lancet's* own words, "to attract the especial attention of the *general public*," not that of the members of the profession, to whom it pretends to address itself, and who will henceforth know the value of its advocacy of professional conduct. Shall we stop, lest the reader exclaim, More than enough—*usque ad nauseam !* One more sample, then, and we have done. Here is the announcement in last Saturday's *Times*, June 19, the day on which the attack on medical authors was renewed :—

MR. BRODHURST on DISTORTIONS of the NECK.—See the LANCET of this day (Saturday), June 19th. Price 7d. ; stamped 8d.

DR. D. SMITH on the STRUCTURE of the ADULT HUMAN VITREOUS HUMOUR.—See the LANCET of this day (Saturday), June 19th. Price 7d. ; stamped 8d.

DR. SPENDER on SYPHILIS.—See the LANCET of this day (Saturday), June 19th. Price 7d. ; stamped 8d.

DR. GOURLEY on RETENTION.—See the LANCET of this day (Saturday), June 19th. Price 7d. ; stamped 8d.

DR. M. EVANS on POISONING by NICOTINA.—See the LANCET of this day (Saturday), June 19th. Price 7d. ; stamped 8d.

THE ARRIS and GALL LECTURES at the Royal College of Surgeons.—See the LANCET of this day (Saturday), June 19th. Price 7d. ; stamped 8d.

THE MORTALITY of BRIGHTON.—See the LANCET of this day (Saturday), June 19th. Price 7d. ; stamped 8d.

VACCINATION DIRECT from the HEIFER.—See the LANCET of this day (Saturday), June 19th. Price 7d.; stamped 8d.

THE LANCET of this day (Saturday), June 19th, contains:—A Mirror of the Practice of Medicine and Surgery in the London Hospitals—Reports of the Meetings of the Medical Societies—Reviews—Leading Articles—Annotations—Special Articles and Correspondence on Current Medical Topics, &c. Price 7d.; stamped 8d.—Office, 423, Strand; and of all booksellers and news agents.

Observe, five men's names before their works, and nine distinct advertisements of the last number of the *Lancet*, in which honest men are libelled for an alleged impropriety of one-ninth the extent.

◆

Notes on Current Topics.

Embalming.

A NEW process, which is indicated by the grandiloquent title of Nekrosozoic, has been recently made public in America, and since then introduced into London. Its object is the preservation of dead bodies, but for what length of time we are not informed. It consists simply in the washing of the body externally, and the injecting into the stomach and rectum of a fluid of which the composition is kept secret, and which is said to effect the preservation of the body for many months without the necessity of making any incision for the purposes of injection. The invention comes to us from America, accredited with the testimony of men of high scientific note, and their experience of its use places it beyond doubt that it to a certain extent effects all it proposes to do.

Mr. Delafield, Curator (Bellevue Hospital), and Mr. Wood, Professor of Operative Surgery, examined in April, 1868, the body of a woman which had been preserved for 103 days by the Nekrosozoic process.

There was no incision at any point by which any material could have been injected into the veins or arteries. He examined the brain, lungs, heart, abdominal viscera, and the muscles throughout the body. There was nowhere any sign of decomposition.

The skin and the muscles were not dried nor hardened. Even the fingers and toes were still soft and plump. The limbs could be easily flexed, as could also the fingers and toes. A portion of the muscles from the thigh was subjected to microscopical examination. There was no breaking down of the muscular fibres, which looked as if from a body not more than twenty-four hours dead.

Professors Doremus and Austin Flint also testify to the integrity of the structures several months after their embalming.

The body of the woman who died of pulmonary tuberculosis, on the 13th of February, was treated in this way, five days after her decease, and when examined on the 25th of April, more than two months having elapsed, was found in a complete state of preservation. Chemical tests demonstrated the presence of one of the prominent preservative agents in this embalming fluid—viz., carbolic or phenic acid in every portion of the system.

Its permeating power is so remarkable that injection through the circulatory system is not essential for impregnating the tissues to a sufficient degree for their preservation during a few weeks. The rigid scrutiny of the microscope revealed the minute tissues in an almost perfectly unchanged state.

Lastly, Professor Mott thinks that it far surpasses in efficacy any method heretofore adopted for the preservation of bodies.

Sudden Blanching of the Hair.

THIS moot question has been recently discussed by M. Pouchet in the *Avenir National*, and narrates the following anecdote:—

On the 19th of February Colonel Franks was engaged near the village of Chamba with a body of rebels, and many prisoners were taken; one of them, a Bengalee, aged about 54, was conducted before the authorities to undergo interrogations. "I had then," said Surgeon-Major Famy, "an opportunity of observing personally the following facts. The prisoner, for the first time, appeared to realise the danger of his situation when he found himself stripped and surrounded with soldiers. He trembled violently, terror and despair being depicted on his countenance; and, when replying to the questions addressed to him, he appeared absolutely stupified by fear. Then, under our eyes, and in the space of some half an hour, his hair, which we had seen to be of a brilliant black, became grey on every part of his head. The sergeant who had charge of the prisoner cried out, 'He is turning grey,' and called our attention to the singular phenomenon, of which I thus, with many other persons, was enabled to observe the completion through all its phases."

The Hospital Staff Remuneration Question.

REMUNERATION to the medical staff of the hospitals is a subject that still continues to be discussed by the press, and it is to be hoped that the subject may be thoroughly ventilated, and the "radical change" accomplished in it be again permitted to be in abeyance. In a late number of the *Birmingham Gazette* there appeared an article which bears very strongly on the point. Referring to the meeting called to discuss the question of establishing at West Bromwich an hospital, the article boldly slides into the question of Hospital Reform in the following fashion:—

> "It would be a difficult matter to urge substantial reasons why the members of the medical profession shall continue to be an exception to all other classes of men, and do an immense amount of public work for no remuneration whatever. By their own free will has the anomaly existed so long; but once they declared against it, the public have no right to exact the indefinite prolongation of a state of things equally opposed to common sense and to every rule of business. As for the credit derived from the work being a sufficient reward, it is well to bear in mind that every man, whether a banker or lawyer, a manufacturer or an artisan, seeks two kinds of reward for the investment of his capital and labour—reputation and payment. Twenty per cent. would be deemed dear profit if it entailed loss of character, and no amount of credit derived from the conduct of a transaction is held sufficient recompense, by business men, to the exclusion of tangible reward in the shape of money gain. To take the particular case of the West Bromwich Hospital. The architects entrusted with its erection doubtless hope thereby to increase their reputation; but no one supposes they will forego their commission for the honour of doing the work. Of course not; they are business men, and will expect to be paid. Why should

the surgeons be an exception? It is generally believed that hospital appointments in large cities bring indirect reward with consulting practice; but there is not much likelihood of that being the case in the towns of the Black Country, where, moreover, it is the practice for masters to employ field surgeons, and to pay professional men for attendance on the workmen injured in the pits and forges; on what principle is the duty henceforward to be discharged for nothing in the Hospital? As to the threat of introducing medical men from without to officer the new institution, it may be well to recall the case of the Birmingham General Dispensary. When its honorary staff resigned, the managers found that no professional man of repute would accept office without remuneration, and now the whole staff, resident and consultant, is paid. When the club surgeons of the town and district applied for higher rates, the endeavour to replace them by cheap outsiders proved instructive. In all callings men of damaged reputation may be found who will be thankful for a chance to earn a living on almost any terms; but character and proved skill always command a fair price, and it is not to be supposed that surgeons, any more than ironmasters or bankers, will undersell each other, when they conscientiously feel that they have claim to just remuneration."

The Dublin Hospitals.

On Saturday evening, at the Statistical Society, the Right Hon. Judge Longfield in the chair, Dr. Mapother read a paper, entitled "The Dublin Hospitals, their Grants and Governing Bodies." He dwelt at some length on the funds of these institutions, suggesting a more equable distribution of those from public sources, and stated that the increase which probably would be derived from the Church surplus was much needed. He urged the distribution of fever cases amongst all the hospitals, rather than their being treated in a separate institution. The modes of electing medical officers were described, those adopted in Jarvis street, Mercer's, City of Dublin, and Meath, namely the payment of a fixed or changeable sum, being severely censured. Legal opinions as to the validity of some recent appointments were read, and the author concluded by urging that the plan pursued in most London Hospitals should be copied, viz., election by governors on the recommendation of the medical staff.

Several leading members of the profession and members of hospital committees took part in the discussion, of which we shall publish a full report next week.

Health of Dublin.

In the Dublin Registration District the births registered during the week ending June 12th amounted to 183—92 boys and 91 girls. The average number in the corresponding week of the years 1864 to 1868 inclusive, was 185. The deaths registered during the week were 136—70 males and 57 females. The average number in the corresponding week of the previous five years was 145. Six deaths were ascribed to scarlet fever, being four less than the number registered during the week preceding. Four deaths from fever were registered, viz.:—one from typhus, and three from enteric or typhoid fever. The deaths of six children were referred to convulsions. Bronchitis caused twenty deaths, and pneumonia or inflammation of the lungs two. Six deaths resulted from apoplexy, and three from paralysis. Eight deaths were attributed to heart disease. Phthisis or pulmonary consumption proved fatal in twenty instances. Mesenteric disease and hydrocephalus, or water on the brain, each caused three deaths. Three accidental deaths were registered.

Scientific Evidence.

On Thursday an action in the Common Pleas, in which judgment was allowed by default, "Poole v. the Great Eastern Railway," was heard before Mr. Under Sheriff Burchell. Compensation was sought for injuries in a railway collision, and damages were laid at £1500. The noticeable feature of the case was that three medical witnesses on the plaintiff's behalf declared that he had received a concussion of the brain, and two surgeons for the company declared there was no such concussion, but only disease of the heart of long standing. Mr. Under Sheriff Burchell commented upon this extraordinary discrepancy, and advised the jury to consult their own common sense. The damages were assessed at £300.

Medical Excommunication.

The *Union Médicale* remarks in its last number on a Circular of the 7th of May, emanating from the Court of Rome, and sent to all the medical practitioners in the Holy City, and observes that it has given rise to much scandal in Italy.

"It has come to my knowledge," says the Cardinal Vicar who signs the document, "that many sick persons under medical treatment have recently passed *all' altra vitra* without religious consolation. For this reason, by authority and order of St. Peter, I am obliged to remind physicians and surgeons of the canonical laws relative to the administration of the sacraments to patients according to the third Constitution."

"No medical practitioner will be invested with the doctorat without having sworn to visit no patient, who, at the third visit, shall not have caused a confessor to be sent for, otherwise he incurs the *major excommunication*, besides the severest punishment which the Sovereign Pontiff or his local legates may inflict."

"The medical man is required, before any other duty, to persuade his patients to confess their sins, otherwise he is excluded from the Church."

"Every commentary," says the *Union Médicale*," is superfluous in respect of this literal translation. It shows too clearly that the Court of Rome is no longer of our age."

At the last meeting of the International Commission for the Cure of the Wounded on the Field of Battle, the most interesting manœuvres were executed of the Prussian army. The field was exactly counterfeited. Wounded and dead were there in abundance (apparently), and the whole system was in action—surgery, hospital corps, and ambulances. The wounded were brought in, the ambulances were equipped as in time of war, and the surgeons directed their attention to them and the patients so as to put to as effective proof as possible the efficiency of the sanitary arrangements. Each patient was cared for exactly as on the field of battle, and, it is possible, as one of the staff remarked, were noisier and more occupied in this affair than on the field of Koniggratz.

The *Gazette Médicale de Paris*, alluding to these movements, says:—"It is unnecessary to remark upon the value of such manœuvres, which exercise perfectly the medical service of the army, so that all shall be provided and prepared for the day of war. The Prussians, it is evident, attach extreme importance to all that concerns the care of the wounded; they have studied with care, and adopted all the improvements which have been introduced into the ambulance system; and in the last campaign the perfect organisation of the medical service was of enormous benefit to the army."

The Lords of the Admiralty, having had under their consideration the medical appointments in the establishments at home, have come to the conclusion that no advantage results to the public service through the retention during many consecutive years of the same appointments by the same individuals—a practice which prevents the officers in the service from obtaining their fair share of the best appointments at home—have decided that Dr. J. F. Charlton, and Mr. C. D. Steel, staff-surgeon, Portsmouth division, shall relinquish their appointments on the 31st of the present month. But their Lordships have notified that the claims of these officers for employment in future service at sea or on shore will receive the fullest consideration.

The Academy of Sciences of Paris held its annual public sitting on Monday week last, at the Palace of the Institute.

M. Villemin obtained a prize of 2,500f., and MM. Feltz, Flint, and Raciborski, were awarded honourable mention and 1,500f. for their contribution to medicine and surgery.

The Academy recompensed the remarkable researches of M. Villemin on the inoculation of tubercle, and on phthisis. The author had already announced this important fact last year, but the Commissioners had desired that further experiments should be made to ensure that its accuracy should be incontestable.

If a subcutaneous opening be made in the ear of a rabbit and introduce a morsel as large as a pin's head of tuberculous matter taken from man or cow, a local deposit of tubercle is at once developed in the animal. The sympathetic ganglia communicating with the wound are impregnated with nodules of tubercle. The results of this method of inoculation have been examined by MM. Andu, Bouilland, Clognet, Longet, Nélaton, and Langier.

From the fact of the inoculation the virulence of tuberculosis may be concluded. Then, if it be inoculable and virulent, it is necessarily contagious.

Being inoculable from men to animals it will be so without doubt from man to man. It will be for the future to decide in what special conditions cohabitation may render the disease transmissable.

SUCCESSFUL OVARIOTOMY IN A CHILD, TWELVE AND A HALF YEARS OF AGE.

At the meeting of the Société Impériale de Chirurgie, May 26, M. Jouon, of Nantes, related an extraordinary case of ovarian tumour successfully operated on, which is reported in the *Union Médicale*. A little girl, twelve and a half years old, had suffered for eighteen months from a very large abdominal tumour, which had become of such a size as to have reduced the girl to an extreme state of exhaustion. The belly presented the appearance of a twin gestation at the extreme period; it was dense and fluctuating everywhere but at the left hypochondriac region, where the intestines were lodged. The age of the child, the absence of all signs of puberty, and the impossibility of isolating the liver, made the diagnosis of ovarian tumour doubtful. Recamier's method of opening the cyst by caustic was adopted, and a large quantity of very albuminous fluid made its escape; a sound was introduced, and a multilocular sac was found, proving the existence of ovarian cysts.

On the 15th March ovariotomy was performed. There were strong adhesions to the abdominal wall where the caustic had been applied; several punctures with a large trocar were unsuccessfully made into the sac; during the effort of extraction, two large cysts at the back of the tumour gave way; the entire mass was extracted, leaving a long pedicle from the left ligament; a clamp was applied, and the pedicle divided. The epiploon required two ligatures; the closing suture embraced a portion of peritoneum on each side; but coaptation was difficult, owing to the thickness of the membrane. Frequent vomiting occurred during the first thirty-six hours, but complete cure was finally accomplished by second intention in forty-six days. The tumour consisted of three large cysts, and the total weight, solid and liquid, equalled twenty-six pounds (French).

CREOSOTE IN THE TREATMENT OF TYPHOID FEVER.

M. G. Pecholier, of Montpelier, has lately made an extensive trial of this remedy in cases of typhoid fever. He attributes the disease to a ferment in the blood, and that the *origo mali* consists of the "modification produced in the animal economy by the depraved blood, and the reaction of the animal economy against this cause."

"From the recognised influence of creosote in destroying organic ferments, he determined on a fair trial of its power in destroying what he terms *typhoid ferments*. The *Bulletin de Thérapeutique* reports that, experimenting on sixty cases of typhoid at St. Eloi Hospital, he gave daily three drops of creosote by the mouth, and an enema of three to five drops, his object being to keep the blood under the creosotic influence. No inconvenience was caused by the administration, and the result was—that in the cases where the disease was in an advanced condition, as anticipated, little or no effect was produced; but in those where the patients were got into hospital in the earlier stage, the effect was to diminish very considerably the duration and also the intensity of the disease; and he concludes that, without doubt, the early administration of creosote has the most powerful influence on the course of the fever."

It is also suggested that, during fever epidemics, creosote should be used as a prophylactic in hospitals or large institutions. Though we may doubt the power of this remedy and in such doses in our Irish typhoid, we think the subject worth consideration and fair trial.

POISONING BY PETROLEUM.

A case of this accident is reported in the *Journal de Chimie Médicale*. This accident is so far rare that the following instance is remarkable, specially from the nature of the tetanic symptoms. A man drank by mistake some rectified petroleum, and almost immediately he got irritation of the throat, violent colicky pains, and desire to vomit, followed directly afterwards by most severe tetanic spasms. He now suffered dreadfully, and had spastic contractions, accompanied by loud and urgent cries of agony. In ten minutes these symptoms again occurred with still greater urgency.

During the spasms he could not swallow even liquids, and he made most violent attempts at vomiting. In the brief intervals of calm, Dr. Humbert administered an emetico-cathartic mixture, and the patient shortly vomited freely material smelling strongly of petroleum.

Magnesia was then freely administered, and in three hours the chief urgency of the symptoms had passed away. The convulsions had been most severe, and the tetanic contraction so strong as to require the assistance of five or six men to restrain the patient. The only after consequences were, inflammation of the throat and bowels, and an ophthalmia caused by the vapour of the petroleum.

POISONING BY CAMPHOR.

A CASE reported in the *Journal de Chimie* has lately been laid before the Society of Medicine and Pharmacy of Grenoble, of a remarkably small quantity of camphor, used as an enema, causing most urgent symptoms. "A child of three and a half years, suffering from mild fever, had an enema of five grammes of camphor, suspended in yolk of egg, administered to it. This was shortly followed by lividity of the face, vomiting, cold sweat, and convulsions, accompanied directly afterwards by insensibility and retention of urine. The child's life was in imminent danger for ten hours. Coffee was given as an antidote, and recovery gradually took place."

◆

Foreign Medical Literature.

A CASE OF ANEURISM OF THE ARCH OF THE AORTA CURED BY ACETATE OF LEAD.

(Communicated by S. HOEGH, District Physician.)

Translated from the *Norsk Magazin for Lægevidenskaben*, xxii. Bind, 6 Hefte, 1868, p. 348, by WILLIAM DANIEL MOORE, M.D., Dub. et Cantab., M.R.I.A., L.K.Q.C.P.I., Honorary Fellow of the Norwegian Medical Society.

OLDER writers, as Panaroli and Albertini, have, according to Lebert (in Virchow's *Pathologie*), communicated cured cases of aneurism of the arch of the aorta; and, at a later period, Cruveilhier and Rokitansky have, with certainty, anatomically demonstrated the same; and, finally Legroux and Dusol have recorded three cases in which the diagnosis, according to Lebert, was indubitable, and which was cured by acetate of lead.

The case of this nature which I am about to relate is, therefore, not unprecedented; but the prognosis must in general be said to be so unconditionally bad, and the fatal result of such cases to be so predominatingly usual, that recovery is to be looked upon as an extremely rare exception. I believe, therefore, that the following history ought not to be held back, defective as in other respects it may be.

The girl, Martine Lundberg, applied to me first in 1858, chiefly on account of headache, from which she was suffering. She was then eighteen years of age, above the middle height, heavy in her limbs, very plump, rather dull in appearance and slow in her movements. She was of pale and well marked chlorotic aspect. She complained of periodical and violent headache, recurring about every eighth day. It is felt chiefly in the forehead, and is so violent that during the attacks she can do nothing, but must go to bed. It begins always in the forenoon and lasts until late in the evening, when she succeeds in falling asleep; on the following day she is rather confused in the head and dull, but feels no pain. During the attacks she is paler than usual. In other respects she is on the whole well, has a good appetite and good digestion, bowels regular, complains only of being very heavy and sluggish in her limbs, and of being easily put out of breath by exercise, though not to any great degree. She began to menstruate three years ago; the catamenia are copious and fortnightly, lasting two days at a time. She has been subject to headache since she was twelve years of age, and in a steadily increasing degree. On examining her chest, which it was rather difficult to accomplish with accuracy, on account of the great fulness of her breasts, I could not discover any abnormity either in the lungs or in the heart, whose sounds, dulness on percussion, and impulse, appeared to me to be quite regular. In the carotids a feeble murmur was heard on both sides. The pulse was rather slow, full, and soft. Everything else was normal.

I consider that she was suffering from chlorosis, with which the headache was not improbably connected, and I prescribed chalybeates and bitters, without obtaining any other result than that her complexion became less pale. The headache with its weekly attacks continued just as before. Subsequently, I tried many of the remedies recommended for hemicrania, as coffee, quinia, valerian, naphtha, inunction on the forehead of belladonna ointment, and chloroform liniment, cold applications to the head, warm footbaths, &c., without more advantage. The remedy from which at last she found the greatest benefit was five drachms of spirit of nitrous ether with three of laudanum, in doses of 20 drops four times a day during the attacks. By this the attacks were relieved and considerably shortened; indeed it sometimes happened that they were at once arrested.

In the following years down to 1863 she consulted me occasionally at long intervals, partly on account of the headache, which continued to manifest itself, but gradually passed into a fortnightly type, sometimes occurring only every three weeks; partly on account of the profuse, weakening menstruation occurring every fourteenth day. She was, moreover, inclined to difficulty of breathing on bodily exertion, and suffered occasionally from cough with scanty mucous expectoration. A couple of times I examined her chest without finding more than I did on the first occasion. Her pale complexion gradually assumed more and more of a dirty yellowish tint; she was plump, with large breasts and pendent abdomen. I made her again use iron, quinia, and valerian, and advised a change in her mode of living, urging her to discontinue weaving, which she was usually engaged in, and to occupy herself more in easy outdoor work.

In April, 1863, a prominence was discovered in the region around the sternal extremity of the left clavicle, which, she said, she had observed a couple of months before. In the neck to the left, and over the sternal end of the clavicle, under the sterno-cleido-mastoid muscle, a roundish swelling of about three quarters of an inch in diameter was seen, projecting in the neck about two lines above the normal level. The sternal extremity of the clavicle seemed perhaps to be slightly pushed forward, which was also distinctly the case with the space between the clavicle and the first rib in toward the sternum. The projection in the neck pulsated strongly, rising, during the pulsation, by at least a line, and becoming, at the same time, extended in breadth. Beneath the clavicle the pulsation was scarcely perceptible. In the neck the pulsation takes place in two periods, which follow immediately one another, the first which is almost a direct sequel of the heart's systole, or about isochronous therewith, is violent, sudden, always equally visible, always equally prominent; the second, occurring about simultaneously with the cardiac diastole, or immediately after it, is feeble, vibrating, often scarcely visible. On grasping the tumour with the points of the fingers, it is felt to be round or conical, passing with its broader base downwards, backwards and to the left beneath the sternal end of the clavicle, in the first period the pulsation is felt striking strongly against the points of the fingers, and both rising and proceeding in a transverse direction. In the second period it is felt merely as a vibration or fremissement in the tumour. The surface of the tumour is quite smooth to the touch; the tumour is tolerably firm, tense, though in part elastic and half fluctuating. Moderate pressure] (greater force I would not venture to employ) causes the tumour to diminish a little, at all events, so much as to be quite evident. On percussion, a dull sound was elicited over the tumour and over the inner fourth of the clavicle, and immediately under the latter; from the upper edge of the first rib to directly under the inferior edge of the fourth rib, I obtained everywhere a clear, sonorous sound. The cardiac dulness extended in breadth from half an inch in on the left margin of the sternum to about one inch beyond the nipple. The examination was, however, extremely difficult on account of the hypertrophied breasts. Elsewhere over the whole chest the sound on percussion was normally sonorous. The heart's impulse could scarcely be felt on account of the large mammæ; on auscultation both cardiac sounds were pure, normal, although perhaps rather weak. On following the course of the aorta with the stethoscope no accessory sound was heard, until the instrument reached the space between the second and first ribs, where a gradually increasing murmur commenced, which was strongest directly over the tumour. This murmur was here constantly heard, but with greatly increased intensity before each cardiac systole, and then it was mixed with a distinct bellows sound, which was sometimes slightly sibillant. This bellows sound was heard immediately after the systole, lasted a short time, and was then succeeded by the uniform murmur. In the left carotid, and about the middle of the neck, the same sound, gradually diminishing, can be followed with the stethoscope. In the right carotid no murmur was audible. Both radial pulses were the same, full, soft, ranging from 65 to 70. The respiratory murmur in both lungs was normal. There was no increase of hepatic dulness on percussion. The urine was free from any trace of albumen. The complexion and the colour of the skin in general was pale, with a yellowish, half-dirty tint. She complained of a constant, extremely disagreeable and distressing feeling of palpitation in the tumour, which increases greatly when she exerts herself in the slightest degree with work, in which case she has also, in addition to the palpitation, a half suffocating sensation of oppression. Sometimes she complained of some cough, accompanied with a very scanty mucous expectoration. Her appetite is very good; bowels regular; catamania still (though less) copious, occurring every fortnight. Other functions normal.

She had latterly been occupied chiefly in going into the fields to milk cows twice a day — a very laborious occupation. She was not aware of any more likely cause of the occurrence of the swelling.

I forbad all laborious occupations, and ordered four grains of acetate of lead morning and evening, increasing the quantity by two grains every eighth day.

When she had reached ten grains, she was obliged to discontinue the use of the medicine on account of the occurrence of violent colicky pains, occasionally accompanied with fainting, great languor, loss of appetite, and constipation: on all her teeth was seen a leaden grey coating, about half a line in breadth along the gums, which were swollen, of a dirty bluish colour, readily bleeding when touched. She looked, on the whole, scorbutic and very wretched. She had, however, after eight days' use of the acetate of lead, distinctly remarked that the palpitation in the tumour had somewhat diminished. She got, morning and evening, a teaspoonful of a mixture of equal parts of sulphate of magnesia and sublimed sulphur, and she also took of one part of tincture of perchloride of iron, with two of essence of cinchona, forty drops three times a day. In three or four weeks the toxical phenomena had entirely vanished, and her appearance was, in many respects, improved.

I did not now see her again until October, 1863. The tumour had increased in size; the symptoms were, in other respects the same. She once more used the acetate of lead, until the same phenomena occurred, after about the same lapse of time, with such violence that its use had to be discontinued. But again she felt distinctly that the disagreeable palpitation in the tumour diminished under its use; and that, in particular, the half suffocating sensation did not at all occur during its employment. But the symptoms became again aggravated, when some time had elapsed since the use of the lead.

In 1864 and 1865 I neither saw nor heard from her. She was, in fact, in another and distant locality, where she had no medical assistance.

In the autumn of 1866 she consulted me again. The tumour was considerably larger, and now projected in the left side of the neck, like the half of a pigeon's egg set upon end. The physical signs were essentially the same as before, only there were stronger pulsation, a louder murmur, and slightly increased dulness on percussion, on and directly beneath the clavicle. At the same time I thought I found some dulness on percussion over the whole of the upper part of the left lung, with some slight feebleness of respiration. The cardiac sounds were normal. The sallow tint had increased; her condition was, on the whole, not so good. Headache every third week — sometimes every fortnight. Catamenia not very abundant. Appetite tolerable. Bowels regular.

She got, although much against her will, as she had a great dread of the effects of lead poisoning, two grains of acetate of lead morning and evening, one grain being added to the dose every eighth day. After four weeks' use of the remedy she had again toxical symptoms, which obliged her to lay aside the acetate, and to resume the sulphate of magnesia with sulphur. The symptoms of poisoning having disappeared at the end of a month, and the palpitation in the tumour, which, during the use of the acetate, and for some time after had again evidently diminished, having again begun to manifest itself with its former violence, I once more gave her, as she looked extremely reduced and miserable, iron and cinchona, as well as, morning and evening, half a grain of digitalis with four grains of nitre and one-sixth of a grain of opium. Her appearance now improved considerably, but the tumour and its attendant subjective inconvenience steadily, though slowly, increased.

In May, 1867, the tumour projected much like a hen's egg cut across, the sterno-cleido mastoid muscle being tightly stretched over it. The arching forward of the space directly beneath the clavicle was, however, scarcely perceptible. The pulsation was stronger and extremely painful to her. Occasionally she was attacked with short, but complete, attacks of suffocation, during which her face became quite of a bluish red. During such an attack I once bled her, after which some alleviation (less palpitation in the tumour and diminution of the feeling of suffocation) took place during eight days; while, on the other hand, the general sallowness and sensation of languor with the attacks of headache became greater, so that I did not think it advisable to repeat the venesection. The cardiac sounds were again examined, without any irregularities being detected. As the acetate of lead had previously proved capable of restraining the symptoms, and as I had no doubt that I had to deal with an aneurism, and as acetate of lead was the only remedy in which I had, under that supposition, any, though only extremely slight, confidence, I induced her, after much discussion, to recommence its use, on which, for the reason already stated, she entered with great reluctance. I gave her again four grains morning and evening, but did not allow her to increase the dose. She now continued the medicine for eight weeks, during which time a decided diminution in the subjective sensations was observed, while on outward investigation the pulsation also felt much weaker, though the size of the aneurism continued the same. She again suffered from colic, fainting fits, loss of appetite, constipation, and presented a bluish line on the gums. She got a teaspoonful of sublimed sulphur morning and evening, with tincture of digitalis and tincture of perchloride of iron.

I then set out for Paris, and hearing on my return a report that she was cured, I sent her a message requesting her to call on me that I might investigate the state of the case. In November, 1867, she presented herself, and I then found that *all signs of aneurism had disappeared.* No trace of prominence was visible, either in the neck or below it, no pulsation was seen, nor could anything abnormal be felt when the finger was deeply pressed in. The sound on percussion was everywhere normal, and auscultation gave no sign of aneurism or any disease in the chest. She felt fresh and well, the sallow tint had disappeared, and was replaced by a somewhat pale, but not abnormal, complexion. The headache was, when on some occasions it was felt, very slight, and no longer prevented her being up and attending to her business. She had no dyspnœa, so far as she could judge, not having as yet ventured on any bodily exertion. Her functions were otherwise regular. She said that in July she had, of her own accord, gone through another course of lead on the same plan as on the last occasion; it had lasted six weeks without producing symptoms of poisoning. Meanwhile the tumour had become steadily quieter, and had diminished in size, so that, since the beginning of September, she had no longer perceived it. Since that time her general health had constantly improved.

As I write this (in February, 1868), I have just seen her, and found her, with the exception of an occasional headache, quite well, notwithstanding that she has latterly taken part in any work that offered itself.

The questions which, in the first instance, suggest themselves in the foregoing case may be considered under three heads—1, whether the diagnosis was correct; 2, whether the aneurism, supposing the diagnosis to be correct, was permanently cured; and, 3, whether the treatment adopted—that is, the use of the acetate of lead—was in such case the cause of the favourable result.

1. I cannot see why it should be supposed that the diagnosis was incorrect—that is, so far as it referred to an aneurism of one of the great thoracic arteries—because whether the aneurism was, as I am most inclined to believe, on the arch of the aorta, and not on the subclavian or carotid, may perhaps be subject to doubt. But this latter question seems to me to be of less importance;* the principal point must be, was there aneurism or not? The diagnosis of aneurisms in the cavity of the thorax may indeed often be extremely difficult, when,

---

* Brandes, "sp. Path. og Ther." II., 204, says: "The special diagnosis, in what part of the thoracic aorta the aneurism has formed, is indeed treated of by various authors, but seems to me to be without practical value, as it may be attended with the same results."

for example, there is no projection discoverable (indeed, even with a projection, mistakes may occur, as in Crisp's case, where a pulsating mediastinal abscess, which subsequently opened, led him to diagnose an aneurism); but when a pulsating tumour, which presents all the signs of aneurism, exists, and when this tumour, as in the above case, continues and increases steadily for years, without our being able otherwise to explain its nature, the diagnosis must, it appears to me, be comparatively easy and certain. Viewing the whole origin and course of the case, I cannot conceive it possible that the tumour should have been of any other nature, benign or malignant, cancerous, tuberculous, lipomatous, a mediastinal abscess, &c., &c.

2. If I must thus answer the first question absolutely in the affirmative, the importance of the matter depends, I presume, essentially on the second, whether, that is to say, the improvement is real and lasting, whether the cure is complete or only apparent. It is said by authors (conf. Lebert in Virchow's "Pathologie," and Brandes) that aneurisms of the aorta sometimes recede considerably to again occupy their former position, and it might therefore perhaps be feared that in the case described by me, the disease would in a short time again manifest itself. But, so far as I can perceive, the writers do not by the retrocession in question understand a total cessation of all phenomena, both objective and subjective, but only a temporary abatement of some symptoms. When, as in my case, all the physical signs of aneurism completely disappear, when, at the same time, the characteristic subjective sensations cease, and a condition supervenes which must be looked upon as perfectly normal, and when, moreover, this normal condition is constant during many months, in which the patient improves in general health, I believe we cannot with any reason suppose this improvement to be only temporary and deceptive. It is true that her headache continues, though in a slight degree and with long intervals; but from this alone to infer the latent continuance of the aneurism is to beg too much.*

3. The third question I must also answer in the affirmative, partly because, according to writers on the subject, the acetate of lead is almost the only specific remedy which has any credit; partly because I have always found it capable, at all events for a time, of moderating the symptoms of the disease; partly, finally, because it was, I may say, the only medicine I employed for the cure of the aneurism. Moreover, experience showed me that it was by no means so harmless as Laennec and others have found it to be. The symptoms of poisoning were not only distinct, but highly dangerous to the patient, so that on this account its use had repeatedly to be given up. Such large doses (as much as fourteen grains twice a day for a long time) as Laennec employed I never attained to.

In other points I will let the history of the case speak for itself, and shall abstain from many remarks. I shall add only, that I have not had the opportunity of seeing other cases of aneurism of the aorta, and that possible errors in judgment may perhaps for this reason be excused.

It probably deserves to be remarked that, as will be seen, my case lasted more than four and a half years, while of the thirty which Lebert has collated in reference to this point, only three attained to a duration of four years; but they all, so far as can be seen, terminated fatally.

◆

Correspondence.

A DANIEL COME TO JUDGMENT! YEA, A DANIEL!

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—From the tenor of Dr. Drysdale's paper on Emigration published in your journal of the 9th inst., I conclude that he does not mean to vouchsafe any other reply to the questions which I put in my last communication. The learned doctor appears to be at least an adept in the *naso suspendere adunco* line of argument; if gentlemen presume to differ from him and the false prophets who are the objects of his fanatical veneration, they are no thinkers, they are too idle to read the works of these great men, or they are the slaves of vulgar religious prejudices, and their *superficial criticisms* are quite unworthy of the notice of the sublime intellects whose brilliancy illumines and gives piquancy to the *delicate* discussions of the Dialectical Society.

There is no use prolonging this discussion with gentlemen who will only advance assertion instead of argument; but before taking final leave of the subject, there are some points in the doctor's paper which I feel bound to notice.

First, be it known to him that his great prophets, from Malthus to Senior, are all men who have written and taught a system of Political Economy with the view of bolstering up the system of Land and Capital Monopoly; that this primary object has warped all their views with regard to population; and not having the courage to face the difficulties of dealing with the questions of Land and Capital, they endeavour frantically to trample down the masses that seethe upwards continually in defiance of all their repressive schemes.

Again, we take it as conceded that the Malthusians of to-day disregard *in toto* the appeal to the authority of revelation if they even admit an overruling Providence. Knowing this, we only contend with them on the ground of reason and philosophical truth. On this ground we have a right to complain of Dr. Drysdale's sneer at Doubleday's *so-called law of nature as miraculous.* Doubleday never pretended to advance it as other than a simple law, by which the increase or decrease of any species was connected with the supply of food. The results of the causes unfolded by Doubleday's line of reasoning had previously presented themselves as conclusive to all unprejudiced thinkers; but to him the merit belongs of having discovered and unfolded the recondite principles which govern the laws of the increase and decrease of populations.

Dr. Drysdale's groundless assertion that the aristocracy have usually large families is sufficiently answered by the fact that every year three or four peerages become extinct.

In conclusion, I repeat that no answer has been given to the question—How are early marriages to be rendered unfruitful? The debate of the Dialectical Society and the frequent allusion to the skill of the French peasants point to the suspicion that the practice hinted at is so vile that it cannot be stated openly or in print, but is intended to be whispered into practice. That the Malthusians will fail in their disgusting enterprise I have not the slightest doubt; and that the masses of the people will repel their advances with the same scorn with which the medical profession received them when laid before us so offensively by Lord Amberley. At the last election, the Westminster men showed their appreciation of such views by relegating to his study *the greatest thinker of the age.* Honour to them for their public spirit.

Yours, &c.,
Ewing Whittle, M.D., M.R.I.A.,
Lecturer on Medical Jurisprudence to the Liverpool Royal Infirmary School of Medicine.

Liverpool, June 12, 1869.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I paid a visit to the Royal Infirmary to examine the results of the carbolic treatment under Dr. Lister's own management. My visit was short, but Dr. Lister took much trouble in pointing out the mode of treatment, and the many points to be attended to, to ensure perfect results. As I expect he will before long give us a more compact history of his views and practice than we yet have, I will not enter here on the particulars, suffice it to say that any one who enjoyed the favour of an hour's conversation, and, I may say, instruction from him, as I fortunately have had, will be convinced that, when properly carried out, the carbolic plan of treatment is a great triumph of surgery, and in no point more so than in the application of carbolised catgut sutures; that any mishap arising from their use must have been the result of some unforeseen point of mismanagement; for it requires, as in every new mode of treatment, that the mind should be ever active, to observe when imperfection in the mode of treatment may arise, and to discover how to avoid it. Indeed, I feel more thankful to Mr. Lister for the course of thought thus aroused in my mind, than for the actual information given. Two cases of a most important nature showed decisively how carbolised sutures of animal organised material may remain with impunity in a wound, and give rise to no disturbance, being themselves gradually removed by the processes of reaction.

---

* Should, however, contrary to my expectation, the aneurismatic symptoms in my patient again appear, I will consider it my duty to give a short notice of the fact in the Magazine.

Mr. Lister is a man in earnest at his work, and though it may take time and labour to induce the profession to adopt his views, he will ultimately have his reward.

Glasgow. TRAVELLER.

MR. STAPLETON'S METHOD FOR TREATING FRACTURES OF THE FEMUR NOT NOVEL—VIZ., BY WEIGHT AND PULLEY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Under the above heading, in your last impression, I find Dr. David Jacob, of Maryborough, writes :—"Thirteen years ago *I devised this method*, and have continued to make use of it, and modifications of it, in the practice of the Queen's County Infirmary," &c. On reference to my notebooks, when resident pupil in the Meath Hospital *twenty-three* years ago, I find I was entrusted with the care and management of a case of fracture of the femur, treated on this principle, by the late Sir Philip Crampton, my respected master, one of the surgeons of that institution. On several occasions since then, and particularly in one recently, with marked good results, I have adopted *his* principle in my own practice. That Sir Philip was the *originator* of this method on this side of the Atlantic I feel fully convinced, and I wish to record the fact ; but Sir Philip Crampton, it appears, only followed in the wake of M. Daniell, of Georgia, U.S., who recommended the weight and pulley in the year 1829 (vide *American Journal of Medical Science*, vol. iv., p. 330 : 1829) ; and that Dr. Dugas, of Georgia, devised this method with the modification of four splints, alluded to by Dr. Jacob, fifteen years ago, consequently two years antecedent to the adoption of them by Dr. Jacob (vide *Southern Medical Journal*, February, 1854).

Faithfully yours,

HENRY J. SMITH.

Donaghmore, Borris-in-Ossory :
June 12, 1869.

PORTO MAURIZIO AS A HEALTH STATION ON THE RIVIERA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The rapid rise and annually increasing number of visitors who winter in the sanitaria of recent creation on the Riviera—Menton and San Remo—prove that the climatic advantages and the *agrémens* possessed by them, as also by the adjacent stations on this part of the Mediterranean coast, are becoming more and more appreciated, so that in full seasons there is sometimes a difficulty in finding suitable accommodation.

While passing a few days at San Remo last winter, my attention was directed to the neighbouring town, Porto Maurizio, as a locality very favourable for the formation of an additional health resort on the coast, by Dr. Panizzi, of San Remo, who, from long knowledge of it, entertains a high opinion of its capabilities to meet the requirements of many seekers of health by the agency of a mild climate. I consequently visited Porto Maurizio in company with Dr. Panizzi, and, from what I saw of the place, was led to share his conviction, and am, therefore, induced to make known its leading characteristics.

Porto Maurizio occupies an elevated position, overlooking the seashore, and stands out as a prominent object in the view from the east and west. It is a two hours' drive from San Remo by the cornice, the road not passing through it, but winding round its base to the adjacent town Oneglia (half-way between Nice and Genoa). It is the chief and most commercial town of the Riviera, as far as Lavona, being the seat of a Prefecture, and numbering upwards of 7,000 inhabitants, including many well-to-do private families. The necessaries of life (fish, meat, poultry, vegetables, water, &c.), are abundant, and of good quality, and living is reasonable. The streets of the modern portion are wide, clean, and flag-paved, containing good houses and shops ; the principal one, Carlo Alberto, extends through the town in a direction from east to west, from it diverge the Maria Christina, and smaller streets, ascending to the old town, the streets of which are for the most part narrow (several of the houses being joined to the opposite ones by buttresses), and not carriageable, though containing a few fine palaces. This upper portion, however, comprises a spacious Place, one side of which is occupied by a handsome church, with marble façade, and rich interior decoration, which, in an architectural point of view, would do credit to any capital. On the opposite side is likewise a handsome edifice, the municipal palace, containing besides smaller apartments for the transaction of official business, a large saloon for the meetings of the municipality, which is occasionally used for exhibitions, concerts, lectures, &c. In this part of the town is also the large convent Chiara, from the elevated colonnade of which a fine view is obtained of the coast and country westward.

The newly erected theatre, also with marble façade, in the strada Carlo Alberto is near its completion. There are besides a *cercle* frequented by the principal inhabitants, and two or three hotels, the principal one, Hôtel de France, being situate at the eastern extremity of the street.

The port is spacious, and capable of admitting vessels of moderate draught. The coasting trade is tolerably extensive, steamers ply two or three times a week between this port, Genoa, and Nice ; the express day boat from Nice touches here, and makes the passage in about four hours, to Genoa in five or six hours.

The surrounding country is pleasing and well wooded, a small extent of verdant plain stretches to the encircling olive-covered hills of moderate height, the acclivities of which are dotted with villages and detached houses, and above which rises a higher range, affording protection to the lower grounds from the north winds, to which the upper part of the town, from its elevation, is, in some degree, exposed, as also to the wind from the west *(ponente)*. That the general temperature is lower than at the other health resorts on this coast, is proved by the circumstances that oranges and lemons are not cultivated at Porto Maurizio. In the lower portion, however, and especially at a little distance under the hills, there are sheltered sites well protected from wind. One of the best on the western side is beneath the hill station, Maria del Monte, on which stands the chapel of the Madonna, and whose summit is crowned by a ruined tower, whence may be enjoyed an extensive land and sea view ; other available sites in this part are beneath the hill on the acclivity of which stands the village Pegli, and among the olive plantations near the sea, a little raised above the shores.

On the western side, a few minutes' walk from the town, is the district of St. Lazarus, enclosed by hills on all sides but the south, and possessing a mild and equable temperature ; a little farther off northwards (about twenty minutes distant), is the village of Arbato, on the acclivity of a hill, to which leads a good road, where, on account of the superior warmth of the climate, natives affected with pulmonary disease are sent.

There is already a certain amount of accommodation at Porto Maurizio, which will speedily be increased by the erection of houses and hotels in favourable positions. A few commodious villas are let to strangers—one of the best in the lower part of the town, the villa Ricci, has the advantage of a large garden ; the villas Littardi and Rambaldi are also suited to the reception of families, the latter is a handsome edifice, with grounds at some distance west of the town overlooking the high road. Oneglia, a town of considerable size, and presenting an animated appearance, is about a twenty minutes' drive from Porto Maurizio. The climate partakes of the general characteristics of that of the Riviera—clear blue skies, sunshine, little rain in winter, snow being rarely seen, except occasionally on the higher hills. The upper part of the town, as already mentioned, is too exposed to winds to be available as a residence for delicate invalids after the winter has set in, the mistral (north-west), which is so inconvenient on the western shore, is but little felt at either San Remo or Porto Maurizio, on account of their position so far to the east. There do not appear to be as yet meteorological data whereon to form a closer estimate of what, in a climatic point of view, may serve to distinguish Porto Maurizio from the existing health-stations of this coast.

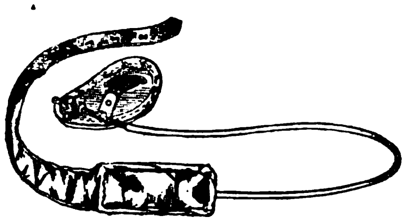
EDWIN LEE, M.D., M.R.C.S.

London : June, 1869.

Inventions.

A NEW TRUSS.

Mr. Miller, of 29, Leicester square, has sent us for inspection a new truss, of which the following is a diagram.



In the ordinary trusses there are two pressures, fore and aft. The fore pressure starts from the hips to the pubis, hence a great deal of the strength is lost at the point where it is most needed. By carrying the band round the opposite side to the rupture, and having the spring in the head of the truss, a great advantage is obtained. The spring effects the closure of the external ring, and by fastening the straps the pad is held firmly along the whole length of the inguinal canal. It is also equally serviceable for inguinal and scrotal hernia.

Prior to the introduction of this truss, there was only one kind suitable for scrotal hernia, and that was an ordinary truss with a perineal strap; but this will entirely supersede that kind of truss, as it does not require an under or perineal strap, which is at all times most objectionable.

◆

A deputation, consisting of the President ot the Royal College of Surgeons, Ireland, Dr. James S. Hughes, Secretary of the Council of the College, and Dr. Edward J. Quinan, Secretary of the Irish Medical Association, waited this day (Monday) by appointment, upon the Chief Secretary for Ireland at his office in London. The deputation was accompanied by Mr. Jonathan Pim, Mr. Lynam, Mr. Peebles, Dr. Brady, and several Irish members, who entered warmly into the discussion of the claims of the Irish Poor-law and dispensary medical officers, to have superannuation extended to them, and appeared to make a good impression upon the Chief Secretary. Dr. Brady's Bill is down for a second reading this day (Wednesday), and if the Irish members who have promised their support will but attend, there is every probability that it will pass this Session.

◆

Medical News.

Royal College of Surgeons of England.—The following Members, having passed the required examination for the Fellowship on May 31st and June 1st, were, at a meeting of the Council held on the 10th inst., duly admitted Fellows of the College :—

Aveling, Chas. T., M.B. Lond., Homerton; diploma of membership dated May, 1865.
Beck, Marcus, M.B. Lond., Isleworth, Middlesex; July, 1865.
Bradley, Samuel M., Manchester; June, 1862.
Bush, John D., Hanover square; May, 1866.
Coates, Matthew, Wellington road, St. John's Wood; January, 1859.
Fuller, Charles C., Albany street; February, 1856.
Jones, George T., Watford, Herts; July, 1849.
Michell, Thomas, M.B. Lond., Redruth, Cornwall; December, 1859.
Robson, Frederick A.H., M.D., Great Marlborough street; June, 1856.
Savage, Thomas, M.D., Bordsley, near Birmingham; November, 1860.
Sims, Francis M. B., L.R.C.P., Down street, Piccadilly; November, 1865.
Tay, Waren, Finsbury square; April, 1866.
Walker, George E., Downshire hill: April, 1863.
Winkfield, Alfred, Radcliffe Infirmary, Oxford; December, 1859.
Woodcock, John R., Holcome, Manchester; July, 1864.
Wright, Robert T., M.D., Royal Victoria Hospital, Netley; April, 1866.

It is stated that all the candidates admitted to examination were successful.

Among the objects that may be seen in the Brighton Sanitary Museum is one which must be regarded with general interest. We refer to a model of an "Elastic Belt for Infants." It is contributed by a lady well known in connexion with measures of sanitary reform, who invented the belt, to supersede the use of the objectionable "roller" and "stays" so injurious to the delicate frame of the infant. The "belt" is manufactured by Messrs. Thomas, of Brighton.

Accident to Professor Bunsen, of Heidelberg.—This eminent chemical philosopher has lately been severely wounded in the face and hands by a laboratory explosion. It will be remembered that Professor Bunsen almost lost an eye some time ago by a similar explosion, but completely recovered. It is to be hoped that the present accident will have as favourable an issue as the former.

Odontological Society of Great Britain.—At the ordinary monthly meeting of this Society, held on Monday, June 7th, 1869, J. H. Barrett, Esq., in the chair, Mr. Alfred Coleman read a paper "On the Treatment of Periodentitis by Replantation," and Mr. Snape, of Chester, read a paper "On Electricity as a local Anæsthetic."

University of Cambridge.— T. Calliphronas, of Caius College, has been elected to a scholarship for Chemistry; and W Simpson son of Sir James Simpson of the same college elected to a scholarship for Anatomy and Physiology. Hicks, Lee, and Adams have all obtained prizes for Natural science in Sidney College. These gentlemen are already Natural Science scholars of the College.

Information relating to non-collegiate students in the University of Cambridge issued June, 1869, by the board appointed to superintend and admit them. Students may be admitted members of the University without being members of any college or hostel. Such students will keep terms by residing in Cambridge with their parents or in lodgings duly licensed, and will be entitled to be matriculated, examined, and admitted to degrees in the same manner and with the same status and privileges as Students who are members of colleges. They will be under the jurisdiction of the vice-chancellor and proctors, and will be required to pay due obedience to all academical regulations. They will be under the supervision of the Censor, to whom they may apply for advice and direction, and by whom their daily residence in the University will be registered. They are to report themselves to him on their arrival in Cambridge, and at the end of each term's residence to obtain leave from him to go down. During residence they are to call on him, and write their names in a book to be kept for the purpose, at times to be indicated by him. Each is to make a written report, when required by the Censor, for the information of the Board, as to the place of religious worship he attends, and as to the studies he is pursuing and the lectures he is attending or the instruction he is receiving. The fees payable will be the following :—

	£	s.	d.
To the Board, per annum	5	5	0
Capitation Tax, per annum	0	17	0
Matriculation Fee	0	15	0
Previous Examination Fee	2	10	0
For B.A. Degree	7	0	0
For M.B. Degree	8	0	0

Non-Collegiate Students will be admitted to the University library and museums and to the professors' lectures under the same regulations as the other students, and it is already known that several college lectures will be open to them. Further information on this subject will be issued as soon as possible after the commencement of the Michaelmas term. They will be able to compete for University scholarships in the same manner as other students. All applications for admission and other communications are to be addressed to the Censor, the Rev. R. B. Somerset, Trumpington road, Cambridge.

◆

NOTICES TO CORRESPONDENTS.

In all cases when proofs are sent, it is of the utmost importance for them to be immediately returned.

Correspondents not answered should look to the answers the following week.

Dr. Burn.—Please send Part II. at your convenience.

Dr. Davidson, Chester, will please receive our best thanks.

Dr. Hayes.—The proof was duly sent to you for correction.

Dr. G. Robertson.—On Diseases of the Heart, see previous reply.

Dr. Hadden.—The paper was duly received, and is in the printer's hands.

M. A. B.—We have not seen the Report to which you direct attention. The paragraph is inserted elsewhere.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 30, 1869.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE

Lupoid Ulcer of the Leg, with Extensive Warty Growth—Operation. By Benjamin F. McDowell, M.B. T.C.D., &c., Surgeon and Lecturer on Clinical Surgery at Mercer's Hospital; Surgeon to the Lock Hospital, &c. 535

The Legalised Adulteration of Snuff. By Charles A. Cameron, Ph.D., M.D., L.K. & Q.C.P.I.; Professor of Hygiene, Royal College of Surgeons; Lecturer on Chemistry in Steevens' Hospital and the Ledwich Schools of Medicine; Analyst to the City of Dublin, &c. 536

Painful Subcutaneous Tumour. By R. L. Swan, F.R.C.S.I., Resident Surgeon, Dr. Steevens' Hospital 537

Hydrocephalus Acutus. By J. Waring Curran, L.K. & Q.C.P.I., L.R.C.S.I., &c. 537

The Removal of an Unusual Tumour of the Superior Maxilla. By H. R. Hadden, M.D., F.R.C.S.I. 538

A Plea for the Control of Prostitution. By T. C. S.—No. I. 540

Case of Extra-Uterine Fœtation existing for an unknown period, but under Observation for two years and two months. By Thomas Davis, M.D., M.R.C.S.I., Medical Officer, Manorhamilton Workhouse 541

To Disguise the Taste of Cod-liver Oil 542

HOSPITAL REPORTS.

Adelaide Hospital.—

Ulceration of Stomach and Induration of Pylorus, with fatal result. Under the care of Dr. Birton 542

Mr. Stapleton's Method of Extension in Fractures of the Femur 543

Mercer's Hospital.—

Spina Bifida, and Analysis of the Fluid. By Mr. Morgan, F.R.C.S.I., Professor of Anatomy, R.C.S.I.; Surgeon to the Hospital, &c. 543

LEADING ARTICLES.

The Superannuation Bill and Medical Education 544

Retiring Pensions for Irish Poor-law Medical Officers 545

Overpopulation considered as a Prominent Cause of Misery and Early Death. By Charles R. Drysdale, M.D., M.R.C.P., F.R.C.S., Physician to the North London Consumption Hospital, Hampstead. 546

PAGE

Dr. Richardson's Lecture at the Royal Polytechnic, Tuesday, June 22, 1869.... 547

SCOTLAND.

Endowed Hospitals Bill 548

NOTES ON CURRENT TOPICS.

The Penitence of the "Lancet" 548
The 1st of July, 1869 549
The late Railway Case 549
Synthesis of Acids 549
Effects of Compressed Air 549
A Statue to Boerhaave 549
The Report of the Water Commission 549
High Rate of Mortality in Glasgow 550
The Scientific Societies of Dublin 550
Bathing 550
The Cholera in Gambia 550
New Researches in Cerebroscopy 550
The Harveian Oration 551
Royal Society of Medicine 551

CORRESPONDENCE.

Toogood Downing's Suggestions in Medicine.—No. V. 551

A Country Practitioner on a Case of Traumatic Herpes 552

John Martin on a New Method of Procuring Extension in Fractures of the Femur, Devised by Mr. Stapleton 553

Medical Gleanings.—Medical News 553
Notices to Correspondents, &c. 554

Original Communications.

LUPOID ULCER OF THE LEG, WITH EXTENSIVE WARTY GROWTH.—OPERATION.

By Benjamin F. M'Dowell, M.B., T.C.D.,

Surgeon and Lecturer on Clinical Surgery to Mercer's Hospital; Surgeon to the Lock Hospital, &c.

It is seldom that the surgeon is called upon to adopt so grave a proceeding as the amputation of a limb for an ulcer; but the history of the following case argues that such may be not only justifiable but even necessary to save or prolong the life of an individual.

James Keely, a man over six feet in height, and of powerful frame, but over seventy years of age, was admitted under my care to Mercer's Hospital, from the county Longford, on the 24th August last year, suffering from a large ulcer, with extensive warty growth on the anterior and external surface of the inferior third of the right leg.

He appeared much emaciated, and complained of constant eating pain in the ulcer, chiefly along its margin, which deprived him of his sleep.

He stated that about thirty-five years previously he got a kick from a horse on the site of the sore, which bled profusely at the time, but neither of the bones of his leg were broken. Under treatment he got soon well, but from his description it would appear that the integument was ever after adherent at the seat of the injury, and he was obliged to wear constantly a bandage to prevent his foot and ankle-joint from swelling and becoming painful. Occasionally a sore would form, which yielded from time to time to proper treatment. In December, 1867, the present ulcer first appeared, and was soon after accompanied by a peculiar warty and highly vascular growth, which is faithfully pourtrayed in the annexed lithograph by Mr. Burnside.

Several remedies were tried in vain, and at length he determined to seek admission to Mercer's Hospital, as he was rapidly losing his health, from the irritation of the ulcer on his system, the profuse discharge, and the frequent hæmorrhages by which it was accompanied.

A laboured description of the sore is not called for, on account of the excellent lithograph by which it is illustrated; but I may remark that its edge was considerably everted, irregular in outline, and the surrounding integument dense, livid, and painful. I thought it due to conservative surgery to adopt a judiciously-applied escharotic treatment before resorting to operation. Accordingly, I coated the ulcer with chromic acid (which has been lately so much lauded for its efficiency in such cases), on three different occasions, but without influencing in any way its condition. I also used the chloride of zinc, a caustic in which I have great confidence, but with the same discouraging result. I now had to leave town for some time, and my colleague, Mr. Morgan, kindly took charge of the case. He injected strong solutions of tannin into the more prominent parts, but without permanent benefit. On my return, it was evident no step remained but amputation of the limb to save the life of the patient, as he was still more emaciated than when I left; and upon consultation this proceeding was determined upon. Accordingly on the 14th of October I performed the operation by the double-flap method about a hand's breadth below the knee. The patient was prepared by a gentle aperient the night before, and a brandy-and-egg mixture two hours before he was chloroformed.

It is needless to give the steps of the operation, or the after-treatment: suffice it to say, the patient progressed most favourably, and six weeks after was able to leave the hospital, with a good stump and much improved in health; but a severe sore throat detained him in hospital until the 1st March, when he was discharged quite well. I have since heard from him: there has been no ulceration, he has a useful stump, and he is in excellent health and spirits.

I thought this case worthy of an illustration. It is like the warty ulcer of Marjolin. I have applied the term "cancroid," or "lupoid" to it because I believe from its obstinacy to treatment, its irregularity of outline, its painfulness, its everted edges, and the hæmorrhage by which it was attended, that it may fairly be classed in the category of malignant diseases.

◆

THE LEGALISED ADULTERATION OF SNUFF.

By Chas. A. Cameron, Ph.D., M.D., L.K. & Q.C.P.I.;

Professor of Hygiene, Royal College of Surgeons; Lecturer on Chemistry in Steeven's Hospital and the Ledwich Schools of Medicine; Analyst to the City of Dublin, &c.

At one time, not very remote either, the introduction of powdered tobacco into the human nose was a fashionable habit. In our days the practice is on the decline amongst the upper and middle classes of society, but it prevails rather extensively amongst the lower sections of the community. Snuff is manufactured largely in Ireland, and there are varieties of that article peculiar to this country. The revenue derived from the tax imposed upon snuff is very considerable, and the manufacture of this costly article is under the *surveillance* of the officers of the Board of Inland Revenue. The revenue from snuff is very considerable; the Excise officers keep a close watch upon the movements of the manufacturers of this article, and suspected samples are frequently seized, and forwarded for examination to the Excise Laboratory at Somerset House, London. Notwithstanding these precautions, there is hardly any article in common use more extensively adulterated than snuff. In this communication I do not propose dealing generally with the subject of snuff adulteration, but shall merely make a few observations in reference to a particular species of sophistication for which I think the Excise authorities are more to blame than even the manufacturers.

In the year 1842 an Act of Parliament was passed, prohibiting, under severe penalties, manufacturers of snuff from mixing with that article any substance other than the following :—"water, or water and salt, or alkaline salts only, or lime water in snuff known as Welsh or Irish snuff." Any one convicted under the provisions of this Act was liable to a fine of £300. In addition to the substances above named, the manufacturers were permitted to add essential oils to their snuff for the purpose of imparting an odour to it.

The Irish and Welsh manufacturers of snuff, being allowed to use lime, gradually increased the quantity until in some cases as much as 20 per cent. was employed. This was clearly a violation of the spirit and even of the letter of the law, which permitted the use of lime water, but did not specify lime itself. Snuff, however copiously damped with lime water, could not retain much of the earth, owing to its sparing solubility in water; the lime, therefore, must have been added in the form of powder. The Excise authorities in August, 1867, procured an Act of Parliament (30 and 31 Victoria, cap. 90) which limited the quantity of lime used in the manufacture of snuff to 1 per cent. In the nineteenth section of the Act, the following words refer to Irish and Welsh snuff:—"Be it enacted, that if any person, being a manufacturer of, dealer in, or retailer of tobacco or snuff, shall have in his custody or possession any snuff in which, on examination thereof, there shall be found to be any quantity of the oxides of calcium and magnesium, or of either of such oxides, exceeding by 1 per centum the proportion of the quantity of such oxides contained in the tobacco, or tobacco stalks, or returns of tobacco from which such snuff shall have been manufactured, or shall be in course of manufacture, or if any such person shall have in his custody or possession any snuff in which, on examination thereof, there shall be found any quantity of the said oxides, or of either of them, exceeding the proportion of thirteen pounds weight of such oxides in every hundred pounds weight of such snuff, he shall forfeit £200 and also the said snuff: provided that any sample of snuff, tobacco, or tobacco stalks, or returns of tobacco, which shall be examined for the purpose of ascertaining the quantity of the said oxides contained therein, shall first be dried at a temperature of 212 degrees as denoted by Fahrenheit's thermometer; and for the purposes of this section the term 'snuff' shall include all snuff and all tobacco, tobacco stalks, and returns of tobacco which shall be in course of manufacture into snuff."

It is much to be regretted that the Excise authorities, when dealing with the subject of the excessive additions of lime to snuff, did not take into account the fact that large quantities of alkaline salts might be, and indeed were, used in the preparation of snuff. A small quantity of certain alkaline salts is supposed to be necessary in order to increase the pungency of snuff; but, in permitting the use of these salts, the Legislature never intended that they should be employed in large proportions. As the law stands at present, a snuff manufacturer may be fined £300 for adulterating his snuff with 1 per cent. of ochre or sawdust, but he may legally vend an article composed of equal proportions of powdered tobacco and carbonate of potash! It may be said that no manufacturer would use excessive quantities of alkaline salts, for the quality of his snuff would be seriously injured by such a practice. There are, no doubt, many manufacturers who employ alkaline salts only for a legitimate purpose—namely, to increase the pungency of the odour of their snuff; but I have satisfied myself that in the larger proportion of Irish snuff the amount of alkaline salts is excessive, and is employed for the sole purpose of cheaply increasing the weight of the snuff.

The amount of mineral matter (ash) in tobacco is considerable; the proportion found in a large number of specimens of the dried leaves of Havana tobacco, analysed by Casaseca, varied from 16 to 23 per cent.; in Turkish tobacco, Vogel found from 17 to 23 per cent.; in Russian, 21·9 to 24·9 per cent.; and in Grecian, 19 per cent. of ash.

In twenty-eight specimens of snuff which I obtained from different shops in Dublin, I found the following proportions of mineral matter :—

No. 1.	No. 2.	No. 3.	No. 4.	No. 5.
45·17	45·20	21·97	23·46	28·37
No. 6.	No. 7.	No. 8.	No. 9.	No. 10.
36·14	25·13	25·60	55·63	60 07
No. 11.	No. 12.	No. 13.	No. 14.	No. 15.
42·84	30·20	28·17	25·16	56·75
No. 16.	No. 17.	No. 18.	No. 19.	No. 20.
28·36	47·51	42·08	36·36	22·17
No. 21.	No. 22.	No. 23.	No. 24.	No. 25.
26·17	26·31	39·76	51·63	24·71
No. 26.		No. 27.		No. 28.
28·41		36·99		40·70

Composition of the Ash of No. 10:
100 *parts contained*—

Potash - - - -	10·32
Soda - - - -	18·72
Lime - - - -	28·64
Magnesia - - - -	3·64
Oxide of iron - - -	1·20
Sulphuric acid - - -	2·36
Phosphoric acid - - -	1·50
Chlorine - - - -	6·39
Carbonic acid - - -	20·17
Silica - - - -	7·06
	100·00

This snuff had evidently been adulterated with bicarbonate of soda, probably to the extent of 30 per cent. Many of the other samples contained excessive quantities of lime, sal-ammoniac, soda salts, and potash salts.

It is not necessary to occupy space in giving full details of the analyses of Irish snuff which I have made; it will be sufficient for my present purpose to mention that in the majority of the samples which I examined I found enormous proportions of the carbonates of soda, carbonate of potash, and sal-ammoniac. In two or three cases I found lime in excess of the amount tolerated by the Legislature, and in one case chloride of lime was present.

I find that many of the Irish manufacturers of snuff sell it wholesale at 3s. per pound; whilst tobacco stalks, the cheapest part of the tobacco plant, cannot be purchased at less than 3s. 3d. per pound. As considerable diminution of weight occurs in converting tobacco into snuff, and as the leaves as well as the stalks of the plant should be ground, it is evident that good snuff, containing only normal amounts of mineral matter, could not be sold without loss at less than 4s. 6d. per pound. Those manufacturers, therefore, who offer snuff at 3s. per pound must vend an article one-third of which must be added saline matter. If the quantity of lime be above that allowed by the Act of Parliament to which I have above referred, the manufacturer is liable to a heavy fine, but he may legally vend an article containing 90 per cent. of alkaline salts! I am satisfied that every respectable manufacturer would be benefited by a total prohibition of the practice of introducing alkaline salts into snuff. So long as the law permits the addition of comparatively cheap substances to so costly a commodity as snuff is, so long will there exist an unhealthy competition in this trade—a competition, too, which is injurious not only to the public, but to the conscientious manufacturers of snuff. It is quite evident that the manufacturers who fabricate a pure snuff, or one containing only 3 or 4 per cent. of alkaline salts, cannot compete on equal terms with those who mix from 10 to 30 per cent. of earthy and saline matter with their snuff. The obvious remedy for this state of things is to utterly prohibit the admixture of any kind of earthy or saline matter with snuff. There are snuffs possessed of the most admired odour which contain only tobacco and essential oils. In Ireland the manufacture of snuff is in most cases far too expeditiously performed. In some manufactories the tobacco stalks are converted into snuff in less than two days. Of course such hastily-made snuff requires lime, sal-ammoniac, or the alkaline carbonates in order to develop from it a pungent odour.

In France this industry is conducted in a highly scientific manner. The tobacco is subjected to repeated fermentations, and put through elaborate processes, the duration of which is sometimes nearly two years. Snuff made in this way possesses naturally a pungent odour, but one very different from that developed in hastily-prepared snuff by the action of alkaline matter.

I have noticed that in the very light-coloured snuffs on sale in Dublin, there is always a considerable amount of saline and earthy matter. Some specimens of highly-coloured and of light brown snuff which I examined were free from this form of adulteration.

With respect to the physiological action of snuff containing from 20 to 50 per cent. of alkaline substances, nothing is, of course, known, because the question does not appear to have been previously raised. I cannot, however, avoid thinking that snuff of this kind must produce a direct and injurious effect upon the Schneiderian membrane.

◆

PAINFUL SUBCUTANEOUS TUMOUR.

By R. L. Swan, F.R.C.S.I.,

Resident Surgeon, Dr. Steevens' Hospital.

The pain which is so characteristic of those tumours is suggestive of interesting questions as to its cause and true seat. It would appear, from the investigations of Paget, Bennett, and other writers, that the intimate structure of those tumours is not often consistently alike; that the presence of a distinct nerve-fibre leading to the tumour is seldom ascertained; and that the integument is usually adherent to them. These statements would seem to show that it is no inherent peculiarity in the tumour itself which gives it its distressing character of pain, but an alteration in the sensibility of the skin covering it. The following case, in which the tumour consisted of a cyst containing an intra-cystic growth, will, I think, in its details, bear on the question:—

J. S., æt. fifty, a gentleman of healthy appearance and active habits, came from the country for treatment some months ago. Two years before he noticed a tender spot on the outer side of his right thigh, about the centre. The uneasiness was then of a trifling character, accompanied by an itching in the vicinity, which caused him great irritation, especially at night. After a time he became sensible of a hardness under the integument, and afterwards a small tumour made its appearance. The pain has lately increased to such an extent as to amount at times to positive agony. He describes it as intermittent in its nature; sometimes occurring spontaneously, or, as he states, from his attention being directed to the part; at other times excited by an accidental touch or blow; and always aggravated at night.

On examination, a purplish tumour, the size of a large pea, was observed. The integuments surrounding it were red, and the temperature elevated.

On manipulation, which caused him considerable pain, an indurated mass, an inch in diameter, was discovered closely adherent to the integuments, but movable on the fascia of the thigh. The small purplish tumour evidently contained fluid, and could be emptied by pressure. The patient was extremely anxious for its removal, as he was deprived not alone of sleep, but also of exercise, especially on horseback, to which he had been accustomed.

On consultation with Mr. Colles, it was determined to remove the tumour with the knife. This was accordingly done by an oval incision, cutting clear of the subcutaneous indurated mass. The edges of the wound were brought together by a few sutures of silver wire, and it soon became healed. I had an opportunity, some weeks having elapsed since the operation, of seeing the patient. At first some tenderness of the surrounding integuments remained, but he has lately been free from pain.

On examining the tumour, it was found to consist of a firm greyish capsule, adherent to the skin and imbedded in the subcutaneous fat. On opening the capsule, a small quantity of blood-like fluid escaped, which surrounded a dark-coloured mass growing from the inner side of the capsule by a peduncle. The small purple tumour seemed to be a protrusion of this intra-cystic growth through the cyst wall.

The growth within the cyst was composed of a fibrous trabecular structure, containing a small quantity of fluid in its meshes. By the most careful examination no nerve could be discovered having any connection with the tumour, which was enveloped, except where attached to the integument, by apparently healthy fat.

◆

HYDROCEPHALUS ACUTUS.

By J. Waring Curran, L.K. & Q.C.P.I., L.R.C.S.I., &c.,

Bacup, Manchester.

Infantile disease is ever one of interest, and not unfrequently of the greatest uncertainty and difficulty. Few there are whose interest cannot be stirred, whose compassion and sympathy cannot be elicited, as day after day he stands by the cot of ailing innocence, observes that constant attendance and devoted care, so closely allied to holiness itself, of the anxious watchful mother, whose tender and undying solicitude is wrapped up by so many binding ties in the welfare of her child, whilst her countenance, indicative of that painful enduring uncertainty which woman alone in their mental distress know how to bear, turns with its undescribed and indescribable, piercing, scrutinising stare for all that can be told her respecting her child's malady, whether the progress of the disease may be arrested and death warded off, or that temporary relief alone can be afforded. In no disease more frequently than hydrocephalus will this be experienced, and in no disease does the practitioner find himself in greater difficulty at arriving at an accurate prognosis. When so distinguished an authority as Dr. West places on record the fact that every example of hydrocephalus is fatal, and when the eminent Gölis, on the contrary, affirms that cases commencing after birth, when early seen, he has been enabled to save the majority of them, well may the practitioner who has not thoroughly studied the subject be at a loss to decide the probable result without seriously compromising the accuracy of his prognosis.

My object in this paper is to record the treatment I have found, after a number of years, to be most efficacious, whilst I avoid the many reputed remedies alleged to have proven so successful in the practice of others, whilst I dispute the accuracy of Dr. West's decision respecting the mortality, and coincide in the opinion advanced and advocated by the valued author of "The Water Stroke." I believe, and experience has established the opinion, that if hydrocephalus be seen in its first stage, when there is *exalted sensibility, with quick pulse,* irritability, general feverishness, offensive breath, morbid susceptibility to noise, muscular depression, photophobia, constant vomiting, difficult to control at first, greenish fœtid evacuations, perhaps constipation, screaming—the *cri hydrencephalique* of M. Coindet—when awaking from sleep, with grinding of the teeth, and a peculiar rolling movement of the eyeball, with perhaps strabismus or amaurosis, that the disease is remediable, and will yield to treatment. When we meet with a case with "*diminished sensibility and slow pulse,*" becoming rapid, as we are practicably told, when the little patient is raised, when the countenance is pallid and stupid, and the patient listless, the stretched-out arms trembling and catching, the pupils dilated or contracted with unequal action of the iris under the influence of light; then I consider the efforts of our art fruitless, and of as little avail as when treatment is attempted in the stage of coma, with quick pulse, excessive weakness, and paralysis or convulsions, the antecedents of impending dissolution. If my memory serves me correctly, to Dr. Henry Kennedy is due the credit of first calling attention to the important practical fact that the similitude of the symptoms to those of commencing typhus was observed by him; and I must endorse this observation by remarking that, in an older class of hydrocephalic patients, this remark is strikingly appreciable. I have also noted the fact that female children are more frequently affected than males, and in either sex the first born are the most liable; indeed, I have never seen a child under treatment whose mother had previously borne four children, and I account for it in this way: that as congenital hydrocephalus is most frequently dependent on some tubercular diathesis descended from the parent, that it not unfrequently happens the one affected, and that chiefly the mother, dies before a large family is borne. This is a rule which, if carefully observed, there will be found few exceptions to. Of course I write of hydrocephalus having a congenital origin, and not those varieties dependent upon dentition, inattention to the state of the digestive organs, the sudden curing of eczema or other cutaneous affections, measles or scarlatina, producing a deterioration of health and a predisposition to disease, the retrocession of parotiditis, intestinal worms, or perhaps gastritis, but where a history of scrofula or syphilis can be traced to the parents of affected patients, so far as this observation is concerned.

The first step which I invariably take in the treatment is the exhibition of a mercurial, followed in a couple of hours by a mild aperient, if practicable. Not unfrequently the vomiting renders an enema requisite, and a mixture containing the fourth of a drop doses of dilute hydrocyanic acid, one drop of chloric ether, and five grains of the light magnesia in dill water. If there be any suspicion about the mouth, I invariably incise the gums. I am not an advocate for depletion; I believe the application of leeches will increase the tendency to effusion, and that every object they can serve will be more advantageously supplied by purgation.

Once the case is clearly established, I have an oil-silk-cap made, and lined with swan down; this I have run with cases, or sheaths containing tape, so that, by tightening the tapes, it will fit precisely and accurately to the child's head, previously smeared over with mercurial ointment. The mercury is taken up with greater rapidity, and the child's head is in a perpetual vapour bath. I prescribe no mercury by the mouth after this, I rely solely upon diuretics and diaphoretics; and the acetate of potass, tincture of squills, spirits of nitre, and decoction of broom answers every purpose. The moment the most acute symptoms subside I feed, and when I say this I see that the child has some nutriment every hour besides the breast, which, if possible, I dispense with, as I consider a change in diet essential. I arrange that three or four cups be at the side of the fire, in one a little beef-tea carefully prepared, in another cup some egg and milk, in another some Revalenta Arabica food, and direct that the child get a little of each alternately, so that the stomach will not loathe any particular one; but if there be a continuance of gastric disturbance, then I exhibit nutritious enemata. The collection of mucus at the side of the eye is sometimes a disagreeable complication; a carbolic acid collyrium I have found most efficacious. In some instances where the patient made a good recovery, yet the effusion continued persistent, I found the greatest benefit from proportionate doses of Dr. Horace Dobell's pancreatic emulsion, the inunction of cod-liver oil, and the iodide of potassium ointment, with the oil-silk-cap firmly and accurately applied. In cases where the little patient's head fell helplessly backwards, forwards, and laterally, and where he lay on the pillow with a triangular face and precocious appearance, unable to raise the heavy head, I have observed the most salutary and satisfactory results from the continued inunction, wearing the cap with a binder of silk ribbon firmly surrounding the cranial bones, perseverance in diuretics, attention to the bowels, and the occasional administration of a mercurial laxative. Should epileptiform seizures manifest themselves early in the disease, they are, I consider, one of the worst symptoms, and demonstrate extensive mischief; indeed, how often are they one of the first symptoms! The child out of health has been unnoticed, a convulsive seizure first excites alarm, the medical attendant is summoned, and finding that it yields to a warm bath, a mustard application to the nape of neck, incising of the gums, and an aperient, he ascribes it to dentition; but the mischief steadily goes on, and in a few hours the nature of the case is revealed, and all doubt unmasked. On the other hand, should they set in later, although I cannot designate them good, I must not pronounce them untoward symptoms—the brain is recovering itself, and they are the effect of irritability, which readily yield to bromide of potass, tincture of hyoscyamus in camphor julep; but these seizures must not be confounded with the convulsions attending the paralysis, which must terminate in dissolution.

◆

THE REMOVAL OF AN UNUSUAL TUMOUR OF THE SUPERIOR MAXILLA.

By H. R. Hadden, M.D., F.R.C.S.I., Clonakilty.

Mary Kane, the wife of a labourer, aged fifty, was admitted into the Clonakilty Workhouse Hospital, on the 11th February, 1869, for the removal of the left superior maxilla. Three years before a fleshy tumour had begun to grow from the upper gums, and gradually increased in size, without causing any suffering except from its mechanical inconvenience, until it filled the whole cavity of the mouth, projecting between the upper and lower molar teeth on the right side, and being grooved by them. On the left side it had displaced the superior molars, and connected itself with a similar growth, the size of a hen's egg, springing from the outer surface of the alveolar ridge and causing the left cheek to project; the anterior wall of the antrum was bulged prominently forward as high as the infraorbital foramen, while its internal one could be seen forming a rounded protuberance in the left nostril but not passing the median line.

The eye was rendered somewhat prominent, but not otherwise displaced.

The upper surface of the tumour in the mouth was so closely adapted to the vault of the hard palate, that the finger could not be insinuated between, but a bent probe passed carefully from the right, proved that the pedicle from which it grew did not pass the median line; when the left index finger was passed round between the tumour and the cheek at the right side, the growth was found to fill the pharynx, and lie against the bodies of the cervical vertebra by its inferior extremity, where the finger could be passed between its nail resting on the spine and its pulp against the tumour, the velum palate and uvula intervening above.

By its inferior surface, the tumour lay in contact with the epiglottis and tongue, which latter it caused, by its downward pressure, to bulge into the submaxillary regions when the mouth was closed.

The right index finger, when oiled, and passed between the left cheek and the tuber maxillare, above the smaller growth, reached a hard body imbedded in the back of the tumour; which, with great difficulty, could be recognized as the displaced masticating surface of the wisdom tooth; this could also be reached when the left finger was forcibly pressed round from the right side. Just above this point a gum-elastic catheter could be passed round the thick pedicle (six and a half inches in circumference) from which both tumours sprang, a notch about three quarters of an inch deep separating them where the molar teeth had been.

It was thus evident that a considerable portion of the degenerated maxilla was included in this common pedicle. The left hamular process could not be detected, probably due to the backward displacement of the pterygoid plates of the sphenoid and the very little room there was for the finger to move.

No enlarged glands existed. From the examination above described I hoped the disease was limited to the left superior maxilla, and perhaps the palate bone, and determined on removing the inner or both, if necessary.

When she fell asleep for a moment the most distressing breathing ensued, and she awoke in a few minutes suffocating, indeed the mystery to every one was how she breathed or swallowed; yet her general health was good, and her spirits cheerful.

Chloroform was plainly inadmissable, though, were it not from the mouth tumour, I would certainly have administered it from what I have seen of its use in removal of the maxilla in the practice of my old friend and teacher, Dr. H. H. Boxwell, of the County Wexford Infirmary.

Two difficulties existed in the performance of the operation in this case. First, the usual incisions through the soft palate could not be made. Second, when the bone would be isolated it would be impossible to apply the usual downward pressure to dislodge it, and allow of the division of the remaining soft parts behind. To meet those (having first secured my patient in a stout arm chair in the usual way) I passed the chain of an écraseur round the pedicle of the mouth tumour, and also a chain-saw in a gum-elastic catheter, lest it should be required, intending to remove the tumour from the mouth before wrenching the maxilla from its bed.

An assistant now commenced to screw up the écraseur, and the moment the chain tightened on the pedicle I began my incision through the median line of the upper lip, and continued it round the ala of the nose to within half an inch of the inner canthus, then dissected the cheek freely off the tumour, cut through the root of the nasal process of the maxilla into the antrum by one stroke of a powerful bone-forceps, then through its anterior wall just beneath the orbital plate, when I turned the forceps backward and somewhat upward, and severed the bone through its tuberosity.

I now extracted the incisor tooth, pushed the lower blade of the forceps between the tumour and hard palate, the upper one lying on the floor of the nose, and with one stroke divided the hard and soft palates. By this time I hoped that the écraseur would have been through the pedicle, but finding it was not, and under the impression that my patient was suffocating, I seized the bone in a lion forceps, thrust my left index finger behind the tumour, and with one steady pull, the whole mass came away without leaving a shred to be divided. A huge, but healthy cavity remained, the floor of the orbit looking quite normal, and not a trace of diseased tissue to be found anywhere.

The velum pendulum palate was intact. One or two small vessels sprang, but no ligature or cautery was required. All oozing having ceased, and the cavity having been filled with pledgets of lint soaked in perchloride of iron, and having numbered ligatures attached, the lips of the incision were brought together by wire sutures and two hare-lip pins, a single fold of lint over all.

To compensate as far as possible for the absence of chloroform the operation was planned so as to economise to the utmost time and suffering in the execution of it, consistently with the complete removal of the disease; and thus to reduce the danger from shock to the minimum.

For this purpose the knife and écraseur were used simultaneously, the bone-forceps exclusively employed, and the cautery dispensed with; this latter was done with great reluctance, on account of the weight which some eminent surgeons attach to its use, but on the closest examination, both by sight and touch, on the part of my kind assistants, Drs. David Hadden, Garde, Bennett, Heas, and myself, it was concluded that the parts were so perfectly free from disease that its use would be a needless infliction of pain on one who had borne her sufferings with astonishing fortitude.

The removal of the disease occupied five minutes, and so little shock was there, that she walked from the chair to her bed, and with a smile expressed her satisfaction at the removal of "the baby she had nursed for three years" (her own words).

After being settled comfortably in bed, she got some brandy and water, with thirty minims of Battley's sedative; she fell asleep in about an hour.

The operation was performed at noon, on Tuesday, February 16th. At 11 p.m. per pulse was 92; temperature, 101 3-5ths; the flap warm, and but little swollen, the uvula tumid, and lying on the dorsum of the tongue. She was ordered beef tea, and milk and water, reaction having been fully established.

Wednesday, 17th.—Pulse, 88; temperature, 99 1-5ths had a good night; spoke cheerfully and distinctly; no pain; the wound looked well, and the uvula was less swollen.

It would be tedious to follow the case further; not an unpleasant symptom arose, the wound healed completely by the first intention; the pledgets were removed on the third, the needles on the fourth, and the sutures on the fifth day; under the daily use of carbolic acid lotion, the internal parts granulated and healed up kindly; and on the 11th of March, she was discharged, through the guidance and blessing of God in the treatment, as far as I could judge, free from disease.

There are some points of interest about the tumour. Those parts of it which projected into the mouth and underneath the left cheek springing from the inner and outer surfaces of the alveolar process seem to be huge epulitic growths, that occupying the antrum is peculiar in being roofed over where it lay against the floor of the orbit by a delicate shell of bone, which appears to be rather a product of the morbid process than part of the maxilla. The spongy bones being quite healthy, one is led to hope that there may not be a return of the disease.

May 19th.—I have seen this patient to-day (three months after operation), and am thankful to be able to say that there is not the *slightest* evidence of a return of the disease.

◆

A PLEA FOR THE CONTROL OF PROSTITUTION.

By T. C. S.

No. 1.

As it is more than probable that the Contagious Diseases Act, at present only in force at our principal military and naval stations, will be much extended both in character and action, we think it may not be without some interest to republish an article which was originally printed in the *Cork Constitution*, in the year 1855, and in which we laid before the then authorities how such things were managed in continental cities.

Our remarks are based on a review published in the *Medico-Chirurgical Review* of January, 1854, vol. 13, by Dr. T. S. Holland, of Cork, who had great opportunities of investigating the working of this system on the continent; and who, like ourselves, very justly makes no excuse for bringing it before the public: but says, at p. 113, that few subjects (as the one he is about to consider) have such moral and physical relations with the wellbeing of man, or demand more carefully and attentively the attention of the physician and statesman.

The investigation of this subject has much to do not only with the moral, but also with the physical welfare of the present, and is even still more intimately connected with the well-being of future generations. There are no persons who haev the slightest particle of honest feeling about them who will not, the moment they begin to calmly and dispassionately think over the subject, perceive that if there was such a control exercised over prostitution in Great Britain and Ireland as is carried out on the Continent, much good might be done, much crime put down, much good be effected, and an immense amount of misery alleviated. It may be asked, Why in any way countenance such foul proceedings? By bringing crime under public notice, we often induce people to commit crime. But, will those parties permit us to ask them the question, Why is it that the Press is permitted to enter into the most minute detail of how the midnight murderer committed his deed of blood? Are prostitutes more culpable than him? At his trial the deepest sympathies of our nature are called into play; we pity, we commiserate, the man who has shed man's blood; but place a prostitute at the bar of justice for the slightest outrage of the laws, and there is none to pity, none to help her. Until convicted by judge and jury, he is not cast out from the pale of society; but the poor outcast woman is often condemned unheard—it is enough that she is unfortunate. With a kind consideration our rulers have appointed ministers of religion to attend the malefactor, and point out to him that, even in the eleventh hour, a Saviour's arms are open and ready to receive him, a Saviour's lips are uttering, "This night shalt thou be with Me in Paradise."

We speak advisedly when we say that even the minister, in many cases, thinks the poor outcast prostitute too bad to be saved. To withhold the means by which there may be a chance of rescuing these women from a greater fall than they have already fallen to, is not worthy behaviour on the part of those who aspire to guide either the actions or opinions of others.

But let us ask the question, Do we not countenance prostitution? Does not the statesman, as he walks or drives from the Senate House of our great land, see this great and crying evil lying on the main pathway of our streets? Does he not behold it, turn where he may, dressed up in all the painted, blazing, harlotry of wretchedness, seducing with its wiles and snares the children of many a happy home, and leading them headlong to ruin and destruction? The statesman, the philanthropist, aye, the clergy themselves, must acknowledge this; yet with a strange inconsistency of feeling they "pass by on the other side;" with a mawkish sentiment of manner, they shake their grave heads and say, "Oh she is a prostitute, nothing can be done for her; were we to plead her cause, society would scout us from its presence; such characters should not be permitted to live."

If one or other of these men turn to p. 114 of the article we are reviewing, he will see that the Utopian notion of endeavouring to sweep prostitution off the earth was attempted in Denmark.

Referring to laws instituted for that purpose, our author says:—"*These and a long list of other enactments are so stringent in character that they must have interfered with the liberty of the subject, not only suspected of prostitution, but also with the community generally.*" Dr. Holland then asks, "*Is Copenhagen a moral city—does prostitution exist in the kingdom of Denmark?*"

Anyone acquainted with the physical constitution of our race will immediately see the total impossibility of putting a stop to this vice, the greatest that ever a British sun shone on; then the next best thing our statesmen, our philanthropists, should do is, to try and invent a plan whereby the civil liberty of the woman may be preserved, and the public at the same time protected. We stand on the same high principle as the author of the reviews, and say, "*that whatever is likely to conduce to the happiness of man deserves to be heard by man.*"

Berlin.—In this city there is a staff of eighteen men employed in the "Control of Prostitution," of whom four form a kind of council, to receive any points that may be referred to them. Ten are physicians, to each of whom a part of the city is assigned, and there are four surgeons to assist these physicians.

"*This commission has divided prostitutes into two kinds—the tolerated or public—the non-tolerated or secret.*" Our space will not permit us to go regularly through the Regulations, given at p. 115, which the keeper of a brothel has to subscribe to before he or she are permitted to open a house. But we cannot pass them entirely by without drawing the attention of our readers to three or four of the rules, which, if carried out in the United Kingdom, would be of incalculable benefit to society; and we are also inclined to think, even in the present state of the laws, our local authorities could very easily insist on being fulfilled.

For instance, we read at p. 116, No. 7 of the Regulations—"*I promise that the street door shall be kept shut day and night, and if it be at any time found open, I will pay a fine of from* 15s. *to* 30s."

Again at same page, No. 10 of the Regulations—"*I promise that none of the women who are in this house shall appear at the door,*—(we would wish to direct particular attention to the last six words of this rule)—*nor in public gardens, or in places of amusement, nor in dancing rooms or in public walks.*"

We always thought,—and it has become more firmly impressed on our minds since reading these articles of Dr. Holland,—that many and many an unfortunate girl would have been now living in peace and contentment with her family, if such rules as these had been in force in Great Britain and Ireland.

Reader,—be you young or old, you will, I am sure, agree with me when I lay down the proposition that example is contagious, and permit me to ask you, Do not the Legislature of our land, by permitting (as she is called) the gay woman to drive in her carriage, attended by her servant, in mock grandeur and dignity, to our theatres and other places of amusement,—do they not, I say, help to seduce more females than all the honied words the male sex are in the habit of using to carry out their designs? Come with me, fair lady, for one moment into you confined and heated room,—shut in, in some dark lane,—far away from the pleasant green fields—far away from the reviving perfume of earth's luxuriant flowers. Scarce one beam of sunlight can penetrate the small and confined windows. There, on a stool, sits the lonely occupant, her pale and meagre cheek telling too plainly that her earthly career will soon come to an end; but still her pale and attenuated hand, marked with clear blue veins, plies the needle, still that bent body stoops over the allotted task—to stop it were to starve. The work is done at last, and from the employers (often scarcely paid themselves) she receives her miserable pittance, out of which she has to provide clothes, food, candlelight, needles, thread, and lodging-house money. As she passes through the crowded city to her comfortless home, she sees the equipage of one of these women; she sees them dressed in splendid costumes, actually glittering from head to foot in their tawdry finery; men smile on them, and they in return smile on their dupes. Ah! what causes the flush to mantle on your brow, young workwoman? why stand so thoughtful in the midst of that crowded thoroughfare?

Reader, that woman is contrasting her own condition with the gay (?) women she has seen pass her, and, from that fatal hour, it is too sad a picture to pourtray.

The clause "shall not appear at the street door," could it be carried out, would indeed be beneficial to society. For, it is most shamefully disgusting to any well-minded person to be obliged to listen to the foul and blasphemous language which we frequently hear in our streets, as these poor unfortunates ply their miserable trade. Do not such sights tend in a great degree to demoralize our people? and yet we remember when Mr. J. F. Maguire was mayor, he tried during his year of office to rid his fellow-citizens of this nuisance, which all allowed to be a great one; he was told he was going too far, he was outstepping the laws. Well would it have been had he not minded what was said, but acted on his own judgment in the matter, and then we would not be compelled to witness the disgraceful scenes enacted night after night in our most public thoroughfares.

"*The regulation respecting the closing of the street door is so strictly acted upon, that it is at all times necessary to ring before you can gain admittance, and on entering it is immediately closed, as it matters not by whom it is left open or even unlatched; if so the owner is fined, and it is one of the duties of the police to enforce this regulation.*"

The rules No. 16 and 17, viz., "*that no one should enter the house from one o clock midnight until morning*;" "*that the inmates should preserve the greatest possible cleanliness, and if any become sick, that the physician should be immediately notified of the fact*," are regulations of such importance that they require no comment.

We cannot but agree with Dr. Holland, when he says, at p. 118, that any system having for its object the reformation of these women "*should enact that it be a high, a very high, offence to give them credit*;" for, when asked why they do not leave the house, and seek some more honourable mode of employment, their reply is, "*I must first pay my debts.*" The only way, in the author's opinion, to avoid this, would be, to declare the woman non-responsible for any debts she may contract whilst residing in such houses.

It is impossible for us to give our readers the interesting statistics given at p. 125. They most undoubtedly prove that the beneficial effects, the direct humane tendency of a control over and examination of prostitutes, is no longer theoretical or problematical, it has been found to protect women from the ill-treatment they almost invariably suffer from the owners of brothels in Great Britain and Ireland, whilst it facilitates their reformation, and at the same time protects the public health.

May we ask our readers to throw the mantle of charity over the sins of these women,—to remember that none are all evil,—to remember that many of them have been sorely tried by poverty,—to remember that, in all probability, their lives have been one long uninterrupted struggle against temptation, which, when assisted by poverty, it is hard, very hard, to resist,—to remember that, from many an erring sister, before she has fallen, "Hope had withering fled and mercy sighed farewell,"—to remember that the frown of the world and the unrelenting scowl of society have done more to confirm them in their wretched sin than many are aware of? We would solicit their own sex in their behalf; we would ask the high-born dames of our land to step forward to save a fallen sister from *total* destruction; we say, "Ye who are without sin cast the first stone at her."

CASE OF EXTRA-UTERINE FŒTATION EXISTING FOR AN UNKNOWN PERIOD, BUT UNDER OBSERVATION FOR TWO YEARS AND TWO MONTHS.

By Thomas Davis, M.D., M.R.C.S.I.,
Medical Officer, Manorhamilton Workhouse.

Bridget Devanny, æt. thirty years, admitted to the Manorhamilton Workhouse Infirmary on the 30th January, 1867. She was sent here from one of the Scotch Poorhouses.

The history she gave on her admission was, that she had been married at eighteen years of age, had borne a premature child about a year after her marriage. That her husband deserted her before her child was born, and she had not seen him since. For a length of time she had suffered from obstructed menstruation, attended with epileptic fits, for which she had been under medical treatment in Glasgow Infirmary, and subsequently in a Union Hospital. Her countenance was pale, inclined to a yellow colour, the lips showing the characteristics of epilepsy; the pulse weak, quick, and fluttering, but the heart sounds were distinct and normal, and the lungs apparently all right. On examining the abdomen when she lay on her back, I discovered a tumour in the region of the left ovary, over which she had been deeply cupped. The treatment she received was giving iron freely, with cod-liver oil and nourishing food. After a month or so, the fits became less frequent, but otherwise the medicine seemed to have no beneficial effect. Some weeks there would be obstinate constipation of the bowels. At other times profuse perspirations would be troublesome.

About the month of July, 1867, when she had been six months under treatment, retention of urine set in. I was then inclined to look upon it as hysterical, but, hysterical or otherwise, most troublesome it proved, as for several months she never passed a drop of water, except what was removed by the catheter.

In the month of September, 1867, whilst I was absent from home, my friend Dr. Shaw, who was acting for me, removed from the vagina what he supposed was a large polypus in a putrid state. After this there was no more trouble from retention of urine. Even at this period nothing unusual could be observed on examining with the speculum. The os uteri was close, presenting the appearance of a very small slit, and not congested looking; but, as far as I could judge, the uterus was pushed by the tumour towards the right. Singular as the admission may seem, I admit that it was only at this stage of the disease, and after the diseased or decayed mass was removed by Dr. Shaw, that the true character of the disease I had to contend against dawned on me. Very shortly after the removal of the fleshy mass from the vagina a new phase of the disease showed itself—namely, discharges of thin black blood from the umbilicus, which returned at intervals of three or four weeks, and thus continued from December, 1867, until the end of the year 1868, the quantity discharged being on some occasions marvellous, and during these periods some of my medical brethren who saw the case were inclined to look upon the discharges as vicarious. From time to time, during the early part of the year 1868, whilst these discharges were recurring, I removed masses of decayed flesh from the vagina, smelling most intolerably, and she constantly used lotions with chlorine iod.

On the 1st of July, 1868, she complained that something sharp was cutting her inside, and on examination of her vagina I found imbedded in the posterior wall of the vagina and extracted what proved to be the rib of a fœtus, which measured three inches in length, and half an inch in breadth. On carefully examining after its removal, the os uteri was still small and contracted, the bone seemed to have come from the left of the uterus, and the vagina looked injured in the posterior wall.

On the 24th of the same month, I removed in the same way, with very little difficulty, a portion of a fœtal femur, divested of cartilages, which measured two inches and a half. About four weeks afterwards she seemed to be suffering excruciating pain from some obstruction in the lower bowel, and on this occasion I removed from the rectum with my curved fore-finger a piece of flat bone, evidently one of the bones of a fœtal head, and in a few weeks more I removed in the same way a lumbar vertebra. From this date (the 20th September, 1868) until the early part of the month of January, 1869, I removed from time to time, sometimes with the aid of the speculum, and sometimes without it, various masses of decayed flesh and pieces of bones.

Whilst I write several of these are before me, with the dates of their removal marked: namely, a femur nearly perfect, a second less so, two ossa innominata, two ribs, several vertebra, and bones of the head, with some unrecognizable spiculæ.

From the date of the first removal of bone, the bloody discharge from the umbilicus diminished, and the patient's sufferings were mitigated, except when a spicula of bone became imbedded in the wall of the vagina, or was grasped by the sphincter ani, then her sufferings were painful to witness.

Early in January, 1869, it seemed as if her constitution had triumphed over all her ailments, the discharges ceased, the digestive functions became more regular, the appetite and strength improved, and she sat up daily in bed; but about the 1st of April, she was attacked with diarrhœa; the tongue assumed an aphthous appearance; her strength rapidly gave way; the character of the alvine discharges became more fœtid and unhealthy looking, and on the 19th of May she died.

A *post-mortem* examination thirty-six hours after death showed on opening the peritoneum a considerable quantity of straw-coloured serum, smelling abominably, with white particles of lymph or pus floating in it. The intestines all presented a dark red appearance, in some places approaching a purple colour. The uterus was of an average size, neither congested or displaced, as I expected to find it; but matted at the posterior part to the rectum, which was livid and black. I could discover no separate cavity where the fœtus had lain, it seemed to have been loose in the common peritoneal sac, and to have been of that form termed abdominal extra-uterine fœtation, although no trace of the fœtus now remained, except the marks of inflammation and ulceration which it had caused in the rectum and vagina.

The cause of death was registered as extra-uterine fœtation with ulceration of rectum.

◆

TO DISGUISE THE TASTE OF COD-LIVER-OIL.

The flavour of cod-liver oil may be to a great extent obviated in the following manner:—If we take the fish oil, spread it on toast, and grate over it a little smoked salmon, herring, or even ham, it may be eaten with no more effort than the salt mackerel which forms the standard dish of thousands of families.—*Pacific Med. and Surg. Journal.*

Hospital Reports.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. Thornley Stoker, M.D., L.R.C.S.,
Demonstrator of Anatomy in the Royal College of Surgeons in Ireland.

ADELAIDE HOSPITAL.

Ulceration of stomach and induration of pylorus, with fatal result.

(Under the care of Dr. Barton.)

[From the Notes of Mr. Knaggs, Resident Pupil.]

A. B., a male, æt. fifty years, belonging to the better class of society, was admitted into a pay-ward in the Adelaide Hospital, April 20, 1869. He had been of intemperate habits, drinking whiskey freely,—he had suffered during the past six months from indigestion and from constant vomiting, the tendency to vomit being greatest after meals, and the ejected matter, which was usually fluid, having an intensely sour taste, being dark in colour and in excess of the quantity of fluid swallowed; he could always tell when he was about to have an attack of vomiting, by a peculiar sense of weight and fulness in the stomach, which gradually increased in intensity until it felt "as if a knife were cutting his entrails away." This pain could be relieved for a time by the use of a little carbonate of soda, but entire ease was never obtained until the stomach evacuated itself. The pain, from which at times he had complete relief, was generally referred to a point between the umbilicus and epigastrium, but was not localised there, wandering about the umbilicus, sometimes occurring in the small of the back, or shooting through the thorax up to the left shoulder. Exacerbations of pain generally took place about half an hour after the ingestion of food, and seemed to be relieved by the copious draughts of warm water which he swallowed in order to produce emesis, but which, even before causing vomiting, gave him much ease. Hot poultices to the epigastrium, and warm jars applied to his feet and back, also served to mitigate the pain. The presence of altered blood-cells and of the sarcina ventriculi in the vomited matter was readily detected by the microscope.

April 21st.—He was seen by Dr. Barton, who placed him upon a meat diet, given frequently, and in very small quantities. A linament composed of equal parts of the linaments of chloroform and belladonna was ordered to be rubbed occasionally over the region of the stomach; he was allowed small quantities of bicarbonate of soda, and one of the following pills twice a day:—

℞ Nitratis argenti, gr. iij.
Muriatis morphiæ, gr. i.
Ext. taraxaci,
Ext. rhei, āā. gr. xij.

Make six pills.

22nd.—During the night the patient threw up about two quarts of dark coffee-ground matter, the vomiting being preceded by the usual pain.

24th.—Early in the morning he suffered so much that, in compliance with his request for an emetic, the resident student gave him twenty grains of ipecacuanha, and about two pints of warm water, after taking which he vomited three quarts of dark fluid, and professed himself much relieved.

The pills were repeated, and a blister, two inches square, was applied to the epigastrium, and kept open by Albespeyre's paper; his bowels acted tolerably well. The vomiting not having abated, his food was changed, and he was placed upon milk diet, which evidently agreed with him much better, for from this time, the vomiting, although it did not cease, became less persistent. He continued much in the same state until May 1st, suffering from occasional severe pain and vomiting, which, showing no signs of greater alleviation, Dr. Barton ordered him to get no food by the mouth, but to be fed by means of enemata of beef-tea and brandy three times a day, with the view of giving the stomach complete relief.

He was ordered the following mixture :—

℞ Acidi nitro-muriat., fl. drs. ij.
Inf. calumbæ, fl. oz. xij. ♏

An ounce three times a day.

Ice was used to relieve thirst.

May 5th.—The vomiting has been less distressing until to-day, when he threw up three quarts of the dark fluid. He was seen by Drs. Head and Barton in consultation, and after a careful examination they agreed that there were no signs of malignant disease, and that the disease was either catarrh or chronic ulcer of the stomach. Ordered—

℞ Creasoti, gtt. x.
Muriat. morph., gr. ij.
Nit. argenti, gr. v.
Ext. conii, gr. xx.

Make ten pills, one three times a day.

With two ounces of the following mixture :—

℞ Acidi sulphurosi, fl. dr. iij.
Aquæ ad., fl. oz. xij. ♏

8th.—No vomiting since; patient comparatively free from pain, but getting weaker; pulse 95, moderately full. Nutrient injections increased to four times daily; mixture repeated. He was ordered chicken jelly.

9th.—Feeling the pain severe, and getting no benefit from hot jars and poultices, he swallowed two pints of warm water, which failed to cause vomiting, but gave much relief. The pain returned towards evening, and lasted until vomiting produced its usual good effect.

10th.—Much inclined to sleep.

℞ Creasoti, ♏vj.
Nit. argenti, gr. vj.
Muriat morph., gr. i.
Micæ panis qs., ut fiat massa.

Make six pills, one three times a day.

He had very little vomiting after this date, and no pain, but got gradually weaker, and was evidently sinking.

May 24th and 25th.—Suffered from an attack of diarrhœa; passed a quantity of dark brown matter by the bowel. This was readily checked, and from this date until his death, which occurred on the 29th of May, he suffered comparatively little, and took considerable quantities of nutriment.

A *post-mortem* examination was made the day after he died. The stomach was enormously distended; its walls were of a healthy colour and consistence, save at the immediate seat of disease. An ulcer about two inches in diameter, with thick irregular edges, existed at the lower part of the posterior surface of the viscus, near its pyloric end, where it is related to the pancreas; it had eaten completely through the coats of the stomach, and its edges were firmly adherent to the pancreas, which in this situation was somewhat indurated, and so cleanly dissected on the surface open to the stomach that its structure could be distinctly seen. The coats were much thickened at the pyloric end, and the valve itself so small and indurated that the point of the forefinger could with difficulty be passed through it.

MR. STAPLETON'S METHOD OF EXTENSION IN FRACTURES OF THE FEMUR.

In a letter which appeared in our issue of June 9th, Dr. Jacob, of Maryborough, takes occasion to say, that the method of extension in cases of fracture of the femur proposed by Mr. Stapleton, the account of which will be found in the Hospital Reports for the preceding week, is not new or original, and that he has been in the habit of using it in the Queen's County Infirmary for the last thirteen years. If Dr. Jacob had read the description of Mr. Stapleton's plan carefully, he would have saved himself some trouble, for he would at once have seen that the method proposed by Mr. Stapleton differs considerably from that which he claims as his own. Dr. Jacob attaches the extending weight *directly to the leg* by adhesive plaister, a plan which, of course, we were aware had been long in use, particularly in America, where Dr. Dugas claims to have originated it, although Dr. Jacob asserts that he is its inventor. Mr. Stapleton, on the other hand, hangs the weight *from the splint*, and attaches the leg to the fork of the splint by the loop of plaister. What advantages may belong to the respective plans of Dr. Jacob or Dr. Dugas, and Mr. Stapleton, we must leave others to decide; but Mr. Stapleton claims for his idea both novelty and excellence; and on the former point, at least, Dr. Jacob has failed to show that he is wrong, for we assert that in the work of Dr. Wales, to which reference has been made, there is no plan mentioned such as Mr. Stapleton has devised.

MERCER'S HOSPITAL.

Spina Bifida, and Analysis of the Fluid.

By Mr. Morgan, F.R.C.S.I.,

Professor of Anatomy, R.C.S.I.; Surgeon to the Hospital, &c.

On May the 11th a healthy countrywoman brought her child to me suffering from a very well-marked spina bifida. The boy was four months old; the tumour, which had been observed a fortnight after birth as about the size of a walnut, now had attained a great bulk, equalling a very large orange, with a slight attempt on a division across the middle; it was transparent and tense, and slightly abraded in parts. The child was remarkably well nourished and plump; no hydrocephalus whatever, and the fontanelles were normal. There was slight talipes of the equinus form in one foot, and on careful handling the outline of the deficiency in the spine could be ascertained. Carefully applied pressure by means of strapping was used, and after some days the size of the tumour had manifestly reduced, no inconvenience whatever being caused by the pressure. May 26. The child unfortunately got an abscess of the nates from an accidental cause, which obliged the treatment to be discontinued for some days, during which time the tumour enlarged considerably, and the skin began to thin and ulcerate; the child's strength also failed. The right hand showed signs of inturning. June 1st. I now tapped the tumour with a fine Pravatz's trocar, and took off two ounces of clear fluid, closed the wound, and applied careful strapping. As the child's strength was nearly exhausted, and as the mother determined to take it home, I was unfortunately not able to have a further examination. I had the fluid carefully analyzed; the result was—sp. gr. 1,000, reaction very faintly alkaline, it contained hardly a trace of albumen, a trace of soda and no potash salts, and was perfectly transparent and colourless.

FIBROUS TUMOURS IN PREGNANCY.

M. **Blot** believes that fibrous tumours increase in size during pregnancy, and diminish after labour.

EPILEPSY INDUCED BY SECTION OF THE SCIATIC NERVE.

Prof. **Brown-Sequard** alluded recently, in the Paris Academy, to the fact that section of the sciatic nerve induces epilepsy when the face is irritated at a certain point.

LUXATION OF THE HIP IN A YOUNG BOY.

Dr. **Tuck** (*Boston Med. and Surg. Journal*) recently related a case of dislocation of the right hip upon the dorsum ilii, occurring in a healthy boy six and a half years of age. He was playing horse, and fell, his companion falling upon him. The usual shortening of the limb and turning in of the toes were present. The head of the femur could be plainly felt upon the dorsum ilii. Ether was given, and reduction was easily effected by manipulation. This accident is noteworthy from the rarity of its occurrence in children.

REGISTERED FOR TRANSMISSION ABROAD.

THE MEDICAL PRESS AND CIRCULAR *is published simultaneously in London, Edinburgh, and Dublin, every Wednesday morning. Price 5d. Stamped 6d.*

By Post to Annual Subscribers, £1 2 6
„ *If paid in advance,* 1 1 8

⁂ Post Office Orders and Cheques to be drawn in favour of A. A. TINDALL, 20, King William-street, Strand, London,
MOFFAT & Co., 6, D'Olier-street, Dublin.
MACLACHLAN & STEWART, South Bridge, Edinburgh.

Sole Agents for the United States.
MESSRS. KELLY and PIET, Baltimore.
Annual Subscription, *post free,* Ten Dollars.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 30, 1869.

THE SUPERANNUATION BILL AND MEDICAL EDUCATION.

Two of the questions which we have so often laboured to impress upon the profession and the public have at length found their way into the House of Commons, and made for themselves a lodgment which it will be difficult to disturb. The Medical Superannuation Bill (Ireland) has been read a second time, with the consent of the Government and the approving support of the Irish members of all classes. The Bill was introduced by Dr. Brady, Mr. Pim, and Mr. Hamilton; and it was gratifying to observe that the convincing arguments by which Dr. Brady, who moved the second reading, sustained the claims of the Irish Medical Civil Servants to a retiring allowance, were ably supplemented by Mr. Peel Dawson, who may be said to have represented the landed gentry on the occasion. Some difficulty was felt as to the source from which the superannuation was to be drawn—whether partly from the local rates and partly from the National Exchequer, as proposed in one of the clauses, or altogether from rates; but there was perfect and complete unanimity as to the principle—that a Medical Civil Servant was as well entitled to a retiring pension as any other Civil Servant of the Crown.

The great feature of the debate, however, was the striking and fearless speech in which Sir John Gray, Member for Kilkenny, developed the evils of the present system of examination for degrees, and the necessity for those reforms in the educational standard which the MEDICAL PRESS has so often insisted on, as the first and most essential step towards securing for the medical practitioner that high social status which is due to the skill, to the self-sacrifice, and to the services conferred on the community by the educated medical man. In the course of a long and exhaustive speech,—which we hope to see fully reported and republished, in which the services, the risks, the never-ceasing labours, and the starvation pay of the Medical Civil Servant were forcibly contrasted with the high status, princely emoluments, sinecure offices, and luxurious pensions provided for the Legal Civil Servants of the Crown—the Member for Kilkenny arraigned the Government, charging it with gross abandonment of its duty to the public in seeking to degrade, by beggarly stipends and official neglect, that profession, the members of which are ever sacrificing personal care, family comfort, health, and even life, in the gratuitous service of the poor and the afflicted. But, while thus boldly pointing out the misdeeds of the Government, he did not spare either the licensing bodies or the Medical Council, both of whom have been so impenetrable to public opinion, to the demands of the Medical journals, and of the heads of the profession. Sir Benjamin Brodie in London; and Graves, Carmichael, and Sir Dominic Corrigan in Dublin, have long since demanded that the parrot system of examination be flung aside, and that, instead of grinding and cramming in order to "pass," by committing words to memory, the student should be coerced by a practical examination to become acquainted with *things* as well as *words*—with the features of disease as they appear to the careful observer of nature, not with the mere names of symptoms as crammed into a man's ears by the grinders. Sir William Jenner and the Medical Teachers' Association of London have again and again insisted on the application of this principle, and demanded that the examination as to a man's knowledge of disease should be tested practically in the hospital and in the dispensary, as the knowledge of anatomy and chemistry now is, in the dead room and in the laboratory; or rather by presenting the subject and the chemist in the examination hall for the inspection and manual operation of the candidate. The Report of the society over which Sir William Jenner presides was largely used in the debate, and lost none of its force by the manner in which it was introduced. The necessity for reform in this vital point has now become a question with the Legislature. It has not passed from the halls of the profession, nor from the pages of the medical periodicals of the day; it has but extended to the council-room of the nation; and if it be followed up with the vigour with which it was commenced, we hope ere long to see it become a Cabinet question, as it is now a Parliamentary one. We have often warned the Universities and the Colleges that the time was not far distant when the public must interfere for its own protection, if they would not act for the honour and elevation of the profession. Who can doubt that *that time has now come* who read, as thousands did last week in the columns of the daily journals, that a member of the Legislature asserted in his place in Parliament that a man who was well crammed by a grinder could obtain a licence to practice "who never put his hand on a human pulse, who never bandaged a limb, opened an abscess, or placed a stethoscope on the chest of a diseased patient?"

We can well imagine the sensation produced amongst some of the purse-proud and aristocratic members, who heard the terrible truth for the first time, and who, up to then, fancied that medical reform was a matter of concern to the poor only, and had no interest for them. It was difficult, no doubt, for men who gave the profession a "log" when we asked for "a king," to believe that this state of things could exist after the "Medical Council" had been formed, and met and held conferences during ten successive summers. But there was no refuting the incontrovertible truth so forcibly expressed by Sir John Gray, who cited authorities in abundance, from Sir Benjamin Brodie and Graves—who speak to us from their tombs—to Sir William Jenner, and the "distinguished Dublin Professor," who was listening to the debate, whose opinion Sir John Gray transferred from the quiet pages of the medical journals to the halls of Parliament, whence they will penetrate every home in the empire. That this was not done in vain we gather from the assurance of a Cabinet Minister (Mr. Fortescue), who confessed his alarm at the startling facts and the more startling proofs adduced, and added that it was impossible for Parliament to overlook such a statement. The Medical Council meets in London this week. There are men on that Council ornaments to science, to their profession, to their country, and to their age. We ask them, for the honour of the profession and the good of their kind, not to overlook the fact that the system of examination is now under the consideration of Parliament and of the Government, and that it is their duty to keep pace with the age. The views propounded by the MEDICAL PRESS AND CIRCULAR, and many of our contemporaries —by Jenner and Corrigan, and the President of our two great Surgical Colleges, have found an able and eloquent exponent in Parliament in the person of Sir John Gray, and we confess that we feel not a little, and we hope not an unreasonable pride, in the near prospect of the realization of a sound education, a practical examination, and a full recognition of the status and services of the medical practitioner, for the consummation of which we have so long laboured.

◆

RETIRING PENSIONS FOR IRISH POOR-LAW MEDICAL OFFICERS.

THE Poor-Law Medical Officers' Superannuation Bill, which received its second reading in the House of Commons, has been a subject of such earnest consideration to the profession in Ireland that a history of the progress of the measure from its origin to the step, which we hope we may call its completion, will not be unacceptable to our readers.

The omission of all reference to compensation for medical officers whose dispensaries were abolished by the Medical Charities Act of 1851 compelled many men who were already old or worn out in the public service to retain their offices under the new system. In a few years some of these gentlemen, when unable from increased age and infirmity any longer to discharge their duties with efficiency, were obliged to resign their offices, and the want of a provision to enable the Boards of Guardians to give them superannuation became evident to all. Other officers employed under the Poor-law were in the same predicament, and Boards of Guardians humanely accepted the weak and inefficient services of these gentlemen rather than turn them off without provision for their few remaining years. Agitation upon this subject once commenced, soon became very general through the country, and the Irish Medical Association, as well as the other medical protection societies through the country, at once took up the matter on behalf of the Poor-law and dispensary medical officers. The assistance of the Colleges of Physicians and Surgeons was sought and readily granted. Deputation after deputation was sent to each succeeding representative of Her Majesty in this country. The aid and sanction of the Poor-law Commissioners were procured, and at length our hopes of success were raised to the highest pitch by the introduction of Peel's Bill for the Superannuation of Poor-law Officers. The provisions of this Bill were not exactly as we had expected, and some anxiety was created by the introduction of the well-known words of limitation describing those entitled to the advantages of the Bill as officers whose whole time was devoted to their public duties. Sir Robert Peel, who had the charge of the Bill, was appealed to, and, to the surprise of all, it was ascertained that medical officers of workhouses and dispensaries were excluded by those words. Great indignation was felt by the entire profession at the slight thus thrown on their brethren, and much exertion was made use of to prevent the Bill passing without an amendment. Successful for that Session, its progress was stopped. Next year, however, this Bill was again introduced, and with the fatal words unaltered. The Association now made every exertion, and sent a deputation to the Irish Members of the House of Commons. A division of the House took place upon the clause, and was lost by a majority of 13.

The Association, however, did not despair; but, confident in the truth of their statements that the dispensary medical officers' whole time was justly to be considered as devoted to their public duties, they continued with renewed energy their agitation of the subject by deputations, public meetings, and circulars to members of the House of Commons on the subject. Sir Colman O'Loghlen having soon after introduced a Bill for the superannuation of other civil officers, great exertions were again made by the medical associations to have its provisions extended to the Poor-law and dispensary medical officers. The assistance of the College of Surgeons was procured, and that body sent a deputation to assist the Secretary of the Medical Association in having the medical officers included. This was effected; but the Bill was withdrawn, fatal objections having been raised to its other provisions. The deputation was most useful, however, in having won over several members of the House who had been opposed to the medical officers' superannuation. The agitation was continued; and it having been suggested by one of the Chief Secretaries upon whom a deputation waited to urge the Government to introduce a Bill that we should not wait for Government to do so, but get it done by a private member, the Royal College of Surgeons liberally instructed their law adviser to prepare a Bill, and had the same intrusted to Dr. Brady, Mr. Ion T. Hamilton, and Mr. Pim, for introduction to the House. This has been done; and the interval between the first and second reading of the measure has been made the best use of by the associations and numerous individual members through the country in procuring the support of the Irish members of the House, so that on the second reading taking place not a single member spoke against it. The College of Surgeons have sent their president and secretary to urge forward this measure, and Dr. Darby, of Bray, Vice-President of the Irish Medical Association, with the Secretary of the Association, have likewise been in London securing the second reading of the Bill.

Thus this useful measure has been, after years of constant and persevering agitation on the part of the medical associations of Ireland, pushed forward through its second reading to a committee of the House, whose sole object is to put its provisions in Parliamentary form. Too much praise cannot be given to Dr. Brady, the promoter of the Bill; his clear and able statement of the claims of the dispensary medical officers at once won over the hesitating, and overcame all opposition. The Irish Chief Secretary, who had kindly received the President and Secretary of the College of Surgeons, and the Secretary of the Irish Medical Association, who had gone there as a deputation, gave also an audience the following day to Dr. Darby, Vice-President of the Association, who had liberally come over to assist the deputation.

◆

OVERPOPULATION CONSIDERED AS A PROMINENT CAUSE OF MISERY AND EARLY DEATH.

By Charles R. Drysdale, M.D., M.R.C.P., F.R.C.S.,
Physician to the North London Consumption Hospital, Hampstead, &c.

Several distinguished writers in the Medical Press and Circular have lately done me the honour to question the accuracy of the theory of population, which I have on one or two occasions brought forward, in order to account for the excessive deaths of the poorer classes, and especially the frequency of cases of typhus fever, consumption, and infantile mortality, observed to occur among the ill-fed and ill-homed poor, in comparison with those seen among their more comfortable and richer brethren. "It is but too true," says Levy, in his admirable work on Hygiene, "that the duration of life is by no means equal in the different classes of society. Some there are which attain, on an average, seventy years of age; and others which do not get beyond forty-five years. The extent of the oscillation reaches to one-third of human life." According to Lombard, of Geneva, easy circumstances add 7·5 years, and want of comfort subtracts 7·5 years from the mean of life. Again, M. D'Espine, in his essay on the "Influence of Easy Circumstances and Poverty on Mortality," says that, when we can separate the portion of any population in easy circumstances from the others, so as to consider each separately, the figure of those in the better classes compared with that of the whole population is found to be at least ten years longer. It has also been shown by D'Espine, in the Annales D'Hygiene of 1830, that tubercular disease occasions sixty-eight deaths in 1,000 among the rich; and more than 230 in 1,000 among the poor. Villermé, too, showed that, in the second quarter of Paris, where non-taxed lodgings form 0·07 of the whole number, the mortality was one in sixty-two; whilst in the twelfth quarter, where the poor live, and where 0·38 of the lodgings were untaxed, the mortality was one in forty-three.

My antagonists will, perhaps, admit the truth of these facts, and perhaps, go along with me so far as to grant that poverty, or want of the comforts and necessaries of existence, is, as we should easily presuppose it to be, one of the greatest foes both to human health, longevity, and happiness. But these gentlemen here part company with me; they all say, "Granted all this; but your account of the origin of poverty, as being a consequence of over-rapid multiplication, or large families, is not a true one." Of course I take my adversaries' best case, and am by no means prepared to attack them, as they seem to do me, by interjections and exclamations. It has been well said, that it is impossible to argue with an interjection, such as the "Sin of Malthus," and other rhetorical expressions which, I must say, I wish writers would not introduce into serious arguments in a serious and important profession like ours. Not that I desire to blame anyone for making use of any expression which might help his case: only, I would remark, that the dictum of Cicero seems to me the best, viz, that we should always attack our opponent's strongest, not his weakest points. And the applause of the ignorant, I am sure, cannot satisfy my able brethren.

The strongest point, then, in my case, is the following:—I assert that the existence of almost all the poverty we see around us, the immense infantile mortality among the poor, the excess of death from consumption and fever among the poorer classes, is accountable for deductively, when once we have admitted the law discovered by Malthus in the beginning of this century, and since agreed to by Ricardo, Chalmers, the Mills, Senior, Whately, Darwin, Huxley, and a host of eminent writers, which is—That the human race has a power, when supplied with plenty of food and other necessaries of life of doubling in periods which have been calculated diversely at from fifteen up to thirty years. On this point I referred my readers to the article on Population in the "Encyclopædia Britannica," 1840: but as I daresay they will neither have the time, nor perhaps opportunity, to read that essay, I will endeavour to summarize what I humbly think to be the essence of this most pregnant of all questions in its consequences on human happiness.

Mr. Malthus, resting upon the most recent censuses of America made at the time he wrote (toward the end of last century), thought to put himself out of all dangers of contradiction, when he asserted that, when population is not arrested by any obstacle, it goes on doubling every twenty-five years, and increases in a geometrical ratio. It would have been quite sufficient if the fact of doubling in twenty-five years had been well proved but once, without counting immigration, in order to prove the assertion of Malthus. Now-a-days the number of cases is so great that to deny the law above stated seems to us to deny evidence. Statistics now give us eight official decennial censuses of the United States, including more than a half century, more than twice the Malthusian period of twenty-five years, between 1790 and 1860. In 1790, the United States were free and constituted: they have not since then ceased to live under the same government; no extraordinary event came to them to thwart the ordinary progress of events: and, more than this, the American population, not having as yet attained the limit of its disposable territory, or of its subsistence, has continued to obey the law pointed out by the censuses taken before this century, and which served Malthus with data for his theory. We have here one of the most remarkable facts relative to population, both for its accuracy and for its continuity. According to the different official censuses, the progress of the population of the States has been, in round numbers, in 1782, 2,389,000; in 1790, 3,929,000; in 1800, 5,305,000; in 1810, 7,239,000; in 1820, 9,638,000; in 1830, 12,866,000; in 1840, 17,062,000, in 1850, 22,806,000. If we divide the cypher of 1840 by that of 1790: that is, 17,000,000 by 3·9 millons, we find that the population more than quadrupled in fifty years. If we divide that of 1850, (22·8 millions) by that of 1,800 (5·3 millions) we find that the population has again quadrupled in the two first periods of twenty-five years of this century. If we compare periods of twenty years only, we see that the population almost doubled from 1800 to 1820; from 1810 to 1830; from 1820 to 1840; and from 1830 to 1850. Mr. Place, in a work entitled "Illustrations and Proofs," London, 1822, has shown, that up to 1783, war and different circumstances were obstacles to immigration into the States, and took from them more than Europe furnished. The French Revolution was an occasion of emigration to America; but this movement was soon interrupted by the war of 1793, and since that epoch up to the peace of 1815, Europe furnished but few emigrants, almost exclusively from England.

Adam Seybert, of Philadelphia, in 1818, says, "We believe that the population of the United States have been much augmented by emigrants from Europe. We have no authentic document; and must be content with simple estimates. Immigrants arrive principally from Great Britain, Ireland, and Germany. In 1794, Mr. Cooper estimated the number of immigrants at 10,000. In 1806, Mr. Blodget said that according to the registers and estimates worthy of belief, this sum was not annually above 4,000 for ten years past. In 1794 there was in Great Britain a great tendency to emigrate to the States. Admitting that in 1794 there arrived 10,000 strangers; we cannot grant that an equal number arrived in any year before or after up to 1817." Finally, Dr. Seybert, after having declared that he only looks to facts, without thinking of any theory to be proved, arrives at the conclusion, that the number of 6,000 emigrants established annually in the United States, from 1790 to 1810, is the greatest number that can be supposed. Hence the population evidently more than doubled, not counting emigrants, and by the mere power of fecundity, in the twenty-five years, beginning 1790 and ending 1815.

Now, if we consider this fact, it will be evident to us how important it is in order to account for the phenomena of society going on around us. Say that there are 30,000,000 inhabitants in Great Britain at this time. Well, if these 30 million were in the same favourable circumstances as the population of the States from 1790 to 1815, the population of Great Britain might be in 1895 no less than sixty millions. It is this *tendency* to double in twenty-five years or less, that will be found to account so well for the misery of the less educated, and therefore less thoughtful classes. Did we live in the Western States of America, it would be possible to live entirely without any uneasiness as to the numbers of children to a family; but in Europe, the *classes* which habitually produce large families usually fall down to the bottom of society, and the average of the life-time of these classes is thereby lowered by privations of all kinds, which cause fevers, consumption, and infantile mortality. You blame the provident habits of the French peasantry, because they will not consent to breed down to the level of the Irish cottier. But is it not better to prevent death and misery, by proportioning the size of the family to the means, than to trust to mere chance and exportation as a last remedy for starvation? Whether do you elect to take the side of the illustrious J. S. Mill, and say, "Little improvement can be expected in morality, until the producing of large families is regarded with the same feelings as drunkenness, or any other physical excess; but, while the aristocracy and clergy are foremost to set the example of this species of incontinence, what can be expected from the poor?" Or will you rather take the part of the Roman Catholic priesthood, who are enjoined to represent to their penitents before giving them absolution, that all such care as to the number of children they may have is contrary to the doctrine of the Church, and as "*le plus damnable des péchés mortels?* For my part, caring more for the happiness and health of men, than for the existence of such authority, which is now fast getting into disrepute, I elect to follow the teachings of Mill and others, and to prefer long life and freedom from poverty for European nations to any mere dogma, which is, in my opinion, absolutely false, and destitute of any scientific basis. The rate of increase of the French population is the slowest in Europe. At the census of 1851, the rate of annual increase shown was only 1·08 per cent. in the five years, or 0·21 annually, and at the census of 1856, 0·14 annually: so that, as M. Lavergne says, "Population has almost ceased to increase in France." Even this slow increase is wholly the effect of a diminution of deaths; the number of births not increasing at all, while the proportion of the births to the population is constantly diminishing. This slow growth of the numbers of the people, while capital increases more rapidly, has caused a noticeable improvement in the condition of the French labouring class. And, on the other hand, it appears to me, that in this country our poor were never worse off than at present, and we are all in low spirits about this.

"Unhappily," says Mr. J. S. Mill, "sentimentality, rather than commonsense, usually presides over the discussion of these subjects and while there is a growing sensitiveness to the hardships of the poor, and a ready disposition to admit claims in them upon the good offices of other people, there is an all but universal unwillingness to face the real difficulties of their position, or advert at all to the conditions which nature has made indispensable to the improvement of their physical lot. Discussions on the condition of the labourers, lamentations over its wretchedness, denunciations of all who are supposed to be indifferent to it, projects of one kind or another for improving it [emigration is the cry of to-day], were in no country and no time of the world so rife as in the present generation; but there is a tacit agreement to ignore the law of wages, or to dismiss it in a parenthesis with such terms as 'hard-hearted Malthusianism;' *as if it were not a thousand times more hard-hearted to tell human beings that they may, than that they may not, call into existence swarms of creatures who are sure to be miserable, and most likely to be depraved.*"—("Political Economy," Book ii., Chapter xi.)

Such are the remarks of the greatest political economist and thinker of the age, a gentleman who is enshrined in the hearts of the *élite* of the working classes because of his steady and ardent desire to raise the condition of the workers of *all classes*, by the overthrow of all unjust land laws, primogeniture, or other selfish monopolies. To say that political economists are aristocrats and callous to the sufferings of the poor betrays an utter ignorance of the writings of Mr. J. S. Mill. He is the champion of all human rights, however unrecognized by others.

One word in reply to a respected member of the profession in Brighton. He asks me what are the details of French slow increase of numbers; how this is accomplished? I answer that documents fail me in this respect. Dr. Routh (*Medical Mirror*, June 1, 1869) has shown that in some manufacturing towns of France the number of children to a family is much over the average of the rural districts and small non-manufacturing towns. But, with the exception of these remarks, I cannot refer my querist to any work giving the information he asks me for. Suffice it to say that the French population is stationary, and that poverty is there far less prevalent and distressing than it is in this country, although Malthus and Mill have lived and taught in our midst.

Another querist says, how do I make out that prostitution is the result of large families? Of course he knows that prostitution is in nine-tenths of the cases the effect of poverty of the woman (Duchatelet "Sur la Prostitution"); well, then, if poverty be caused, as I think, by large families in European States, the question is answered. And with respect to Doubleday, the answer that I made, that the families of the aristocracy are very large, was made by McCaulay to Mr. Doubleday in an essay in the *North British Review*, to which I refer all who may be captivated by the idea that poverty is the cause rather than the effect of large families. I have given these views *in extenso* here, because I hold that all questions of State medicines, without the law of population being considered, are *mera palpatio.*

◆

DR. RICHARDSON'S LECTURE AT THE ROYAL POLYTECHNIC,

TUESDAY, JUNE 22, 1869.

BEFORE commencing his discourse, Dr. Richardson apologized for not having answered the many correspondents who had written to him on the subject of these lectures, which appear to have created greater interest than any he has previously delivered; but while thanking them for their suggestions, references, and other information, by which he hoped to profit, he must state that to answer three or four letters per day was a labour absolutely incompatible with the preparation of his discourses.

Entering upon the subject of the lecture, he combated the notion that the brain or the nerves were electrical machines or galvanic batteries from which the forces in the body were derived. If the electrical theory of life were in the main correct (a theory which was in itself questionable), the body must be looked at in its entirety as an electrical machine, no particular part of it being in any way the special centre of force, any more than any particular portion of the machine he was about to experimentalise with was the source of its electrical power. The machine must be taken as a whole, and so must the body. The theory which made the nerves both the generators of electrical force and the conducting mediums of that force was absurd. That they did not act as the conducting agents, in the same way, at least, that a wire acted as a conductor of the electrical current, he had shown by his experiments in a former lecture, when, on freezing particular portions, either of the brain or the spinal cord, sensation was deadened in the immediate neighbourhood of the part acted upon, but the transmission of sensation to parts beyond was in no way impeded. If one part of the body acted as a conductor of electricity rather than another, some experiments he was about to show would point rather to the blood as the conducting medium.

Proceeding to speak of some of the effects produced by lightning on the human frame, he said it seemed to bear out the theory that a certain sensible interval of time was occupied in transmission of sensation to and from the brain. Persons who recovered, after having been struck by lightning, were often entirely without any recollection of the accident. To show that this was not due to any special effect of the lightning, but merely to the suddenness of the shock, he instanced the case of a lad who, climbing along a wall to take a bird's nest, fell on his head, and was taken up insensible. In this state he remained four days, but afterwards quite recovered. Up to the present time, however, he has no recollection of the accident; the last he remembers on the occasion is the grasping of an egg in the nest. The frequent absence of pain in cupping was a further instance; and the lecturer asserted his conviction that surgical operations might be performed with such rapidity as to prevent the feeling of pain. Not only might it be expected that an incision could be made painlessly, but a limb might be removed without any sensation being experienced by the patient.

With regard to metallic marks left on the bodies of persons struck by lightning, it appears that there can be little doubt that such marks are actually produced. A reliable case is narrated in a medical journal of a lady on whom the mark of a gold chain she wore round her neck was left when the chain was fused by a flash of lightning, the mark having a golden metallic lustre. Fine wires of gold, silver, zinc, copper, and brass, passed in front of a sheet of white paper, were then fused by a discharge from a Leyden jar, and in each case a special mark was left on the paper. A white rabbit was also exhibited, down whose back a brown streak had been produced by the fusion of a wire in the same manner. The rabbit in this case was not killed by the shock.

Experiments were next made illustrative of the conductive power of the blood. A current from the battery was passed through blood inclosed in tubes from which the air was carefully excluded. The standard tube contained blood in nearly its normal state, and with it were compared tubes of blood mixed with nicotine, alcohol, ether, and other substances. The result showed that the normal blood was in most cases the better conductor; congealed blood, however, surpassed it in conducting power. Special attention was called to the fact that blood mixed with water was a far worse conductor than the normal blood—a fact adverse to the theory that the serum or watery part of the blood is the conducting medium, rather than its other constituents. Electrical discharges passed through arterial blood produce the purple colour of venous blood; and by means of tubes, in which blood was made to circulate, this discolouration could be made manifest, and its immediate removal by oxydation from peroxyde of hydrogen exemplified.

Lightning, when it does not actually destroy life, appears capable of producing six different forms of disease both in men and animals: 1st, feverish excitement; 2nd, epilepsy; 3rd, apoplexy; 4th, catalepsy; 5th, paralysis; 6th, blindness. Instances were given illustrating all these various classes of disease; the most remarkable were the following:—An instance of apoplexy, where an Englishman having received a shock from an electrical discharge, which struck the ship he was sailing in, killing some of the men, immediately showed all the symptoms of apoplexy, but was relieved by copious letting of blood. A remarkable instance of catalepsy was that of a butcher, who was struck by lightning while driving in his cart, and taken home insensible. On recovering consciousness he was extremely weak, and gave evidence of cataleptic symptoms. He gradually declined, refused food, and was at length in such a state that he was supposed to be dead, and was actually laid out preparatory to being placed in a coffin. During this time he was quite conscious of all that was going on, but it was with the greatest difficulty that he managed by a slight movement of the hand to indicate to those around him that he was not dead. On the discovery being made he was fed, gradually recovered, and was at length perfectly restored. Paralysis, curiously enough, generally affects the lower limbs both of men and animals, even though the upper parts of the body be struck. Lightning may produce blindness in various ways and under several forms. It may be occasioned by the flame discharge, or by the shock, or merely by looking at a flash of lightning. It is sometimes produced without the appearance of the eye being in any way affected outwardly. At other times the cornea, corocoid coat, or other portions of the eye, are distinctly seen to be injured. A peculiar form of injury to the cornea was illustrated by an experiment upon a sheep's eye. The eye of an animal recently killed, and while still in the head, was subjected to a discharge, and showed distinctly a whitening of the cornea, as if the vitreous humour had been fused.

The lecturer concluded by asking those of his audience who cared to hear another lecture to meet him that day three weeks.

SCOTLAND.

ENDOWED HOSPITALS BILL.

In the House of Commons on Thursday last, on the order of the day for the House going into committee on this Bill,

Dr. L. **Playfair** rose to move that the House go into committee on the Bill on that day six months. He contended that Scotland ought to have a scheme as large in principle as that which had been granted to England. These hospitals or schools, more especially those in Edinburgh, were richly endowed; but the education given in them unfitted the scholars for active life. The present Bill was merely permissive, and offered no radical reform for the future. The great defect of it was, while they were concentrating education under one Minister it proposed to create a new educational department. It was quite true that these institutions had shown some disposition to reform themselves, but their scheme of reform was most limited and utterly inadequate. All that he asked of the noble and learned lord was not to pass the Bill through committee that night, but to wait and see whether the House sanctioned the Bill brought into the Lords for establishing a Board of Education for Scotland.

Mr. **Campbell** seconded the amendment, and expressed a hope that effectual means would be taken for developing the latent benefits which these institutions might afford.

Mr. **M'Laren** desired to see the Bill improved, especially as it was doubtful whether a stringent measure could be passed during the present, or even during the next Session.

Sir E. **Colebrooke** considered that the efforts of the Government were not equal to the exigency of the occasion.

Mr. W. E. **Forster** referred to the ample funds existing in Scotland applicable to educational purposes, and the willingness manifested by the managers to apply them efficiently. It had been objected that this measure being passed might prevent the enactment of a more perfect one; but it should be borne in mind that the Bill was only to continue for two years and a half, and if the institutions were not satisfactorily reformed in that time a compulsory measure might then be passed by Parliament.

Mr. **Parker** observed that this Bill did not profess to deal with the whole question of secondary education, but was a measure framed in accordance with the views of the managers of some of the institutions, and would not, if passed, interfere at all with a more effectual and extended one being brought forward by the Government on a future occasion. What was really wanted in reference to educational establishments, both in England and Scotland, was a more perfect organisation, so that the parts might work better together.

The **Lord Advocate** thought that the hon. member for the University of Edinburgh (Dr. Playfair) had misconstrued the object of this Bill. It was not intended to deal with the whole question of education in Scotland. What he looked forward to was a regular scale of education supported by public funds, but it would be premature at present to frame any such a system. The present measure was to enable the managers of the institutions in question to propose schemes of reform themselves—a thing which he knew many of them were anxious to do. He hoped the House would now go into committee on the Bill.

After a few words from Mr. **Kinnaird** in favour of the motion,

Dr. **Playfair** withdrew his amendment, and the Bill passed through committee.

Notes on Current Topics.

The Penitence of the "Lancet."

Last week we discharged a rather unpleasant duty, but one which had become imperative by the perseverance of the *Lancet* in attacking gentlemen for doing as it has done for years. We succeeded in discharging this duty in a manner that has overwhelmed us with manifestations of approval. The article in which our contemporary was exposed has created quite a sensation, and led to an extraordinary sale of that number. Under these circumstances it would, perhaps, be ungenerous towards the offender not to acknowledge the half repentance evinced. The *Lancet* has not, indeed, answered the query contained in our article, but has modified the extent of its advertisements and their sensational character. Instead of the usual eight or nine advertisements, last Saturday's *Times* only contains three. The key of the "trumpeting," as our contemporary calls advertising, has been changed, and the "startling" statements to which we directed attention revised. So far so good; but we did not take up this matter with any other view than to vindicate right. The *Lancet* substantially admits the justice of our rebuke, and will, we hope, refrain in future from its bad practice of attacking individuals. As we exhibited last week the facsimiles of its sensation advertisements, it is but fair to show our readers its modified ones. Here they are:—

> THE LANCET, of Saturday next, July 3, commencement of a new volume. Subscription 17s. 4d. half yearly, stamped, or 7d. weekly, unstamped. To be obtained of all booksellers and newsmen. Office, 423, Strand.

> THE LANCET, of this day (Saturday), June 26th, contains:—An Original Lecture on the Nervous System, by Dr. Brown Sequard—Clinical Notes on Syphilis, by Dr. J. K. Spender—A Case of Amputation of the Lower Limbs, by Dr. Carmichael—Leading Articles on the College of Surgeons' Election, Hospital Apparatus, &c. —Medical Annotations—Special Articles and Correspondence on Current Medical Topics. Price 7d.; stamped 8d. Office, 423, Strand, and of all booksellers and news agents.

> THE LANCET.—No. 1 of a New Volume, Saturday next, July 3. Order at any bookseller's or newsvendor's, or from the office, 423, Strand.

It will be particularly noticed that the author's names before their works, so strongly condemned by our contemporary, but till now regularly used, are dropped, as is the magic formula "*see Lancet.*" Is this the sign of penitence, or have the gentlemen advertised themselves taken fright? If so, another contemporary will probably follow suit.

The 1st of July, 1869.

THE COLLEGE OF SURGEONS—THE MEDICAL COUNCIL.

THIS is to be a red-letter day, if the hopes so freely expressed are realized. The Fellows of the Royal College of Surgeons of England are to inaugurate a new era. Three liberal men are to be elected into the Council of that College, and the Fellows are to maintain their right to question those who seek their suffrages, and debate their own affairs in their own Hall. The time is so near that we can scarcely do other than bid God-speed to those who have resolved thus to do their duty to themselves and their profession.

The same day is to witness the assembling once more of the General Medical Council. Will the coming session of that body eclipse its predecessors? Many hope that the Council will return to a consideration of its own constitution, and that its deliberations will take a more practical form than they have hitherto done. Some Councillors are weary of the talk that has led to nothing, and resolved to see if action cannot be substituted. Still there is a heavy weight of satisfied men who seek no more than to go on in the old useless routine. The profession is awaking to the question—everywhere there are signs of this; and the Council will be called to account by it, whose money it so freely expends. Let the Council enter heartily on the work of reform, and it has a noble career. Let it again refuse, and it will have been proved unworthy of its opportunity, and the sooner it is shelved the better.

The late Railway Case.

SOME time since we commented on the case in which a jury had awarded £4,000 as damages to a gentleman who was injured by an accident on the Lancashire and Yorkshire line, and hinted that further litigation would probably ensue. This has come to pass, and in the Court of Common Pleas, last Thursday, the damages have been reduced to £2,000, by plaintiff consenting to accept the Judges' decision as to amount, should they be of opinion that a new trial must be granted on the ground of excess. Justices Willes and Smith concluded a very careful judgment by saying the case must go for a new trial unless, as proposed by plaintiff's counsel, the sum above-named were accepted. In point of law, no doubt, this is all right enough; but we must admit that, so far as the medical evidence is concerned, it leaves the question raised in as unsatisfactory a state as ever. No opinions could be more opposite than those expressed by medical men on the former trial, and we must regret that there is now no means of further sifting the opposing views of the surgeons engaged. As we have before suggested, it might go hard with any student who stated in his examination what either side swore to in this case.

Synthesis of Acids.

M. WURTZ has laid before the Paris Academy of Sciences a new method which enables him to effect the synthesis of a number of aromatic acids, or rather of their ethers. It consists in heating a bromide or an organic chloride by chloroxycarbonic ether in presence of sodium amalgam. This last metal taking up the chlorine or bromine, the ether of the organic acid is isolated. By the help of this method M. Wurtz has attempted to convert bromized benzoin into benzoic acid, and bromized tolvème into toluic acid.

Effects of Compressed Air.

DR. G. VON LIEBIG has recently completed some experiments on this subject, and has thus summed up his conclusions:—

1. The number of respirations under the effect of a high pressure, and after the subject has become accustomed to this condition of respiration, do not differ much from those produced under ordinary circumstances.
2. The quantity of air respired does not differ much under the various modes of respiration.
3. The quantity of carbonic acid eliminated under the two conditions is nearly identical.

A Statue to Boerhaave.

THE subject of the propriety of raising a statue of Boerhaave at Leyden has been under discussion, and the Royal Academy of Medicine of Belgium have unanimously supported the movement, and decided to take part in the subscription, which, it is expected, will be opened. They have also ordered that a deputation of its members shall assist at the inauguration of the monument.

The Report of the Water Commission.

THIS long-delayed Report has at last appeared, and exactly fulfils our predictions. Some months ago we ventured to prophesy the conclusions which the Commissioners would probably adopt. We were then immediately contradicted in a rather unceremonious manner, and the *Lancet* endeavoured to make capital for itself at our expense in a paragraph no *gentleman* could have penned.

We took no notice at the time, but resolved to wait for the appearance of the Report, as our justification. The Report, as issued, is in every particular such as we predicted, so that our forecast is most conclusively confirmed. After this the *Lancet* will, perhaps, believe that we are quite as capable as itself of forming an opinion on such matters. At any rate, we hope it will not again so forget itself as to give us the lie direct. Its intense prejudices on these questions may blind it to facts, and prevent it seeing what is obvious enough to those whose reason is not so obscured by foregone conclusions and anxious desires. This may be an excuse for the manner in which it has misled its credulous readers, but by no means justifies the rudeness of which it was guilty. Ignorance is one thing—insolence another.

High Rate of Mortality in Glasgow.

The monthly return for the past month shows the entire number of deaths that have occurred within the fifty-four sanitary districts into which the city is divided to be 1,440. This, upon a basis of population presumed to be half a million, shows the death rate in the month of May to be 34·76 per 1,000. That of London generally runs about 25 per 1,000, and a healthy country district about 17. On this showing, the mortality in Glasgow is more than twice that of a good country district, and thirty-nine per cent. more than that of London.

The Scientific Societies of Dublin.

At a meeting of the Council of the Royal Dublin Society, held on Thursday, the Marquis of Kildare, V.P., in the chair, a report from the Committee of Practical Science was read, in which the success of the late series of afternoon scientific lectures was adverted to. The report then proceeded as follows:—"The committee consider that it would greatly tend to advance science in Dublin, were the several societies who are unprovided with suitable accommodation permitted to hold their scientific meetings on the society's premises; and with that view the committee suggest that, in accordance with the recommendation of the commission on scientific institutions, the Council will afford accommodation for such societies to hold their meetings on the premises of this society, subject to such arrangements as may be mutually agreed upon, the independence of the several societies being strictly preserved." With reference to the latter passage in the report it was resolved that the Council approve of that part of the report just read which relates to the proposal for certain societies in Dublin to hold their scientific meetings on the premises of the Royal Dublin Society, and that it be referred to the Committee of Practical Science to make arrangements with such societies as should apply for the privilege relative to the meetings, and to report thereon to the Council. A deputation from the Natural History Society of Dublin attended, who represented to the Council that that society would be glad to avail itself of the opportunity of meeting on the premises of the Royal Dublin Society, and the members of the deputation were requested to confer with the Committee of Practical Science on the subject. At the meeting of the Council of the Royal Dublin Society, held on Thursday, the 24th June, 1869, the Rev. the Provost of Trinity College in the chair, the following report from the Committee of Practical Science was read, viz.:—"The Committee of Practical Science beg to report that the deputation from the Natural History Society of Dublin attended the committee, and stated that the Natural History Society was willing to hand over to the Royal Dublin Society its valuable library, with future additions thereto by donations and exchanges, on condition of the Royal Dublin Society assigning for the exclusive use of the former society a suitable apartment, and granting it permission to hold their eight usual scientific meetings in the premises of the latter."

Bathing.

Last year we gave the following hints, which we think it well to republish, several cases of syncope induced by an injudicious use of the open-air bath having come to our knowledge during the past week:—"Avoid bathing within two hours after a meal; when exhausted from any cause; when the body is cooling after perspiration; prevent chilling the body by standing naked on the banks or in boats after having been in the water; don't remain too long in the water, leave it as soon as there is the slightest feeling of chilliness; and do not bathe altogether in the open air, if after having been a short time in the water there be any chillness or numbness. The vigorous and strong may bathe early in the morning on an empty stomach. The young and those that are weak had better bathe three hours after a meal. The best time for such is from two to three hours after breakfast. Those who are subject to attacks of giddiness and faintness, and those who suffer from palpitation and other sense of discomfort at the heart, should not bathe without first consulting their medical adviser."

The Cholera in Gambia.

Letters received from the Gambia state that epidemic cholera, which first appeared at Bathurst on the 25th of May, continued to increase in intensity up to the 22nd, 23rd, and 24th of that month, when the death rate reached the numbers of 75, 74, and 75 respectively per diem. From that date to the 5th of June the mortality gradually declined, the number returned on the last-named day being 24; but the character of the disease continued unchanged, death supervening within two or three hours of the first attack, frequently within half an hour. 1,084 persons had perished in the town of Bathurst alone, out of a population of 4,000. The natives, to whom cholera had been before unknown, are panic-stricken, and it has fallen to a little band of Englishmen, who have hazarded their own lives to stand between the living and the dead, to minister in the hospital and to inter those who have fallen, and this with a thermometer registering from 80 deg. to 89 deg. in the shade. The Governor's own horse has drawn the cart around the town to gather in the dead. No calculation has been made of the number of deaths on either bank of the river Gambia, where it is reported whole native towns have been depopulated and the dead lie in heaps unburied.

New Researches in Cerebroscopy.

M. Bonchut, we learn from the *Union Médicale*, has just presented to the Academy of Sciences of Paris, through M. Dumas, his researches on Cerebroscopy, which he has offered for competition for the Montyon Prize in Medicine and Surgery. He epitomizes his conclusions as follows:—

"The diseases of the spinal cord, such as acute myelitis, spinal sclerosis, locomotor ataxy, &c., produce usually a congestive lesion, and subsequent atrophy of the optic papilla."

"The lesions of the optic nerve produced by spinal disease are the result of a reflex ascending congestive action and they take place by the intercommunication of the great sympathetic."

"The presence of an hyperæmia of the optic nerve of a vascular diffusion over the papilla, and of a partial or total atrophy of this part coinciding with feebleness or numbness of the legs, indicates the existence of acute or chronic disease of the spinal cord."

The Harveian Oration.

THE annual oration in memory of the discoverer of the circulation was delivered in the Royal College of Physicians of London last Saturday afternoon by Dr. Owen Rees. There was a good assembly of Fellows, members, and visitors, who listened to the learned orator with profound attention. Dr. Rees did not confine himself to a mere eulogy of Harvey, but illustrated by his example the mode in which scientific studies should be pursued, and urged his hearers to follow the great example in whose honour they were assembled. Incidentally he stated some of his views, and the present state of medical education, carrying with him the full approval of his hearers. The Medical Council, about to assemble in the same room where Dr. Rees so eloquently expounded some of their duties, would do well to take up the subject in as practical a manner as that which would secure the approbation of such eminent clinical teachers as the Harveian Orator for 1869.

After the oration the President publicly awarded the Baly Medal for Physiology, which the Council of the College had adjudged to Professor Owen, who, being called upon, came forward and briefly thanked the council for this recognition of his labours.

Royal Society of Medicine.

THE proposed amalgamation of the London Medical Societies does not seem certain to be so easily accomplished. Already the Obstetrical Society has found out where the shoe will pinch, and entered a *caveat*. We foresaw this, as our readers are aware, so that we are not surprised. Nor are we disposed to cry out against the accoucheurs as invariably "quarrelsome," as not a few are doing. They may be rather tenacious of each other, but often keep their quarrels to themselves, and certainly in such a case as this have a right to speak and to act. The Medico-Chi. seeks them. They did not seek it, and assuredly they have a right to fix the terms on which they will merge their individuality in the body that desires to absorb them. A bold and just scheme of amalgamation could easily have been effected had the Medico-Chi. taken a decided action in a truly liberal way. This tissue of compromises for the sake of increasing its income will be, unless greatly modified, worth nothing at all.

THE medical men of Birmingham are sending a memorial to the Council, showing the inefficiency of the Medical Act, and urging reforms. As it is sent to every registered practitioner, it will command respect. About 1,000 will probably have signed it by the time this is in the hands of our readers.

A DISCUSSION which touches on a matter of much interest to the profession, has, a few days since, taken place between Dr. Stevenson of Paddington, and Dr. Lankester the coroner, in consequence of Dr. Stevenson having refused to make a *post-mortem* examination of a body. That gentleman having been informed that he was liable to a penalty, was called on for an explanation. He said that he went to the Paddington deadhouse for the purpose of making the examination, but he found no accommodation whatever for carrying it out. Another corpse was on the slab, and the body witness was to examine was in a coffin. He asked the man in charge of the deadhouse to remove the corpse from the slab, and put the other in the coffin in its place, but the man refused, saying it was no part of his duty. Witness conceived it was not his business to shift the corpses about, and he should emphatically decline doing it. Dr. Lankester said the parish authorities ought to provide sufficient assistance to properly arrange the deadhouse. Dr. Stevenson said it was an outrage to remove the body from the house of deceased, as the friends wished the *post-mortem* to take place there. Dr. Lankester did not sympathize with this opinion. He had been agitating for mortuaries for years, because he considered it perfectly disgusting for *post-mortems* to be made in private houses. A juror remarked that the smallness and bad arrangements of the Paddington deadhouse had been the subject of remark at almost every inquest that had been held. The coroner said that, in directing the removal of bodies to that place, he was but administering the law. The inquiry was adjourned, and the coroner directed that the facilities required by the medical gentleman should be provided, if necessary, at the expense of the court.

Correspondence.

SUGGESTIONS IN MEDICINE.—No. V.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Once more I resume the subject of PHTHISIS PULMONALIS, or CONSUMPTION of the LUNGS; but it is not so much for the purpose of making fresh propositions, as to sum up and reiterate my previous suggestions. I would state how I would treat the disease from the commencement to the end, had I the power to carry out my views.

There cannot be a doubt as to the advisability of preventing even the approach of this insidious *monstor horrendum informe*—were it possible. Prevention is always better than cure. And certainly it is the duty of the family physician to point out and assist in all reasonable methods for that purpose. He can never expect a blessing from above on his labours, unless he conscientiously adhere to this maxim, however contrary apparently to his interest. Most certainly the practitioner of the day is not backward in this department. But the physician is usually called in rather to *cure* than to *prevent* disease; in the same way that the surgeon is desired to *set* a broken limb, and not to descant on the causes and mode of avoiding such accidents. Thus, this branch of the subject is generally appropriated by the medical philanthropist, who works at it solely and unremittingly, often to the manifest advantage of the public. Into the causes, therefore, of the malady in question, or the state of the system leading thereto, I do not think it necessary on this occasion to inquire deeply. It has doubtless much to do with the respiration of a vitiated atmosphere. Yet certainly not alone. Cold, wet, insufficient, improper diet, depressing passions, and other things, play no mean part in the drama. Hereditary taint is not to be overlooked. It seems, moreover, as if, in the present condition of humanity, it were quite out the power of man to prevent his fellow-creatures being subjected to such influences more or less. The mass will not attend to its interests in this respect. The scrofulous diathesis will, I fear, ever prevail to a certain extent among some classes of every community, tubercles will be deposited in the lungs, and consumption will follow to the end of the chapter. Our duty is clearly to try and remedy these almost inevitable evils.

The attack of Consumption may bear a similitude to the invasion of a hostile host upon our shores. As it is the interest of every good patriot to check the progress of the enemy at every stage, so it is the duty of both patient and physician to try and stop the onset of the malady at every evolution. The strength and vigour of the constitution, like the *entente cordiale* of neighbouring states, should always be carefully cultivated; while at the same time, any *casus belli*, in the shape of exposure to wet and cold, &c., must be as studiously avoided. Then, when the armada is collected in the form of the strumous diathesis and has set sail upon the systemic ocean, its efforts may be rendered nugatory, for awhile at least, by careful attention to diet and hygiene. The attempt to land or settle on the chest, may perhaps be frustrated by avoidance of exposure, by keeping the parts well covered, and by the inhalation of a tempered atmosphere. Should all this prove ineffectual, however, as will unfortunately too often occur, and the enemy make good his footing—in other words, should the tubercles be deposited in the lungs—then the battle must be fought, and the most persevering efforts made to dislodge him. It is at this crisis that the medical man has usually the first to do with the matter. Something is apparently wrong with the young person. The parents are anxious. The doctor is consulted, and, by careful examination, finds the advanced posts of the invader settled on the soil, although as yet only at the borders. He must not only prevent further inroads, but drive the unwelcome visitor back into the waves, or effect extermination, unless he can make him yield at discretion.

Without metaphor, the physician should make the most strenuous efforts to dislodge the tuberculous matter immediately after its deposition. In no case, perhaps, is delay more dangerous. The value of the time-honoured maxim, *principiis obsta*, is nowhere better exemplified. For this purpose, tubercle should be sought after periodically very early in life, especially where there is an hereditary tendency. The importance of having the lungs of young people frequently explored by means of the stethoscope, can scarcely be overrated. Both male and female children should from time to time be subjected to this ordeal by the family attendant. The seeds of disease early detected may possibly be eradicated.

To do this effectually, I think that the process described in my last letter may be employed advantageously. The little patient, placed upon a revolving couch, should have the head depressed to an angle of 45°, and then be taught to inhale the steam of hot-water in which a portion of acetic acid has been mingled. He would soon be amused with this rather than otherwise. The slightly acid fumes would not excite coughing. Passing into the small bronchi and the air-cells, it would then come in contact with such part of the strumous matter as was lodged therein. This, I have previously explained, is about equal in quantity to that in the parenchymatous structure of the lungs. The acidulous vapour would probably soon dissolve this, and gravitating outwards would be removed by expectoration. Thus a portion of the enemy's forces would be overcome. The rest would probably disappear by the increased absorption induced by the stimulus. In this way, it is to be hoped, the lungs would be effectually cleared from the morbid deposit, and, with the assistance of medicine, strengthened against further inroads.

Should these timely measures have been neglected—should no efforts have been made, or those ineffectually, to clear out the crypts of respiration from tuberculous matter, and this have gone on to softening and excavation—should consumption, in fact, become established in the lungs, I have shown and can only now reiterate, how I should wish this to be treated. It is the full-blown flower, the enemy in full possession, yet still to be combated and probably expelled. If the disease is entirely confined to one lung while the other is quite free and normal, I have councilled that this, the offending member, should, as a *dernier ressort*, be sacrificed, amputated as it were, and made to shrink back beside the spine; while the functions of respiration are maintained, as they well may be, by the other. The mode of effecting this I have explained at length in paper No. 3.

The grand and novel feature in my suggested treatment of Pulmonary Consumption of both lungs, is the revolving couch above alluded to. The *principle* is, to form a dependant opening for the drainage of the numerous abscesses in the organs; the *practice*, that of employing such an apparatus for the purpose. I can but reiterate my firm persuasion that this temporary inversion of the body, together with the inhalation of aqueous vapours offers a fair and reasonable prospect of curing that which has hitherto been regarded as an incurable disease, and that it should be immediately put to the test of experience. Of course this could be done best at an institution devoted to such cases, where the patients are numerous. Three or four couches would at first be amply sufficient, as each sufferer would not occupy one more than for a few minutes at a time, and then would yield his place to another. In private families one would probably be enough.

It remains for me now only to express a fervid hope that these suggestions will meet the eye of those who will read them in a candid and liberal spirit, and have the power to act upon them practically and energetically. To pursue the same beaten track leading nowhere can never be advisable, and must be repugnant to the feelings of the enlightened philanthropist. For the desire for progress marks the spirit of the age. If, then, these original ideas be good, let them not remain a dead letter. Let them be acted on promptly and steadily. As they do not interfere with other practice justly prized, the two sets might often be employed contemporaneously. The new may be added to the old with probable advantage. It is true they do not originate with a man of mark, on whom the world has set its seal, but merely with one who wishes well to his species and to the honourable profession of which he is a member.

Your obedient servant,
TOOGOOD DOWNING, M.D.

Bath: June, 1869.

CASE OF TRAUMATIC HERPES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The neurotic relation of herpes is at present attracting considerable attention, and much valuable information on the nature of this disease has been derived from the investigations, more especially of Hutchinson, Wilson, Paget, and Woakes. Some agreeing with Bürensprung, that the affection is due to irritation of the spinal ganglia, the posterior roots being implicated, whilst others maintaining with Eulenberg that the sympathetic system is the seat of the disease, and that the neuralgia (indeed, all forms of this complaint) are due to affections of the ganglionic or sympathetic system of nerves. These conflicting opinions have been carefully reviewed quite recently in a small work on "Neurotic Cutaneous Diseases," by Dr. H. S. Purdon. I may, however, mention that it is probable that both systems of nerves are equally affected, the sympathetic causing contraction and spasm, the cerebro-spinal dilatation of the capillaries. The following case contains several points of interest:—

R. Echlin, aged 14 years, on Thursday evening, March 13th, 1869, received a blow from a sharp-pointed stone on the back of the head, exactly over the occipital protuberance. He was for a few minutes stunned, but slowly recovered consciousness, being able to walk home, the distance of about a quarter of a mile. The wound was a small contused one, and bled considerably. He took his supper heartily, but when in bed about five hours after the accident, began to become very feverish, and could not sleep. I saw him the next day, had slept little or none, pulse 120 per minute and strong, had a rigor during the night and vomited, pupils widely dilated, great pain in the head, both at the wound and in the forehead, compared it to a cord twisted tightly round the head, the wound was much swollen, cannot bear to have it handled, skin burning and constant thirst. From these symptoms I was afraid of inflammation of the membranes of the brain, and put him upon calomel and compound kino powder, the room to be kept dark and low diet. The next day his gums were "sore," and consequently the mercury was lowered to a grain at night, so as merely to keep the action up. On Sunday, the 16th inst., on visiting him, *herpes labialis bi-lateralis* was exhibited; the eruption was rather extensive, extending from the corner of the mouth upwards and outwards. On the 17th, the mercury was discontinued, and iodide of potassium in infusion of quassia substituted. Wound suppurating, to be poulticed. The next day, Tuesday, the 18th, the right eyelid exhibited an eruption of herpes and much swollen, so that he can with the greatest difficulty raise the lid, the conjunctiva was bloodshot, pain complained of in the supra-orbital notch, appetite improving, mouth better.

The theory of this herpetic eruption is, I think, as follows: the blow from the stone over the occipital bone evidently irritated, if not ruptured, some of the fibres of the fifth nerve, which, as is well known, arises by two roots—one white, the other grey from the front of the crus cerebelli, the apparent origin, for they can be traced through the pons in separate portions down to the olivary tracts of the medulla, or, according to Alcock, to the floor of the fourth ventricle, where they are connected with the anterior and posterior columns of the cord. The fifth nerve in its course outwards forms the Casserian ganglion, which sends off from its convexity the ophthalmic, superior and inferior maxillary nerves. The first gives off the frontal, lachrymal, and nasal, which are concerned in this case with the conjunctivitis and herpes of the eyelid. To the second or superior maxillary is due the herpes labialis, the vesicular eruption being caused by the equilibrium of the vessels being "upset," due to vaso-motor spasm producing redness owing to congestion, which, giving way, the opposite condition—viz., paralysis takes place, there being now no antagonistic power to keep the dilating cerebro-spinal nerves in abeyance, transudation of liquor sanguinis from the vessels occurs, which usually selects the orifice of gland ducts and other vascular spots, and finally gives rise to the elementary lesions known as vesicles, constituting the disease called herpes.

In a paper on Cutaneous Angioneuroses, by Dr. Eulenberg, translated for the Medical Press and Circular by Dr. W. D. Moore, we are informed that herpes zoster presents in many cases, especially of the face, the form of a purely primary vaso-motor neuroses, "In the cases where disturbance of sensibility attend zoster, either as premonitory or concomitant phenomena, the possibility of a reflex origin cannot be excluded. The centre for reflex action is then the ganglion of the sympathetic. In these cases we have to do either with a reflex irritation with consecutive relaxation by peripherically increased irritation of the sensory nerve, or a reflex paralysis in consequence of peripherically lowered irritability."

I remain, Sir,
A Country Practitioner.

◆

A NEW METHOD OF PROCURING EXTENSION IN FRACTURES OF THE FEMUR, DEVISED BY MR. STAPLETON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I notice in a recent impression under the above heading, some remarks made by Mr. Stapleton to his class upon the treatment of fractured femur. He seems to lay claim to originality in the application of what I have for some time known as "the treatment by *continued extension.*" I have lying before me the notes of a case of extracapsular fracture with impaction of the femur, occurring in an old man aged about 60, successfully treated during the session 1867-68, in the Edinburgh Royal Infirmary, by means of this method.

This patient had a further complication of an ulcer in the inner malleolus.

Two broad strips of adhesive plaister were placed, one down the outside of the limb from the hip to a foot-board of suitable size formed of four pieces of wood nailed together to form a kind of frame, the other on the inside from the middle third of the thigh, and secured in like manner to the foot-board as the first. A roller bandage was applied to the whole length of the leg. The foot-board, movable and not in contact with the patient's foot, had attached to it a weight acting over a pulley at the bottom of the bed. The foot of the bed was slightly raised, causing the patient's head to lie a little lower than his feet, by which means extension and counter-extension were secured. In this case the foot-board was made wider than usual, to allow of the ulcer being dressed. The only claim to originality which Mr. Stapleton can make, I think, lies in his retaining the long splint, the utility of which is open to question, as the fractured portions of bone could be retained in opposition by means of the antro-posterior and lateral scored splints, and its use seems to complicate a treatment simple in itself. This method of treating fractures, though not of recent origin, has yet been made more practically useful by American surgeons during the late war, and possesses two great advantages of being less irksome to the patient, and of easier application by the surgeon. Apologizing for trespassing upon your space.

I am, Sir, your obedient servant,
James W. Martin, M.D, M.Ch. J.V.I.

Wooding, Portlaw:
June 4, 1869.

Medical Gleanings.

ANOMALIES OF THE OPTIC THALAMI.

According to Serres, anomalies in the optic thalami, and, according to Breschet, troubles of the anterior cerebral lobes, do not necessarily produce blindness.

WHEN TO TREPHINE.

M. Chassaignac (*L'Union Médicale*) advocates *trephining* in only two conditions: 1st, When there is a lesion situated in a definite spot, the seat of which lesion is fully ascertained, and the effects of which may be suppressed by trephining; 2d, When there are dilated pupils, with symptoms of general compression, which symptoms are tending infallibly to produce death.

SULPHURET OF POTASH IN WHOOPING-COUGH.

Dr. Mackelcan, Hamilton, Ont., was led, from a notice of it which he saw in a French Medical Journal forty years ago, to try this remedy, and his success with it has since been such that he has used no other. He administers it in a mixture of one part of syrup to three of *distilled or rain water*, "the dose being one grain for each year up to four years of age, and after that half a grain additional for each year; the smaller doses being administered in a teaspoonful of fluid, and the larger more diluted, in proportion of the quantity of the salt in each dose. Its beneficial effects are not perceived for five days, when the intervals between the paroxysms of cough become longer, and after that their violence diminishes from day to day, until at the end of ten or fourteen days it is seldom necessary to pursue the treatment further. As the drug easily spoils by keeping, it is important to have it fresh. If it dissolves perfectly in the syrup and water, and the mixture is of a greenish colour, it may be relied on; but if there is any sediment, it has been decomposed by exposure to air, and becomes a sulphate."—*New York Medical Journal.*

RECOVERY FROM THE PASSAGE OF AN IRON BAR THROUGH THE HEAD.

Most of the older practitioners will recollect the following celebrated case, published by Dr. J. M. Harlow, in the *Boston Medical and Surgical Journal*, in November, 1848, and afterwards by Dr. Henry J. Bigelow, in the *American Journal of Medical Sciences* for July, 1850: A man by the name of Gaze, from the accidental explosion of a charge of blasting powder, had a tamping-iron, three feet seven inches long, one and a quarter inches in greatest diameter, and thirteen and a quarter pounds in weight, driven through his head, which was withdrawn by a fellow-workman. The accident occurred in Cavendish, Vermont, on the 13th of September, 1848. The subject of this accident was residing in California when he died, which was on the 18th of May, 1861; between twelve and thirteen years having thus intervened between the date of the injury and his decease. The cerebral organism was comparatively little disturbed by its abrupt and intrusive visitor. During a short period before his death he had several severe convulsions. Dr. Harlow had the enterprise to obtain the cranium and the iron bar; and having exhibited them at the last annual meeting of the Massachusetts Medical Society, has most generously presented them to the Museum of the Medical department of the Harvard University

THE TREATMENT OF CROUP.

The *Wiener Medizinische Wochenschrift* is publishing an extended series of articles entitled "Croup, Diphtheritis, Pseudo-croup, and allied affections of the Pharynx and Larynx, after the Clinical Lectures of Professor Oppolzer, of Vienna." Croup and diphtheria are treated as two entirely distinct diseases by Professor Oppolzer, and croup is regarded as a local disease. From one of the numbers, viz., of October 3rd, 1868, p. 1289, we make the following extract, embodying his treatment of croup. In the beginning, cold compresses are applied to the throat, which are covered by a dry cloth or oiled silk, and changed only every three hours. A tablespoonful of the solution of three grains of tartar emetic, in two ounces of water, is given every fifteen minutes, until repeated vomiting follows. Generally tough mucus and ring-shaped membrane are expectorated, with relief to the child. After the emetic, one of the following powders is given every hour:

℞. Hyd. chlor. mit.,
Pot. iodidi, a a . . . . . gr. duodecim.
Sach. alb., ... oz. unam.
M. exactissime f. p. div. in dos. æquus duodecim.

After the first powders the children usually continue to throw up pseudo-membrane. Then the vomiting ceases, and the condition improves gradually. When the croupy paroxysms and dyspnœa return, which in most cases occurs, the emetic is repeated. In cases of difficult expectoration of the membrane, the vapour of hot water is caused to be inhaled, with or without the nebulizer, and the powders continued. If this treatment is unsuccessful, and the paroxysms and apnœa are about to return for the third time, tracheotomy is to be performed without further delay. Prophylactically, Professor Oppolzer is against keeping children who have once had croup constantly housed up, and spoiling them by too warm clothing, but advises care in observing the wind, and to protect them from the rain, north or north-east winds. Such children should not be outside of the house after sunset. He also recommends cold washings of the throat and chest, with the precaution to dry the skin carefully thereafter, and to prevent the children from exposure to raw temperatures soon after such washings.

◆

Medical News.

Smithfield was the scene of a shocking tragedy on Monday morning, whereby a man named Duggan poisoned his wife, six children and himself, by the administration of prussic acid. The bodies were quite dead when the police effected an entrance into the house. Ill health and other circumstances are said to have been the motives for this diabolical act.

Suit by a Duke's Physician.—The suit between Dr. Déclat, medical adviser of the late Duke of Gramont-Caderousse, and the family of the deceased, has just come before the Imperial Court, Paris, on an appeal from a judgment of the Civil Tribunal of the Seine. This affair has now been pending for three years. The Duke, who died in 1865, when quite a young man, after a short career of dissipation, and without leaving any direct heirs, disinherited his collateral relations, and constituted by will Dr. Déclat his universal legatee, after the payment of a sum of 60,000f. to be applied to a purpose which remained a secret with the doctor. The succession of the Duke, estimated at 2,400,000f., but burdened with debts exceeding 1,500,000f. was valued after the payment of all charges, at between 700,000f. and 800,000f. The relatives of the deceased obtained before the Civil Tribunal the annulment of the legacy to the doctor as an infraction of Article 909 of the Civil Code, which expressly prohibits bequests to a medical adviser made during the final malady. Dr. Déclat then put forward a claim for 200,000f. as his fees during the six years of his attendance on the Duke. The family resisted this demand as exorbitant, and the Civil Court being appealed to, fixed the remuneration to Dr. Déclat as follows, the visits being calculated at 10f. each :—200 in each of the first three years, one visit per day in the fourth and fifth years, and two daily in the sixth, making a total of 20,600f. That sum the heirs offered to pay, but the doctor considered it insufficient, and appealed, as above stated, to the Imperial Court, which has now confirmed the former decision, condemning the apellant to the payment of costs.

University College Hospital.—The annual dinner in connection with this institution was given at Willis's Rooms last week, Prince Christian presiding. The company present was very numerous, amongst them being his Royal Highness Prince Arthur. The usual toasts having been duly honoured, the chairman proposed "Prosperity to the Hospital," and in doing so referred to its present position, and the claim it had upon public support. He said the number of indoor and outdoor patients was not less than 25,000 per annum; the hospital contained 150 beds, of which fourteen were devoted to children under twelve years of age. The surgical and medical staff numbered fifteen, reinforced by eight resident assistants. The nursing staff was admirably supplied by seven sisters from All Saints' Home, and twenty-six nurses. There were, however, two most important facts which he regretted it was his duty to lay before them. One was that the annual income had fallen short of the expenditure to the amount of £4000; and the other was that the debt at the end of the financial year was about £7,000. It was his earnest hope that they would be able on the present occasion greatly to reduce these formidable figures. He hoped also that the time was not far distant when the deficit of which they now had to complain would be altogether wiped off, and that the hospital would continue to progress and confer still greater blessings on the metropolis and the country at large. The subscriptions amounted to £1,800.

THE GRANTS AND APPOINTMENTS OF MEDICAL OFFICERS TO DUBLIN HOSPITALS.

We are reluctantly compelled to postpone till our next the notice of Dr. Mapother's recent communication to the Dublin Statistical Society, and our comments on this subject. The publication of the debate on the Irish Poor-law Superannuation Bill, and of our half-yearly Index, have restricted the space at our disposal.

◆

NOTICES TO CORRESPONDENTS.

In all cases when proofs are sent, it is of the utmost importance for them to be immediately returned.

Correspondents not answered should look to the answers the following week.

To Subscribers.—Those gentlemen who have not paid their subscriptions for last year are respectfully reminded of the omission.

Dr. J. R. Willan, Haxey.—Your "Cases in Country Practice," shall appear, if possible, in our next.

Dr. Carpenter is thanked for the information kindly furnished, which will be of great service when we have occasion to recur to the subject.

Professor Wilson, Dr. Cockcroft, Dr. Cornish, and Dr. Wilson, are thanked.

Obstetrician.—One grain would be quite sufficient.

Mr. Whatford, Brighton.—If possible, in our next.

Errata.—In synopsis of Cocoas, Taylor Brothers' Pearl should read 8d. per pound.

In the reply to Mr. Eschwege's letter in our last, the comparative prices of Cadbury's and Van Houten's articles should have been divided, the former being 2s. 8d., the latter 4s., and 3s. 6d.

The following Original Communications and Letters are in type, and will appear as soon as space permits:—

On the Treatment of Buboes and their Sinuses (Illustrated), by I. Lamprey, M.B., Surgeon 67th Regiment, Portsmouth.

Remarks on the Temperature of the Air in Upper Canada, by J. P. H. Boileau, M.B., Surgeon 29th Regiment.

Obstetric Cases, by J. R. Willan, M.D., Haxey, Lincoln.

A Curious Exit for a Pin, which was swallowed fourteen months previously, by Francis McEvoy, L.K.Q.C.P., M.R.C.S.Eng., &c., Balbriggan.

A Worm Discharged through an Abscess, by the same author.

On Epidemic Visitation of Jaundice, by Thos. Hayden, F.R.C.P., &c.

Endoscopic Examination of the Womb, by Dr. D. Commander Pantaleoni, Nice.

Prostitution and its Causes, a Letter by R. J. Kinkead, A.B., L.M., T.C.D., &c.

Communications, Enclosures, &c., have been received from Mr. Samson Gamgee, Birmingham; Dr. Paine, Philadelphia; Dr. Cree, Portsmouth; Dr. Hayden, Dublin; Dr. Gordon; Dr. Toogood Downing, Bath; Dr. Spencer; Dr. Clark; Dr. D. Commander Pantaleoni, Nice; Dr. Charleton, Gloucester; Dr. Gavin, Boston; Mr. J. P. Coldstream, Edinburgh; Mr. Craddock; Dr. Peirson, Scarborough; Dr. Quinan, Dublin; Mr. Cresswell, Steeple Aston; Mr. Baker Brown; Dr. Craister, Bramley; Mr. Tichborne, Dublin; Dr. Crew, Wansford; Dr. Dudfield, London; Mr. Cobbold, Dedham; Dr. Pearson, Kensington; Mr. Savory; Dr. Julius Althaus, London; Dr. Cotterell; Dr. Barr Meadows, London; Dr. Cresswell, Norwood; Dr. Carpenter, Croydon; Dr. J. R. Willan, Haxey: Dr. Thos. Wilson, Leith; Dr. Crothers, Westbourne; Dr. J. Woods Beck, Belfast; Dr. Cornish, Taunton; Dr. Cockcroft, Todmorden; Dr. Clarke, Manchester; Sir John Gray, London; Dr. Thorowgood; Mr. F. B. Courtenay, London.

A Subscriber, Kingstown, is informed that the lists of the successful candidates for the last M.B. examination at the University of Dublin do not appear in our columns, simply because neither that nor any other information respecting the medical arrangements of Trinity College are ever forwarded to us for publication. We do not conceive that the doings of the Dublin University or any other medical school are of such general interest to the profession as to make it necessary for us to solicit a record of its proceedings, which, nevertheless, we should be pleased to publish if they were furnished to us as are the returns from the London colleges.

We have received from Messrs. Macniven and Cameron, of Edinburgh, a sample box of their newly registered pens, styled the Waverley, Owl, and Pickwick Pens. The improvement claimed over the ordinary steel pens is in the peculiar mode of manufacture. In the Waverley and Pickwick pens the points are turned up, to prevent catching in the paper by rapid writing, the former answering to the requirements of the quill. In the Owl pen the point is reversed, and is well adapted for very fine writing. Our readers would probably prefer the Waverley. They are, however, all admirable in their way, and need not the poetic puffing indulged in by some journals to recommend them.

"THE RELATIVE VALUE OF COCOAS."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am sorry I have once more to recur to your observations as to the relative value of Van Houten's cocoa.

In last Wednesday's publication you try to prove that because your analysis makes Cadbury's Cocoa Essence and Van Houten's cocoa almost identical, the former must, according to retail price, be the cheaper one.

Now, I need not tell you that two articles may by their analysis be found, or judged to be, quite identical, and that taste and smell will still detect, where analysis fails, a most marked difference in quality, and, therefore, in value. Such a difference does not seem to have entered into your calculation, and you will allow me to complete the comparison by stating that one ounce of Van Houten's cocoa goes as far as two ounces of Cadbury's Cocoa Essence, and produces still a superior beverage. I leave it to anyone to ascertain the fact for himself, and to judge whether or not it is the cheaper one.

CONTENTS.

VOLUME VII. JANUARY TO JUNE, 1869.

ABERDEEN Royal Infirmary, 314; University, 337
Absorption to phosphorus, 43
Accident to Professor Bunsen, 534
Acute abscess of tibia, 87
Adulteration of opium, 302
Albuminuria, a new test in, 63
Alcohol in large doses in poisoning by mushrooms, 510
Alva, 338
Amaurosis from neuralgia of dental nerves, 238
Amenities of Poor-law medical officers, 215
Aneurism of the arch of the aorta cured by acetate of lead, a case of, 530
Another poisoning case in Marseilles, 373
Aphasia, case of, 510
Apothecaries' Hall, 198, 218
Army Medical School, Netley, 153
Artists for the palate, 16
Atrophy of the heart, 303
Atropia as an antidote to opium poisoning, 260
Average temperature of the human body, 392

BANQUET to the Lord Advocate of Scotland, 314
Barclay, Bruce, Dr., death of, 505
Bile on the salt of quinine, influence of, 198
Bilious remittent fever, 217
Birth in a railway carriage, 364
Birth of united twins in London, 449
Births, 284, 429
Blanching of the hair, 9
Blessings (!) of poverty, the, 337
Blood, moveable bodies in, 512
Blue line in saturnine affections, the, 404
Blackford, 338
Bromide of potassium and antimony in puerperal convulsions, 175

CÆSAREAN section produced by caustic, 51
Camphor, poisoning by, 530
Cancer of the breast, extensive, 197
Carbolic acid in small-pox, 218
Carbolic acid in scarlatina—in intermittent fever, 437
Carmichael essays, 170
Catheterization of the air-passages in asphyxia neonatorum, 63
Causes of cholera, 405
Charity, 170
Chemistry, Edinburgh University, chair of, 275; professorship of, 284
Choleraic diarrhœa, outbreak of, 14
Chlorodyne, poisoning by, 510
Chloroform to the spine in spasmodic disorders, 108
Chloroform in the urine, 153
Chlorosis, a disease of the nervous system, 218
Cinchona in Algeria, 448
City gas, 344
Climate of India, 338
Clinical records from the Dublin hospitals, 48, 92, 113, 161, 204, 371, 414, 456, 476
Cockscombs, 354
Cold-water treatment of typhus fever, 293
Colloid cancer, 197
Congenital artificial anus at the umbilicus, 405
Consanguineous marriages, 9
Contagious diseases, 428
Contagious diseases in cattle, 197, 217
Consumption, contagion of, 212
Convalescent home for women and children, 304
Conversazione of the Edinburgh University, 377
Conversazione at the King and Queen's College of Physicians in Ireland, 235
Cornell University, 126
Corpuscula tactus, 448
Correlation of the various parts of the physical system, 32

CORRESPONDENCE.

A medical teacher on professional education, 118
A word for the vestry of St. Pancras, 22
Army medical school, 64
Barton, Dr., on syphilis, 21
Bernard, Walter, on the reunion of entirely separated parts, 237
Blackett, J. B., on the society for relief of widows and orphans of medical men, 119
Braine, A. F., on nitrous oxide in dental surgery, 323
Case of traumatic herpes, 552
Crofton, M.D., on the Company of Apothecaries, 279
Debate at the Dublin Obstetrical Society, the, 468, 509
Dennant, J., on nitrous oxide in dental surgery, 343
Downing, Dr. C. T., on suggestions in medicine, 150, 258, 321, 382
Drysdale, Charles, on over-population, 487
Dunne, James, on practice *v.* diplomas, 259
Eschwege, H., on Cocoa, 489
G. P., on the truth about Nice, 196
Griffith, Mr. C., on the repression of quackery, 447
Haughton on pauperism, 322
Hawkins, John, on the sanitary condition of Nice, 118
Hearne, Mr. Edwin, on the coming election at the Royal College of Surgeons of England—Mr. Solly's candidature, Mr. Erichsen's candidature, Mr. Henry Lee's candidature, 506-508
"Impartial" on pauperism, charity, and the poor laws, 173
J. C. on the truth about Nice, 280
J. C. T., on hospital administration, 280
Jacob, D., on Mr. Stapleton's method for fractures of the femur not novel, 490

Johnston, James J., on the relative character of the Dublin and London Schools in Surgery, 174
Johnstone, J. W., on infantile tetanus, 107
Kinkead, R., on the value of pancreatic emulsion, 281
Laffan, T., on Dublin schools and Dublin demonstrators, 173
Lane, J. W., on Poor-law medical reform, 106, 119
Langley, J. B., on repression of quackery, 216
Lee, Edwin, on Porto Maurizio as a health station on the Riviera, 533
Little, James, on medical appointments in the Royal Navy, 360
Meadows, Barr, on "a canard," or "a feeler," 216
"Medicus," on pauperism, 174
Monaghan, T. J., on the Apothecaries' Hall of Ireland, 301
Murphy, J. R., on changes in the blood, 509
Nouse, W. E. C., on suggested infanticide and abortion, 300; on Dr. Drysdale's theory of over-population, 468
O'Kelly, Mr. R. A., on vaccination, 469
Perrève on forcible dilatation of stricture of the urethra (*illustrated*), 300
Physician, a, on Professor Huxley's theory of the protoplasm, or physical basis of life, 323
Pitman, H., on a history of the licensing system, 280
Redman, M., on the profession and the proposed repeal clause, 65
Rogers, J., on superannuation allowances to medical officers, 281
"Sanitas" on dustbins and disease, 394
Smith, Henry J., on Mr. Stapleton's method for treating fractures of the femur not novel, 533
Stephens, Mr. W., on a case, 382
Suggestions in medicine, 551
Summers, R., on Law *v.* Medicine, 489
Thorowgood, John C., on University College Hospital, 173
Traveller, a, on Mr. Lister's carbolic treatment, 582
Wanklyn, J. A., on peroxide of nitrogen, 65
Whatford, Mr. W. S., on nitrous oxide in dental surgery, 394
Whittle, Dr. E., the Dialecticians again, 447
Whittle, Ewing, on a Daniel come to judgment, 532
Widdulph, J. C. P., on the internal carotid artery, 65
Williams, Henry, on legally qualified midwives, 488

Council of the Royal College of Surgeons in Ireland, 324, 364
County coroners, 364
Creosote in the treatment of typhoid fever, 529
Cretinism, 87
Cries of a fœtus in utero, 394
Criminal abortion in America, 171
Culpability of physicians in deaths from over-doses of remedies, 428
Curare, 43

DEATHS, 88, 110, 131, 219, 324, 364, 385, 491, 535
Death from hypodermic injection, 43; from chloroform, 169; to prevent, 176
Death of a child from an overdose of medicine, 428
Deaths in the metropolis, 343
Decimal system in Germany, the, 148
Decomposition of carbonic acid by green leaves, 393
Deputation to the Lord-Lieutenant of Ireland, 108
Description of a new ligament, 119
Detection of sulphur and phosphorus in organic substances, 392
Dichloro-acetic acid as a cauterizer, 302
Different forms of croup, 249
Dilatation of the os utori, 512
Disinfection, 16
Dispensing, note on, 470
Drugs and American finance, 126
Dr. Richardson's lecture at the Royal Polytechnic, 547
Dublin Hospitals, the, 513

EARLY pregnancy, 63
Early treatment of the insane, 304
East London Hospital for Children, 406
Economy department of Social Science Association, 39
Ectropium intestinorum, 512
Edinburgh Infirmary site, 253, 274
Edinburgh University, 314, 337, 356, 358
Edinburgh Royal Hospital for Sick Children, 314
Education, 102
Employment of anti-periodics, 152
Enormous spleen, 162
Epilepsy induced by section of the sciatic nerve, 543
Ergot in the treatment of purpura, 260
Eschwege, H., letter from, on cocoa, 524
Exhalations from swamps, on the, 119
Experimental researches on the action of quinine, 362
Extirpation of the uterus, 362

FEIGNED tumour of the jaw, 498
Fever at Naples, 82
Fever hospital patients, 217
Fibrous tumours in pregnancy, 543
Fish as an article of food, 512
Fluorine in the brain, 392
Foreign objects in the lung, 472
France, 35, 79, 101, 143, 190, 191, 295
Freezing, 108
Fungi as the cause of contagion, microscopic, 363

GASTROTOMY, 130
General Council of Glasgow University, 376
German Hospital, the, 406
Germany, 18, 55, 123, 397
Gleanings in medicine, surgery, and the allied sciences, 43, 63, 87, 109, 130, 152, 175, 197, 217, 238, 260, 302, 304, 362, 363, 404-5, 428, 448, 469-70, 509, 513, 518
Goïtre cretinism, 512
Great Northern Hospital, 261
Gulf stream, the, 235
Gunshot wounds, a novel prescription for, 63
Guyon's "cephalotripsie intracranienne," 175

HÆMORRHAGE, a new method of arresting, 302
Harvey, proposed monument to, 448
Hair dyes and cosmetics, 57
Health of New York as affected by the lime burners, 428
Health of the quarter, 417
Hermaphrodism, 64
Hernia of the liver, 238
Herpes Zoster, 44
Hospital for seamen, 215

HOSPITAL REPORTS.

Adelaide Hospital. — Kidney disease simulating organic disease of the stomach, under Dr. Little, 4; the disease in which the symptoms during life were referred to the stomach, under Dr. W. G. Smith, 5; tertiary syphilis, under Dr. Barton, 245; amyloid disease of liver and kidneys, under Dr. Little, 331; case of sclerema under Dr. Barton, 456; ulceration of stomach and induration of pylorus, with fatal results, under Dr. Barton, 542
City of Dublin Hospital.—Case of spinal myelitis and meningitis treated by the application of cold to the spine, under Dr. Hewitt, 30
Coombe Lying-in Hospital. — Some cases of ulceration of the os uteri treated by the application of carbolic acid, under Dr. Roe, 204; two cases of vesico-vaginal fistula treated successfully by operation, under Dr. Kidd, 371
Jervis street Hospital.—Case of extravasation of urine resulting from strictine of forty years, standing, under Mr. R. Persses White, 161; new method of procuring extension in fractures of the femur, devised by Mr. Stapleton, 457
Lock Hospital.—On the occurrence of chronic genital sore of a peculiar nature(illustrated) under Mr. Morgan, 137
Meath Hospital. — Tumour of superior maxilla—successful result of operation under Mr. Wharton, 29; rupture of the female bladder — death, under Mr. Collis, 48; compound fracture of femur—fracture of both bones of leg and of radius, with laceration of arm fracture of femur obscured by exostosis of pelvis—fracture of patella—fractures of ilium and clavicle, under Mr. Collis, 92; foreign body in bladder—median lithotomy performed by Mr. Porter, 113; cases of urethro and vesico-vaginal fistula, under Mr. Collis, 225; excision of wrist joint Wutzer's operation for the cure of—radical hernia—removal of a fibrous polypus from the back of the soft palate, under Mr. Porter, 414; nævi treated by electrotysis, under Mr. Smyly, 414; use of opium in the treatment of hare-lip after operation, under Mr. Macnamara, 476
Mercer's Hospital.—Extensive fracture of the ribs and clavicle of the same side—emphysema—the entire prepuce and sheath of the penis removed by the bite of a donkey—phantom tumour simulating pregnancy — fracture of the base of the skull extending into the cavernous sinus—rupture of the temporal artery from direct violence—reflex irritation simulating a foreign body in the larynx, under Mr. John Morgan, 31; removal of breast for schirrhus under Mr. Mac Dowel, 112; locomotor ataxy, under Dr. Eames, 290; spinal bifida, and analysis of the fluid, 543
Metropolitan Free Hospital and Farringdon Dispensary.—Cases of syphilis treated without mercury, under Dr. C. Drysdale, and Mr. Robert W. Dunn, 267, 239, 329, 353, 370, 413, 436

St. George's Hospital.—Abdominal tumours, under Dr. Ogle, 4, 28, 40
Cases of mortification connected with diseases of the arteries, 70, 113
Abstract of a clinical lecture by Mr. H. Lee, 159, 310
St. Vincent's Hospital. -Blistering in acute rheumatism, under Dr. Mapother, 457

Hunterian oration, the, 170, 192
Hydatid cysts of the liver, 130
Hydrofluoric acid, 302
Hydrophobia in a flock of sheep, 372
Hypodermic injections of morphia in labour, 512
Hypodermic medication in goïtre, 63

IN MEMORIAM—Maurice Collis; a laurel spray amid the cypress, 320
"In vino veritas," 283
Indian hemp valuable in tetanus, large doses of, 448
Indian medical service, 171
Influence of irritation on the nerves of the skin upon the temperature of the limbs, the, 187
Injurious influence of dressings in am-[illegible]on cases, 197
I[illegible]ion of the Chancellor of the Edinburgh University, 358
Intestinal puncture in tympanitis, 304
Intramural burial in Cork, 36
Inversion of the uterus, 511
Iodide of potassium, new use of, 261
Iodide of sodium in lead poisoning, 448
Iridectomy in glaucoma, 214
Iron sugar, 470
"Is silver an oxidisable metal?" 524

KRISTELLER's method, 304

LACTATE of zinc in epilepsy, 261
Lady doctors, 12
Large child, birth of an extraordinarily large, 130
Larynx, fractures of the, 175
Laurocerasi, variable strength of aqua, 175

LECTURES.

Inglis, address of the Right Hon. John, at the University of Edinburgh, 345
Palfrey, Dr. James, on fibrous tumour of the uterus, 305, 351, 387, 429, 471, 515
Rivington, Mr. Walter, introductory lecture to the course on human anatomy at the London Hospital Medical College, 23, 45
Shinkwin, Dr. C., on health and disease, 67
Thorowgood, Dr., introductory lecture to the West Kent Medico-Chirurgical Society, 133

LEADING ARTICLES.

Pauperism, charity and poor-laws, the sanitary state of Calcutta, 10-11
Educational Reform, No. vi., 32
Pauperism, educational, No. vii., 52
Educational Reform, No. viii., cholera in India, 76-78
Dr. Letheby and the *Lancet*, rheumatic fever and alkalies, our army medical officers, 99-100
Educational Reform, No. ix., pauperism and its causes, 120-121
The virtues of drugs, 142
Educational Reform, No. x., University College Hospital, the future of pharmacy in Ireland, 165-167
Specialities—the Obstetrical Society of London, the repression of quackery, "prevention better than cure," 187-188
Educational Reform, No. xi., 208
Hospital administration, hospital restrictions in the University of Dublin, 230-231
Chairs of public health, the Royal College of Physicians of London, fees to medical men, the supply of medicines for Irish dispensary districts, educational reform, 250-253
Hospital Reform.—The Academy of Medicine, pauperism in London, 272-274
Food and dwellings for the people, 294
Inebriate asylums, 312, 335
Sensationalism, Scotland to front, exemption of hospitals from taxation, 354-355
Poor-law medical meeting, the, hospital dinners and tavern keepers, The *British Medical Journal*, 374-375.
Hospitalism, mortality of the past quarter, 395-396
The medical council and the accoucheurs, medical teachers and hospital physicians and surgeons, 416
The limitation of contagious diseases, Royal College of Surgeons of England, the debate at the Dublin Obstetrical Society, 438-439
The abuse of general hospitals, treatment of tetanus, 460-461
Brighton drainage, the British Medical Association and its journals, tests of the proficiency of students, 480-482
Royal College of Surgeons, England, proceedings of the Dublin Obstetrical Society, 499
Lancet, the, and Dr. Fuller, 525
The superannuation bill and medical education, 544
Retiring pensions for Irish poor-law medical officers, 545

LEGAL INTELLIGENCE.

Pulvermacher *v.* Hammond, 491

LIST OF ILLUSTRATIONS.

Penis, with the entire prepuce removed, 31
Enchondromatous tumour (Figs 1 & 2, 69
Artery compressor, 90
Chronic genital sore (Figs. i., ii., iii.,) 138
Malformation of the œsophagus, 202
Dupuytren's apparatus, 269
Fine needles as a suture, 413
United twins, 467
Potato starch, 453
Bermuda arrowroot, 453
Wheat starch, 454
Epps's cocoas, 473
Collier's "patent cocoa," 473
Fry's "national cocoa," 473
"Gatti's chocolate," 475
Rectotome, a new, 500
Pharyngo-laryngoscopic apparatus, 501
New truss, a, 534

LITERATURE.

Anderson on the parasitic affections of the skin, 299
Barwell's causes and treatment of lateral curvature of the spine, 6
Bell's manual of the operations of surgery, 51
Cameron's lectures on the preservation of health, 282
Dictionnaire de chimie pure et appliquée, 227
Duncan's practical treatise on metritis and parametritis, 281
Eliot, C. W., and F. H. Storer's manual of inorganic chemistry, 5
Evanson's nature and art and other poems, 108
Fowner's manual of chemistry, 5.
Fox's artificial production of tubercle on the lower animals, 39
Greenhorn's chronic bronchitis, especially as connected with gout, emphysema, and diseases of the heart, 498
Guthrie on the elements of heat and of non-metallic chemistry, 282
Humphry and Turner's journal of anatomy and physiology, 360
Kay Shuttleworth's first principles of modern chemistry, 5
Lancereaux's treatise on syphilis, 226
Letts's diaries for 1869, 6
Liverpool medical and surgical reports, 129
Murchison's clinical lectures on diseases of the liver, jaundice, and abdominal dropsy, 174
Reynold's system of medicine, 128
St. Bartholomew's hospital reports, 129
Salter's asthma; its pathology and treatment, 128
Simpson's what shall we do with our refuse, 446
Squire's manual of the diseases of the skin, 373; pharmacopœia of seventeen of the London Hospitals, 391; companion to the pharmacopœia, 459
Thorowgood's climatic treatment of consumption, 446
Tilt's handbook of uterine therapeutics and of diseases of women, 6
Transactions of the pathological society, 195, 372
Wahltuch's dictionary of materia medica and therapeutics, 260

Ligature of great vessels in Dublin, 236
Lord Stanley at Glasgow, 295
London Association for the Prevention of Pauperism and Crime, 20
Lumbar hernia, 109
Luxation of the hip in a young boy, 543
Lying-in hospitals and extern maternities, 422, 467

MAN's antiquity in America, 64
Marriages, 66
Meat preservation, 124
Medical Benevolent Fund, 51
Medical Club, 103, 405
Medical news, 198, 218, 239, 261, 283, 304, 323, 343, 364, 385, 405, 428, 449, 470
Medical Society of London, 261
Medication, hypodermic, 512
Medico-parliamentary intelligence, 197, 217, 323, 469

Medico-Social Pencillings of London Life and Practice, 19, 38, 60, 84, 105, 149
Method of assaying silver compounds in the wet way, 302
Microscopic component parts of vaccine lymph, 362
Milk, adulteration of, 510
Milk fungus, the, 235
Milk nourishment, 82
Miscarriage without pain, 363
Modern homœopathy, 303
Monster, a, 261
Monument to Dr. Adams, 377
Morphia in anæsthesia, 218
Mortality in Glasgow, the, 417
Mortality in lying-in hospitals, the, 393
Mortality of Scotland in 1866, the, 440

NAVAL retrenchment, 191
NEW INVENTIONS—New disinfecting apparatus, 237; new truss, a (*illustrated*), 534
Netley, expenses at, 15
New Aberdeen professor, the, 418
New disinfecting apparatus, 237
New nomenclature, the, 193
New remedy in erysipelas, a, 212
Nice, the season at, 160, 338; the winter at, 211, 398
Nitrate of silver, 175
Nitro-glycerine, poisoning by, 363

NOTES ON CURRENT TOPICS.

Lady doctors and the competitors for their patronage, strike of tenor singers, registry of deaths, slanders on the profession, inhumanity of the police, the drainage of Colney-Hatch Asylum, refined naphtha, Royal Medical Benevolent Fund Society of Ireland, outbreak of choleraic diarrhœa near Southampton, expenses at Netley, medical officers of St. Pancras, saving life, Netley, its pay and expenses, the Viceregal medical appointments, artists for the palate, Hardwicke v. Diplock, counter practice in England and its value, disinfection, meetings of societies, 12-16
Intramural burial in Cork, Mr. Baker Brown, the approaching army competitive, army medical reductions, surgical hangmen, tales about tails, death in a police cell, 36-37
The Poor-Law Board and the new Ministry, hair dyes and cosmetics, stimulant extras in English workhouses, the value of a parish doctor, the prevention of syphilis, medical brummagem, English medical assistants, the London Hospital, the Vaccination Act, the repetition of prescriptions, pauperism and its causes, Royal South Hants Infirmary, 56-60
Physicians wanted, mortality in the Hôtel Dieu, the Darien canal, fever at Naples, milk nourishment, forensic medicine, the physiciancy to the Irish Viceroy, putrid sausages, prevention of syphilis, retirement of the Director General of the Naval Medical department, one sided retrenchment, Devonshire Hospital, pauperism and charity, important medical trial—Is the L.F.P.S. Glasgow a medical qualification? Parliamentary candidature for Sir D. Corrigan, objection to a district infirmary, 81-85
Education, official reform, scarlet fever, London University, a nuisance less, medical club, ink, the Bombay medical retiring fund, the reform of medical council, assistant surgeons at Netley, medical waistbands, 102-104
Meat preservation, the naval medical service, remedies for snakebites, inebriate asylums, statistics of the profession in Prussia, excision of a tumour, the preliminary examination of the Royal College of Surgeons in Ireland University of Cambridge King's College Hospital, Cornell University, drugs and American finance, the cost of cancer curing, snake poisoning, 124-127
Pruning the medical department of the army, the navy curtailment commission, public health, phenic acid as a febrifuge, prolonged anuria, medical relief in Paris, experiments on coughing, Sir D. J. Corrigan's parliamentary candidature, the Vaccination Act in England, the presidency of the medical council, pauperism of London, winter climates and the sanitary state of winter health resorts, medical constitution of Brussels, medical military tailoring, the decimal system in Germany, retrenchment in the army medical department, 144-148
The London College of Physicians, the London College of Surgeons, death from chloroform, the Hunterian oration, winter at home and abroad, charity, the late Joseph Hodson, F.R.S., the Carmichael essays, the recent contest for the representation of the city of Dublin, criminal abortion in America, hospitals for the sick poor, Indian medical service, 169-171
Vaccinophobia, Prince Leopold's health, naval retrenchment, health of Southampton, compulsory vaccination in San Francisco, a working man's movement for hospital extension, the Hunterian oration, extra medical expenses for military hospitals, the new nomenclature, public health for 1868, the late Dr. Wardrop, physical and mental culture, the navy estimates for the years 1869-70, workmen's contributions to hospitals, 191-195
Dr. Livingstone and the Paris Academy, the trichina in Switzerland, evolution of carbolic acid by leaves, professional journalism on the continent, local etherization in strangulated hernia, contagion of consumption, a new remedy in erysipelas, tobacco smoke in intestinal obstructions, postpartum retention of urine, new French books, female doctors, treatment of somnambulism, the relative success of military surgery in England, France, and America, Royal Zoological and Geological Societies of Ireland, the trade in deformity, the Medical Officers' Superannuation Bill (Ireland), American and oriental literature, army medical retrenchment, iridectomy in glaucoma, the typhoid fever at Brussels, Irish lunatic asylums, turpentine as an antidote to phosphorus, hospital for seamen, death through mistake, amenities of Poor-Law medical officers, 212-215
Relieving officers and medical orders, the milk fungus, the gulf stream, University of Cambridge, natural science scholarships, conversazione at the King and Queen's College of Physicians in Ireland, official self-snubbing, ligature of great vessels in Dublin, 234-236
A Royal Academy of medicine, the pharmacopœia, peroxide of hydrogen, locality of disease, City of London Hospital for Diseases of the Chest, Victoria Park, Sir Patrick Dun's Hospital, scientific lectures at the Royal Dublin Society, fees to medical witnesses in Ireland, the Cantor lectures on food, the next army examination, the contagion of consumption, poisoning by arnica, new fungus in cattle fever, the midwifery diploma of the London College of Surgeons, Mr. Adams, Miss Nightingale on pauperism, the weather, Hodson *v.* Harrison, 254-257
"An antient and fish-like smell," via medica, Rigollot's mustard leaves, the Neil Arnott exhibition in physical science, Paris milk, the dialectical remedy for pauperism, Sir Patrick Dun's Hospital, Dublin, the *Lancet* and the prospect of reforming the council, 276-277
Free trade in fraud, a new and compact galvanic battery, acorns as food, Medical Society of London, Sir Patrick Dun's Hospital, Dublin, the vacant examinership of the Royal College of Surgeons in Ireland, small pox in Melbourne, the Irish LawPoor-Medical Superannuation Bill, the late Mr. Maurice Collis, the late Mr. J. H. James, 295-298
Filthy treasure, increase of lunacy in France, London Institution, Budleigh Salterton, British Association, new French books, Faradization at the Polytechnic, Dr. Richardson's summer course of lectures, Sussex County Hospital, Brighton drainage, small-pox and vaccination, brain work in England and its results, the Meath Hospital, Dublin, regeneration of organs in animals the health of Ireland, local non-government, Liebig's extract of Meat Company, the vice-presidency and council of the Royal College of Surgeons in Ireland, election of an examiner in the Royal College of Surgeons in Ireland, death registration in Ireland, solvents for croupal membrane, 315-320
Malvern Rural Hospital, Delbriel's sewage scheme, coroners, life peers, festivals, pharmacy in Italy, fasting in Wales, the late Mr. Bruce, the dead house of St. George's-in the East, Mr. Bird, inhaling pipe for smoke or vapour, St. Andrew's M. D.'s bequests to medical charities, the Ulverston guardians and the Poor-Law Board, 338-340
Sanitary commission, the late Dr. Dunglison, a veteran, female doctors, the societies, contagious diseases, pogontrophy, another case of prolonged fasting, London pauperism and the Poor- Law Board coal superseded, pauperism in the House of Lords, the health of Dublin, 358-359

The proposed Royal Academy of Medicine a good example, statistics of prostitution, the London Hospital, Norwich Hospital, hospital physicians and teachers in medical schools, Sagar *v.* Lancashire and Yorkshire railway, the late Dr. Slyman, pneumonia, under consideration, Dublin Obstetrical Society, hereditary disease, a surgical

prize, maternity mortality, an Irish Academy of Science, 378-381

Poor-Law doctors and their remuneration in London, hanging no punishment, insanity in Edinburgh, the Royal Irish Academy and the Scientific Societies of Dublin, the Townshend Reforms, Newcastle-upon-Tyne Asylum, the health of Dublin, "Royal Society of Medicine," the medical council, the Erasmus Wilson professorship of dermatology, resignation of Mr. Wilmot from the council of the Royal College of Surgeons in Ireland, sanitary reform in Austria, Coombe Lying-in Hospital, Dublin, University college, health resorts of the metropolis, hospital abuse, secret remedies in Spain, the outbreak of typhus in Spain, election of examiners in the Royal College of Surgeons in Ireland, 399-403

Royal General Dispensary, Dr. Richardson's lecture at the Polytechnic, West Kent Medico-Chirurgical Society, the health of Dublin, influence of nutriment on disease, the Royal Irish Academy and the Dublin Scientific Societies, burial grounds and sewage who'll bid, Dr. Moore and the Belfast General Hospital, town sewage, Charing Cross Hospital, Staffordshire Asylum, spinal injuries, the dangers of metal stoves, 419-422

Samaritan Free Hospital, University of London, diagnosis of cancer by the microscope, elevated regions for consumption, railway travelling, Royal Medical Benevolent Fund Society of Ireland, the Pharmaceutical Society's Conversazione, Royal Society of Medicine, hospital management, charges of assault against medical men, intern and extern maternities, health of Dublin, 441-443

Venereal disease in Cochin China, patent medicine vending, the curability of purulent infection, health of Dublin, effects of temperature on the muscular system, Westminster Hospital, Sea-side Convalescent Hospital, sanitary condition of the borough of Salford, still St. Pancras, the Church surplus funds, the water supply of Dublin University, Sir Patrick Dun's Hospital, British Association for the Advancement of Science, 463-466

The International Medical Congress at Florence, the mortality at Brussels, female medical education in London, the late refusal to vaccinate, epidemic of cholera in Gambia, the sea as a motive power, University of Oxford, education of the deaf and dumb, Royal College of Surgeons of England, vaccination in Bombay, infanticide, the health of Dublin, the Order of the Bath, the loyalty of the medical club, 483-485

A new rectotome, new pharyngo-laryngoscopic apparatus, Royal College of Physicians of London, the election of council of the Royal College of Surgeons in Ireland, medical qualifications in America, cholera in India, the economy of ventilation, mortality in India, effect of the Suez canal on, climate, heart disease and the Turkish bath, the Dublin poisoning case, female medical education, St. George's Hospital, 500-504

Embalming, sudden blanching of the hair, the hospital staff remuneration question, the Dublin hospitals, the health of Dublin, scientific evidence, medical excommunication, 527-528

The penitence of the "Lancet," the 1st of July, 1869, the late railway case, synthesis of acids, effects of compressed air, a statue to Boerhaave, the report of the water commission, high rate of mortality in Glasgow, the scientific societies of Dublin, bathing, the cholera in Gambia, new researches in Cerebroscopy, the Harveian oration, Royal Society of Medicine.

Nourishment by enema, 43

Notices to correspondents, 22, 44, 66, 87, 110, 131, 154, 176, 198, 218, 239, 262, 284, 304, 324, 344, 364, 385, 406, 429, 407, 491, 513, 535

OBITUARY.

Collis, Mr. Maurice, 283

Mackesy, Dr. 323

Nolan, John, Dr. 490

Purefoy, Dr. Thomas, 22

ORIGINAL COMMUNICATIONS.

Alcock, Dr. N., on the influence of nervous power in controlling the temperature of the body (*illustrated*), 219

Annandale, Mr. T., case of congenital malformation of the œsophagus, 201

Barwell, Mr. R., on a case of pyæmia with pneumothorax—death by coma, 266

Beveridge, Dr. R., on pathological observations, 309, 452

Cameron, Dr. C. A., on the composition of the milk of the sow, 390; on the legalised adulteration of snuff, 536

Coote, Holmes, on abscess near the rectum and fistula in ano, 68; on fissures of the anus, and ulcers at the lower extremity of the rectum, 135; on ulceration of the rectum, 158; polypi of the rectum, 221; stricture of the rectum, 263; diseases of the anus and rectum, 285; on cancer of the rectum, 409

Crum Brown and T. R. Fraser, Drs., on the changes produced by direct chemical addition on the physiological action of certain poisons, 136

Curran, Dr. J. W., on hydrocephalus acutus, 537

Davis, Dr. Thomas, on case of extrauterine fœtation existing for an unknown period, 541

Donovan, Daniel, Dr., on the successful treatment of prolapsus ani by the "écraseur," 496

Donovan, Mr. M., on medicine, magic, and witchcraft, 432

Drysdale, Dr. C. R., on overcrowding and poverty considered as the main causes of disease and early mortality, 367; on prostitution, 411

Duggan, Dr. J., on the diagnosis of scarlet fever, 90

Eulenberg, Mr. A., on cutaneous angioneuroses, 369

Foster, Dr. Balthazar W., remarks on etherised cod-liver oil, 241

Gordon, Dr. C. A., on experiences of a regimental surgeon, 26, 179, 365, 407, 494

Hadden, Dr. H. R., on the removal of an unusual tumour of the superior maxilla, 538

Hargrave, Dr. W., contributions to clinical surgery and medicine, 203, 225

Haynes, Dr. T., on excision of chronically enlarged tonsils, 519

Johnson, Z., a suggestion for the sanitary improvement of towns and dwellings, 325

Kennedy, Dr. E., on puerperal purpuric fever, 222

Kidd, Dr. A., on polypi of the rectum, 369

Kinkead, Mr. R. J., on a case of exfoliation of the entire calvarium after a burn, with recovery of the patient, 47; on further experience in the treatment of phthisis pulmonalis, &c., by pancreatic emulsion, 134, 177

Lamprey, Mr. J., on a case of enchonchœma in a Chinaman, cured by operation (*illustrated*), 69; on a method of making the interrupted suture by means of fine sewing needles (*illustrated*), 412; on three cases of aneurism of the aorta, with rupture into the pericardium, 496

Leared, Dr. Arthur, remarks on the pain caused by gall-stones, 1

London Physician, a, on the foundations of the science of hygiene, 329

Mac Cormac, Dr. H., on the treatment and prevention of pauperism, 244

M'Dowell, Dr. B. F., on lupoid ulcer of the leg, 535

Mc Evoy, Mr. F., on compound comminuted fracture of the patella—recovery, 26

Madden, Dr. More, observations on the treatment of a case of psoas abscess, 409

Morgan, Mr. John, on syphilitic ulceration of larynx, 25

Oppert, Dr. T., on medical education in France, 266

Pantaleoni, Commander D., on a case of fistulous communication with the kidney, 111

Porter, Mr. G. H., on an artery compressor, suggested for the treatment of some surgical aneurisms (*illustrated*), 89

Power, Mr. W. H. T., on the topographical features of Mauritius in relation to the epidemic of malarial fever of 1867, 368, 391

Purdon, Dr. H. S., notes on the treatment of favus, 90; notes of a visit to some of the skin hospitals, 328

Sandiford, Dr. T. H., report of a case of rigid os uteri,—incision, 159

Sansom, Dr. A. E., on the mode of action of the cholera poison, 155, 199, 264, 307

Sharkey, Mr. E. P., on dropsy and its pathology, 112

Stapleton, Mr. M. H., on medullary cancer, 4

Swan, Dr. R. L., on painful subcutaneous tumour, 537

T. C. S., a plea for the control of prostitution, 540

Thompson, Dr. E. S., on the influence of occupation on the health, 158

Tidy, Mr. C. M. Gleanings in Toxicology—on poisoning by lobelia, No. 3, 91, No. 4, 451, No, 5, 493

Vesey, Dr. J. S., on epithelial cancer of the penis, 243

Waring, Curran J., on obstetric memoranda, 286; on iodide of ammonium in diseases of the glandular system, 475

Whittle, Dr. Ewing, on infanticide and abortion as suggested institutions, 265, 287

Objection to a district infirmary, 85

Occluded hydrogen, 302

Odontological Society of Great Britain, 534

Official self-snubbing, 236
Oil of turpentine in traumatic erysipelas, 448
Opening of the Edinburgh University, 394
Opium and stramonium, 261
Osseous regeneration of sternum, 510
OUR ANALYTICAL DEPARTMENT :—
  An examination and analysis of pullna water, 415
  Cocoa, report on the quality at present supplied to the British market (*illustrated*), 434, 453, 473, 523
Ovariotomy, introduction of the clamp in, 510
Paper filtering, 152
Parasite in vaccine lymph, 448
Pauper emigration to the United States, 217
Pauperism and crime in the metropolis, 198
Penetrating wound of abdomen, hernia of a portion of the spleen, 509
Pertussis, 304
Petroleum and scabies, 181
Phenic acid as a febrifuge ; 145, in syphilis, 331
Phosphates of the urine increased by mental exertion, 362
Phosphide of zinc in medicine, 363
Physicians wanted, 81
Poison, deaths by, 513
Poisoning by petroleum, 529
Poisoning from atropia, 261
Pons varolii the nervous centre of general convulsions, 511
Poor of Edinburgh, 314
Poor of London, the, 39
Poor-laws, Dr. Alexander Wood's lecture on the, 461
Poor-law medical officers' association, 117
Poor-law medical relief, 304
Post-mortem appearances in chorea and epilepsy in an idiot, 448
Poultices, 394
Presentation to Dr. A. C. Chalmers, of Thornhill, 423
Presentations to Her Majesty, 218
Prevention of pain from blisters, 363
Priapism, idiopathic, 513
Prison dietary, Edinburgh and Glasgow, 254
Professor Syme, 313, 337
Prolapsus ani, treatment of, 363
Prostatic calculi, 363
Prudential Assurance Company, 344
Pruning the medical department of the army, 144
Public health, the, 364
Ptyalism, 109
Pyrethrum for scabies, 63
Question of special hospitals, 278
Quinia as an antiphlogistic, 293
Radcliffe Infirmary and the Oxford University, 470
Rating of hospitals and other charities, 497
Registrar-General's monthly return, the Scottish, 505
Relation of chemistry to physiology, 302
Relieving officers and medical orders, 234
Remedies for snakebites, 125
Report on deep-sea dredging, 301
Rinderpest in 1747, the, 415
Royal College of Physicians of London, 385
Royal College of Surgeons of England, 75, 239, 554
Royal Edinburgh Society, 418
Royal Free Hospital, 406
Royal Hospital for Diseases of the Chest, 261
Royal Hospital for Incurables, 343
Royal Maternity Hospital, Edinburgh, 295
Royal Society, 385, 394
Royal Society of Edinburgh, 482
Royal visit to the Children's Hospital, 406, 428
Rupture of ligamentum patellæ, 352
Rupture of the uterus, diagnosis of partial, 238
St. Andrew's, 254, 275, 338
St. Pancras, health of, 449
Sanitary measures at Cowden-heath, 314
Scotch Education Bill, 376
Scotland, 17, 18, 34, 54, 55, 79, 101, 123, 143, 167, 168, 189, 190, 210, 211, 234, 253, 274, 295, 313, 336, 376, 276, 376, 396, 417-418, 440, 461, 482, 505
Seller, Dr., the late, 337
Simple apparati for the ready detection of phosphorus, etc., 239
Sir Patrick Dun's hospital, 364
Slanders on the profession, 12
Snake poisoning, 127
Snare for removing foreign bodies from the urethra, 217
Society for Relief of Widows and Orphans of Medical Men, 470
Society of Antiquaries in Scotland, 418
Specialism, 43
Spontaneous popliteal aneurism, 303
Statistics of Paris, 404
Stricture of the urethra, 87
Strike of tenor singers, 12
Strychnia poisoning, 406
Submontane river, a great, 239
Substitution of sodium for phosphorus for matches, 393, 469
Successful ovariotomy in a child twelve years of age, 529
Sugar and dextrine in glycerine, 302
Sulphur, adulteration of precipitated, 152
Summary of science, 61, 129, 301, 292
Superannuation of Irish Poor-law medical officers—deputation to the Chief Secretary for Ireland, 534
Surgical hangmen, 87
Syphilis contracted from cigar stumps, 217
Syphilis, prevention of, 58
Syrup of codeia in whooping-cough, 448
Tales about tails, 37
Tœnia, development of, 152
Termination of the sensible nerve of urinary bladder, the, 470
Test for nitrates and chlorates, 302
Tetanus treated with calabar bean, 160
Tonka bean in pertussis, 512
Trade in deformity, the, 214
Transfusion, 109

TRANSACTIONS OF SOCIETIES.

Anthropological Society of London.—Upon the alleged influence of race upon religion, 248 ; on the distinctions mental and moral, occasioned by difference in sex ; on the real differences in the minds of men and women, 476
Army-Medical-Chirurgical Society of Portsmouth.—The topography of the Mauritius in relation to the epidemic of malarial fever of 1867—the influence of nervous power in controlling the temperature of the body— calculus in the bladder, 182 ; president's address, 247 ; medicine and surgery in Japan, 333 ; three cases of aneurism, 333 ; case of popliteal aneurism cured by compression, 333 ; two cases of cerebro-spinal fever, on a peculiar form of arthritis, 424
Clinical Society of London.— Annual meeting, Sir T. Watson's farewell address, 95 ; case of enlargement of one of the lower limbs of a child, 246 ; case of pyæmia ending fatally in coma, 246 ; case of typhoid fever, 246 ; fatty stools treated with pancreatine, 246
Dialectical Society. — Pauperism, its causes and means of prevention, 227
Dublin Obstetrical Society.—Puerperal fever, 291
Dublin Pathological Society.—Ovarian tumour — fibrous tumours of the uterus—abscess of the liver, 8 nutmeg liver — sero-cystic tumour of the breast—rupture of the heart, 41 ; pericarditis—cancer of the penis, 50 ; phthisis, 75 ; aneurism of abdominal aorta—diseased femur, 115 ; double aneurism of the popliteal artery—obscure case of pleuritis and effusion—lithotomy for extraction of a foreign body, 141 ; abdominal aneurism, 207 ; a remarkable specimen of general hypertrophy of the heart—the heart, liver, and kidneys of a patient—cystic sarcomatous tumour, 185 ; a case of death resulting from the action of a gall stone in its transit from the gall-bladder—a specimen of fibunous tumour of the breast, 229 ; construction of the mitral orifice, 249 ; specimen of caries of the bones of the foot, 271 ; encephaloid cancer of the liver—atrophy of the heart, 271 ; ilio-femoral aneurism of enormous size, 292
Harveian Society of London.—Practical remarks on the treatment of gonorrhœa, gleet, and irritable bladder, 457
Medical Society of London, 6 ; perforating ulcer of the foot, 42 ; double case of conical cornea — how syphilis begins and ends, 93 ; sloughing polypus of the antrum on aphasia, 115 ; some new medicated pessaries and suppositories — the popular idea of counter irritation, 181 ; interstitial keratitis, or parenchymatous inflammation of the cornea, 291 ; on a stout glass tongue-depressor—on a lamp for the sick room—on encephaloid disease of the right kidney, 391
Odontological Society. — On the comparative value of the materials used in taking impression of the mouth, 117
St. Andrew's Medical Graduates' Association.—The restriction of medical candidates to ten annually, 332
Royal Medical and Chirurgical Society. On a new and simple method of inducing artificial respiration in cases of asphyxia from drowning—strangulation—chloroform—poisonous gases, &c., 49 ; on the natural history of rheumatic fever, 94
Surgical Society of Ireland.—Opening address, 7 ; syphilitic disease of larynx—cancer of the male breast—typhoid ulceration and perforation of intestine, 7 ; femoral hernia, 41 ; tumour of hand— syphilitic sloughing of pharynx—gangrene of nose—traumatic fractures of the larynx, 73 ; doses of medicine, 95 ; case of stone in the bladder in a boy aged six years, lateral operation, recovery — subclavian aneurism of the right side,

139 ; aneurism cured by compression —syphilitic ulcerationof the urethra—case of depraved appetite—a method of facilitating the removal of the starch bandage—obscure aneurism in the sub-clavian region treated by ligature—dislocation in a child, 161-164 ; myeloid tumour, 205 ; ossification in the right glutæus maximus muscle-hour-glass contracted stomach fracture of the spine, 183 ; purgatives in strangulated femoral hernia—splint for fracture of the thigh—six hundred hempseed calculi passed by the same patient in a few months, 227 ; primary cancer of the liver, 248 ; compound dislocation of the right angle joint, 268 ; Potts' fracture (*illustrated*), 269 ; simultaneous dislocation of both patellæ outwards, 271 ; disease of the jaw, 311 ; history of a case of medullary cancer, 312 ; Wharton's modification of Teal's amputation by rectangular flaps, 334 ; on chronic ulcer of the stomach—on femoral aneurism, 424 ; on strangulated femoral hernia, 444 ; on traumatic tetanus, successfully treated by nicotine in small and frequently repeated doses, 458 ; on Œstrus Veterinus found in the brain of a horse—the president's address ; on a remarkable case of recovery from very extensive injuries received on board a ship in 1869, 477

Treatment of somnambulism, 213
Trichina in Switzerland, 212
Tumour in the neck, removal of, 87
Two new elements, 392
Typhoid cutaneous spots, 362
Typhoid fever at Brussels, 215
United twins (*illustrated*), 467
University education, 377
University of Cambridge—information relating to non-collegiate students, 534
University of St Andrew's, 449
Unwholesome food, 343
Use of toads, 350
Vaccination Act, the, 59
Vaccinophobia, 191
Vaginismus, ætiology of, 64
Valerianic acid an antidote for strychnia, 392
Value of a parish doctor, the, 58
Variable strength of pharmaceutical preparations, 153
Vegetable physiology, 469
Venesection for the arrest of unavoidable hæmorrhage, 448
Vesico-vaginal fistula (*illustrated*), 238
Volunteer review at Dover, 284
Waistbands, medical, 104
Warm cod-liver oil, 363
Waste of fuel in the United Kingdom, 363
Water-Bill 275
Weight of the brain, 304
What is nervo-muscular prostration? 110
Whooping-cough, use of chestnut leaves in, 405
Workmen's contributions to hospitals, 194
Wound of pancreas, 44
Yellow fever and catarrh, antagonism of, 512
Zinc, lactate of, in epilepsy, 261

END OF THE SEVENTH VOLUME.

Printed for the Proprietor by M'Gowan & Danks, and published every Wednesday Morning, by Albert Alfred Tindall London:
20 King William street, Strand. Dublin: 3 Lincoln place. Edinburgh: Maclachlan and Stewart, South Bridge.